



MARCH 2022

IPV BRIEF

Submitted to the Status of Women Committee

HIGHLIGHTS

- 1) Additional funding for immediate, second stage, affordable and accessible housing.
- 2) Automatic registration for victim notification.
- 3) Mandatory and ongoing curriculum at the elementary, secondary, and post-secondary levels.
- 4) Employing evidence-based, trauma-informed community-based programming for offenders.
- 5) Create opportunities for newcomers to promote awareness and prevent IPV. Ensure protections regardless of immigration status.
- 6) Raise awareness of and encourage ongoing risk management training and tools with a focus on coercive control and stalking.
- 7) Provide and expand victim supports prior to trial/court. Ensure there is recognition and an understanding of the secondary trauma caused to victims as they navigate the court process.
- 8) Address IPV in reproductive and sexual health care services.

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INTRODUCTION

Intimate Partner Violence is a complex social health issue that impacts all citizens. As a local Violence Against Women (VAW) Committee, we have taken steps to identify local pressures and strengthen available community supports. The information brought forward in this brief highlights areas in need of improvement to assist all victims and survivors.

HOUSING

"The lack of access to safe and affordable housing is **one of the leading barriers** for women fleeing violence." [1] Housing is best viewed on a continuum, with women requiring supports and access to housing at each successive stage to reduce the likelihood of returning to their abuser. If women are not provided with shelter followed by affordable and accessible housing, there is an increased vulnerability to return to abuse. **Additional funding** is required to assist in the immediate aftermath through emergency shelters, second stage shelters (transitional) and end stage housing (affordable and accessible).

VICTIM NOTIFICATION

The Canadian Bill of Rights states that "every victim has the right, **on request**, to information about" the offender in terms of release and hearings. [2] As such, women must sign up on their own volition. We request changes so that this sign-up process is **automatically done** for the victim as a proactive measure to ensure that notifications are received. The onus should not be on the victim to register. Contact should be established between the notification system and the victim, to add secondary information to their file.

EDUCATION

Prevention and awareness efforts need to be strengthened via regular and ongoing age-appropriate education at **all levels** (primary, secondary, and post-secondary). This education must focus on understanding the various forms of violence (IPV, SV, HT) and incorporate a gendered lens to teaching about healthy relationships, sexuality, consent, self-worth, self-responsibility, boundaries, online safety, gender diversity, breaking down gender norms, and encouraging bystander action. [3]

The Violence Against Women Coordinating Committee of Windsor-Essex (VAWCCWE) works to coordinate a community-wide response aimed at ending violence against women and children through effective interventions and services.



OFFENDERS

Evidence-based and **trauma-informed** approaches are required when directing offenders to community programming (not psychoeducational groups). The programs and curriculum should be regularly reviewed and evaluated to assess efficacy and determine whether it is eliciting changes to abusive behaviours in offenders [4].

NEWCOMERS

Create opportunities for newcomers in their first year of arrival to promote awareness and prevent IPV through a trauma and violence informed approach, that recognizes the **intersectionality** of race, culture, immigration status and language. Existing legislation should also be coordinated to **ensure protections** are available regardless of immigration status. Attention has to be directed to individualizing services to address systemic oppressions and marginalization so survivors are not forced into a cycle of poverty and isolation. [5]

RISK MANAGEMENT

There has been a movement to use screening and risk assessment tools for assessing risk when dealing with victims of abuse [6], however, **more research** is needed to determine which tools are most accurate to predict IPV recidivism [7]. We call for an increase in research to understand the **best tools** to employ and to encourage awareness and promotion of these tools. It is clear that certain risk factors (e.g., non-fatal strangulation) are likely to lead to an escalation of violence and possibly death [8]. We encourage improved awareness and understanding of the risk factors that are likely to lead to escalation and potentially homicide.

VICTIM SUPPORT

Strengthen the support provided to victims in the lead up to trial/court. There should be further **acknowledgement to the trauma** of testifying.

HEALTH

Integrate attention to violence against women into **reproductive** and **sexual health services** to address the direct and indirect impact IPV has on women and girls, including unwanted pregnancy, abortion and sexually transmitted infection [9].

CONCLUSION

Violence against women is a complex phenomenon that requires a holistic and comprehensive approach at all levels and across all institutions. In order to address this pervasive public health issue, we need to ensure that all prevention and response efforts denounce IPV and make a concentrated effort to both prevent and respond in ways that are **trauma informed** and **evidence-based**.

References

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