



## **Policy Paper**

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*Intimate Partner Violence Prevention and Response in the City of Brampton*

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## **About Take A Stand**

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Take A Stand is a youth-led policy provision organization composed of more than fifty students across the City of Brampton. Our team is passionate about politics and the stories of our community that can be expressed through public policy. We believe that communities are built on the backbone of storytelling. Take A Stand is founded on the idea that the stories of our community are multidimensional and multifaceted and therefore deserve to be told. Through our partnership with the City of Brampton and the Mayor's office, our vision is to provide research briefs and policy recommendations that assist in writing a new, nuanced, and representative story for constituents of the City of Brampton. As dedicated youth from across the City, we have come together to voice our concerns, engage in meaningful dialogue, and most importantly, take a stand on issues that we are passionate about.

This policy paper follows the same structure and formatting guidelines as the OUSA Gender-based and Sexual Violence Prevention & Response Policy Paper by the Ontario Undergraduate Student Alliance.

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## **Executive Summary**

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Intimate partner violence is a community issue and should be addressed as such. The alarming rise in intimate partner violence cases across the Municipality of Brampton reaffirms the need for comprehensive frameworks that consider key demographic, social, and economic factors. This policy paper looks to offer recommendations focused on a trauma-informed, gender-informed, anti-oppressive, and anti-colonialism approach to both intimate partner violence response and prevention. The recommendations were formulated through community consultations with key stakeholders over four months and accessing important secondary data. Although admittedly not an exhaustive examination of the issue, the Take A Stand team seeks to provide recommendations that address the pressing concerns of youth across the City.

## Glossary

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1. *Anti-Colonization*: Anti-Colonialism is defined as the strategies, theories, actions, and practices that actively challenge systems of oppression faced by those impacted by colonialism. The anti-colonial theory looks to uproot all political, historical, social, and economic societal structures rooted in Eurocentric ideology while simultaneously reaffirming the rights of Indigenous populations (Hart, 2009, p. 37). The intimate partner violence PCR paper provides principles, concerns, and recommendations from an anti-colonization approach.
2. *Anti-Oppression*: Anti-Oppression is defined as the strategies, theories, actions, and practices that actively challenge systems of oppression by acknowledging the oppression and working to minimize its harm. An anti-oppression approach seeks equity by not only acknowledging and celebrating our differences but also challenging systems that contribute to marginalization (“LibGuides: Anti-Oppression: Anti-Oppression”). The intimate partner violence PCR paper provides principles, concerns, and recommendations from an anti-oppression lens.
3. *Domestic Violence*: According to the United Nations (UN), domestic violence can be defined as a “pattern of behaviour in any relationship that is used to gain or maintain power and control over an intimate partner” (United Nations). Domestic violence may manifest in physical, sexual, emotional, economic, or psychological abuse. Domestic violence affects people regardless of class, gender, race, sexuality, religion, or education level (United Nations). The intimate partner violence PCR paper uses the term domestic violence as an umbrella term that includes family violence and intimate partner violence.
4. *Family-Violence*: Family Violence is a specific category of domestic violence where the survivors of the abuse/violence may also include a child, relative, or any other member of the household outside of the intimate partner. Similar to domestic violence, family violence can also be mental, physical, economic, sexual, or cultural/spiritual.

5. *Gender-informed*: A gender-informed approach acknowledges the role of gender in everyday life and seeks to respond to the challenges and strengths that this creates appropriately. This approach reflects on the role of misogyny in society and incorporates this knowledge framework into the response (“Gender-Informed Treatment”). The intimate partner violence PCR paper uses a gender-informed approach to address the role of gender and the patriarchy when providing recommendations for the issue.
6. *Intersectionality*: Intersectionality is a framework that attempts to deepen our understanding of oppression by taking into account the overlaps in people’s identities and the prejudices that are created as a result of the intersections (Chandler). This framework acknowledges that people are often challenged by multiple systems of oppression like race, class, gender, sexual identity, and religion (Chandler). The intimate partner violence PCR paper uses the intersectionality framework to highlight how this issue affects certain disadvantaged people differently and thereby provide equitable recommendations for our concerns.
7. *Intimate-Partner Violence*: Intimate-Partner Violence (IPV) is a specific category of domestic violence that encompasses all of the same abusive or violent behaviours like domestic violence. However, domestic violence can also include family violence whereas intimate partner violence refers specifically to romantic partners (Moorer). For the sake of creating a specific focus, this paper focuses on intimate partner violence rather than domestic violence.
8. *Survivor*: A survivor is any person who has experienced domestic violence in any of its forms, including family or intimate partner violence. The term was adapted to de-stigmatize and de-traumatize domestic violence while simultaneously reducing victim-blaming (“Gender-Based & Sexual Violence Prevention & Response”). Survivor is a very personal term and a person who has experienced domestic violence may choose to identify with a different term. Therefore, the term ‘survivor’ is used throughout the intimate partner violence PCR paper, however, we acknowledge that this is not a universal term.

9. *Trauma-informed*: The goal of a trauma-informed approach is to avoid re-traumatizing someone (SMI Adviser). This approach understands the implications of trauma and uses this knowledge when developing policies, procedures, and policies (SMI Adviser). The intimate partner violence PCR paper uses a trauma-informed approach when providing recommendations.
  
10. *Violence*: According to *World Report on Violence and health* (WRVH), Violence is defined as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either result in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation”(World Health Organization). The WRVH distinguishes four modes in which violence may be inflicted: physical, sexual, psychological attack, and deprivation. Moreover, WRVH further divides the general definition of violence into three sub-categories (based on survivor-perpetrator relationship), namely: self-directed violence, interpersonal violence, and collective violence. The intimate partner violence PCR paper uses the term per the WRVH definition of violence.

## Principles, Concerns, and Recommendations

**Principle:** All people have the right to be protected from intimate partner violence in all its forms.

**Principle:** All people must have equitable access to intimate partner violence support systems.

**Principle:** Policies that address intimate partner violence must be intersectional, considering key factors like socioeconomic status, race, gender, culture, sexuality, and ability.

**Principle:** Policies should consider intimate partner violence in all its forms, including but not limited to physical, mental, psychological, and financial violence.

**Principle:** Policies that address intimate partner violence must use a harm reduction framework and approaches to intimate partner violence should be gender-informed, trauma-informed, anti-oppressive, and anti-colonialism.

**Principle:** Policies that address intimate partner violence should recognize that these situations are nuanced and multidimensional.

**Concern:** Policies relating to intimate partner violence do not offer support to those affected in secondary and tertiary forms like children.

**Concern:** Existing awareness campaigns contribute to the racialization of intimate partner violence and do not focus enough on the voices of marginalized peoples or the concept of consent.

**Concern:** Currently, there is little to no policy or programming available for LGBTQ2+ Bramptonians who are victims of intimate partner violence.

**Concern:** Intimate partner violence services, particularly those available during the pandemic do not consistently consider the needs of diverse populations. These services are also severely underfunded.

**Concern:** Police-Public relations, particularly in racialized communities and existing legislation are both deterrents to the reporting of intimate partner violence.

**Recommendation:** Existing intimate partner violence support systems should be expanded to include preventative measures such as early on-set consent education and awareness campaigns.

**Recommendation:** The City of Brampton should evaluate its performance in strategies one, two, and three of the Community Well-Being Plan as it relates to intimate partner violence.

**Recommendation:** The City of Brampton should use the equity office to evaluate the number of racialized professionals required to effectively run intimate partner violence programming.

**Recommendation:** A framework should be established to ameliorate relations between the public and police, particularly for racialized communities.



## CONCERNS AND RECOMMENDATIONS

### *The COVID-19 Pandemic*

On March 17th, 2020, the Government of Ontario declared a state of emergency in response to the outbreak of a novel virus formally known as COVID-19 (Nielsen). Since the initial outbreak, a report by StatsCanada found that 54% of the surveyed victim services centers experienced a rise in the number of intimate partner abuse victims that they currently serve (Allen and Jaffray). The victim services centers attributed the increase to many factors, including the Stay At Home Orders, which may have increased the frequency of violence or made it difficult for survivors to report their abuse. For many, the isolation of the Stay At Home Orders was reminiscent of the violence they endured under their abuser (Trudell and Whitmore). Changes in the operations of traditional sources of support such as shelters, local police, and health services have also hindered the ability to report abuse. However, it is important to note that shelters, transitional housing, and health services that provide support to survivors of intimate partner violence have been severely underfunded for years - the pandemic has only exacerbated existing issues. As a result, there was a lack of resources to appropriately address the increase in call volume or increase in those seeking shelter. Many survivors have been turned away due to a lack of space or an inadequate supply of personal protective equipment (PPE) (Trudell and Whitmore). In the instances where there was a transition to an online platform, these resources often lacked provisions for survivors who did not have any or consistent access to technology (Trudell and Whitmore).

As a result of the COVID-19 pandemic, violence took on unconventional forms. Financial violence gained prominence as job loss and general financial difficulty became a major concern. Survivors also feared contracting the virus which may have made them hesitant to seek out help (Peterman et al.). Additionally, the perpetrator of violence may have controlled the media to induce fear or make the survivors feel as though they are a 'burden' if they do seek out help (Peterman et al.). All of these factors were compounded with the inherent strain on mental health and wellness that came with the COVID-19 pandemic. The stress of a pandemic coupled with the trauma of experiencing violence in any form places strain on mental health, potentially exacerbating existing problems.

Some communities were at a higher risk for experiencing domestic violence due to the COVID-19 pandemic. Older women and minorities were far more likely to be affected by intimate partner violence. Minorities were shown to have an increased risk due to the increase of stressors that they already experienced before the pandemic. Women with disabilities were also found to be more endangered due to the pandemic.

### ***Intimate Partner Violence Education***

The three pillars of education are the home, schools, and other learning institutions. It is therefore the conjoined responsibility of all three to educate the average young person of the patriarchal systems, institutions, and power divides that create conditions leading to intimate partner violence. It is also necessary to educate youth on the signs and implications of intimate partner violence. Oftentimes, intimate partner violence education does not acknowledge the patriarchal structures that contribute to the issue. Educational programming that does not analyze the impacts of the male gaze, gender roles, hypermasculinity, and misogynoir as it relates to IPV fails to address the root of the issue.

### ***The Role of Consent in Sex Education***

Consent is an important concept to acknowledge when analyzing intimate partner violence. It is permission for something to occur between two parties (Alberta Health Services), usually having sexual connotations. Consent includes respecting the boundaries of others and ensuring that one is not engaging in activities with someone who does not feel comfortable. However, consent is not limited to just respecting the wishes of others, it includes respecting one's boundaries. This means understanding the extent to which one is comfortable and having the skills to leave a situation where they experience discomfort (Alberta Health Services).

Consent must be given, it cannot be implied. Concerning intimate partner violence, all sexual contact without consent is a form of violence and is a crime (Department of Justice). It is imperative to consider aspects like gender roles, ability, intoxication, and mental disabilities when looking at consent. Consent is something that can never be assumed, and irrespective of "*body language, romantic relationships, marriage, previous sexual activity, lack of resistance, or familial relationship*" consent must be present and a clear yes (Innocent Lives Foundation). Moreover, children cannot give consent to any sexual activity (Innocent Lives Foundation). From a youth perspective, various factors come into play when examining consent, including peer pressure, social dynamics, and the impacts of sexual assault.

### ***Recommendations Concerning Intimate Partner Violence Education***

Existing intimate partner violence awareness campaigns should continue, however, statistical data about their impacts should also be collected. The City of Brampton should attempt to offer specific programming for consent education marketed particularly towards City youth. The education offered by the City of Brampton should highlight dynamics of oppression, power, systematic violence, and inequalities. The City of Brampton should evaluate its awareness and educational campaigns against strategies one and two of the Community Safety and Well-Being Plan.

### ***Intimate Partner Violence in the LGBTQ2+ Community***

LGBTQ2+ relationships are not equitably represented in policies concerning intimate partner violence which contributes to their marginalization and ostracization. Youths across the City of Brampton are concerned that institutional homophobia has contributed to the recent spike in violence against queer people, especially queer people of colour. In addition, trans people particularly face unique challenges in the context of violence. On both a social and political level, trans people, in particular trans women, have been historically excluded from protections offered to other members of society. Existing domestic violence and intimate partner support are overwhelmingly tailored for women thereby leaving gender-diverse people underserved, excluded, or invalidated. To effectively address these concerns, public policy must also acknowledge the inherent fear that comes with seeking out aid that is often worsened by inappropriate responses to calls for assistance and aid.

#### ***Fear in Seeking out Aid***

Policy discussions designed to address the impacts of intimate partner violence have traditionally taken a heteronormative narrative, therefore leaving out members of the LGBTQ2+ community, even though they are impacted by intimate partner violence in rates equal to or even higher than those in heterosexual relationships (National Coalition Against Domestic Violence). Despite the severe under-representation and underfunding in public services, the rate of violence in heterosexual and same-sex relationships remains relatively the same, one in four (Canadian Women's Health Network, 2). Moreover, survivors of intimate partner violence that belong to the LGBTQ2+ community are often fearful of seeking aid, as there are systemic homophobic sentiments in health and human services. LGBTQ+ community members may also fear being outed or social repercussions as a result of seeking help (Canadian Women's Health Network, 2). Members of the LGBTQ2+ community are also at risk of being harassed by healthcare professionals while trying to seek support (Harvey et al.).

#### ***Inappropriate Responses to Calls for Assistance and Aid***

In addition, LGBTQ2+ members are more likely to be denied access to intimate partner violence support systems and resources since these support systems have been designed to cater primarily, to heterosexual relationships. In instances where bias is not conscious, many women's shelters do not have specific policies that make them safe spaces for trans women. There are significantly fewer services that aid the members of the LGBTQ2+ community, and the services that exist are not given adequate funding or other necessary resources to combat the staggering statistics. Furthering the discrepancies between heterosexual and LGBTQ2+ cases of intimate partner violence is police intervention. Police officers receive minimal training on how to recognize and address intimate partner violence in same-sex relationships. Resultantly, there are instances when the police end up arresting both the parties involved, including the survivor (Canadian Women's Health Network, 2).

### ***Recommendations Concerning Intimate Partner Violence in the LGBTQ+ Community***

The Take A Stand Committee recommends the following: to have increased representation of LGBTQ2+ members in intimate partner violence services, to increase the representation of LGBTQ2+ members in campaigns that aim to eliminate intimate partner violence, to include resources for members of the LGBTQ2+ community seeking aid from intimate partner violence, have specific policies that ensure women's shelters are safe spaces for trans women, and to provide police officers with the necessary training to handle cases involving queer people. The identities of LGBTQ2+ people must also be protected. These cases should be handled with the option for anonymous reporting and public events should have regulations in place to ensure anonymity, especially as it relates to the collection and dispersion of data.

### ***Indigenous and Racialized Communities***

#### ***Stereotypes and Misconceptions***

In many ways, intimate partner violence has been racialized through the use of stereotypes and misconceptions. The stereotype of black men as 'predatory', 'aggressive', or 'animalistic' creates a misconception that they are more prone to violence than other racial groups. The stereotype of black women as 'lazy', and 'ghetto' means their trauma is less likely to be believed and as a result, they may find additional barriers and challenges when seeking assistance through the legal system. Misconceptions that portray men from racialized communities as inherently abusive ignores the reality that men can also be affected by abuse. These stereotypes play into a culture of toxic masculinity and prevent male survivors from seeking assistance.

Given the high proportion of immigrant communities in Brampton, there is also a stereotype that people from ethnic cultures are inherently more prone to intimate partner violence because they do not come from Westernized liberal democracies (Tabibi et al). This stereotype "culturalizes" violence and attributes it to culture rather than acknowledging violence as a structural inequality promoted by the patriarchy in conjunction with other systems of oppression (Tabibi et al.). The stereotype also leads to the ostracization of immigrant people by depicting them as inherently more violent. Both of these notions are harmful and must be dismantled.

#### ***Importance of Indigenous and Marginalized Led Treatment Services***

It is imperative that Indigenous groups and other marginalized groups, facilitate and dictate their treatment services. To increase the efficacy of treatment and implement an anti-colonization and anti-oppressive approach to intimate partner violence, the affected communities should be able to make decisions about their own needs.

### *Implications of Race and Culture*

Intimate Partner violence in racialized communities is quite different compared to some other communities (Native Women's Association of Canada). A study conducted by the Indian and Northern Affairs Canada (INAC) called *Stolen Sisters: Discrimination and Violence Against Indigenous Women in Canada* clearly illustrates how Indigenous women are at high risk of death due to intimate partner violence. Their research discusses how Indigenous women with Indian Status between the ages of 25 to 44 are five times more likely to die from violence compared to other women in the age group. Despite the rate being unbelievably high, such cases are more likely to go unresolved. Their study indicates that only 53% of cases reported related to homicides with Indigenous Women have been solved, compared to the national average of 84% in Canada.

Moreover, Statistics Canada also has reported that Indigenous women are more likely to undergo hazardous forms of family violence compared to non-Indigenous women. Over 27% of Indigenous women have reported that they faced 10 or more results from the same offender whereas only 18% of non-Indigenous women reported such a situation. Over 44% of Indigenous women have said that they "fear for their lives" in some cases of violence whereas only 33% of non-Indigenous women reported the same. Taking all these facts into consideration, we must analyze why the violence against Indigenous women is ignored.

According to the Ontario Native Women's Association, within Indigenous communities, 75% of sexual violence survivors are young females under the age of 18 (Ontario Native Women's Association). Additionally, the percentage of Indigenous women in Ontario is a mere 1.2% and yet they account for 6% of total female homicide victims. For racialized women, frequent exposure to continuously occurring racism and poverty puts them at a higher risk for intimate partner violence in their everyday life (Abban). According to NWAC, 54% of Indigenous women reported encountering severe forms of intimate partner violence compared to 37% of non-aboriginal women. These disturbing figures will not decrease unless there is the implementation of policy frameworks.

### ***Recommendations Concerning Indigenous and Racialized Communities***

The City of Brampton should emphasize the steps outlined by the Federal Truth and Reconciliation Commission, assessing their ability to meet each of these goals through a comprehensive framework. The City should also collaborate with grassroots and community leaders to create a direct liaison between the community and the authorities. Educational workshops and guest speakers should be strategically placed at accessible locations like schools, colleges, and community recreation centers. Efforts to combat the racialization of intimate partner violence should be led by professionals from the racial communities.

### ***Equitable Treatment Options***

Treatment programs for survivors of intimate partner violence are openly available throughout Canada, however, the treatment options aren't always equitable nor do they always consider the genuine needs of survivors. These services are often severely underfunded and prejudiced towards, but not limited to survivors with disabilities and Indigenous peoples'. In this section, treatment refers to the necessities survivors require to heal from their abuse and create autonomy for themselves. This can include but is not limited to, access to mental health support, income, housing, and food.

### ***Challenges Facing Shelters and Transitional Homes***

In recent years, many forms of treatment, such as relief shelters have been facing severe underfunding. According to a 2019 report done by Women's Shelters Canada, violence against women (VAW) shelters could not meet rising operating expenses without fundraising, and 10% still could not, even with fundraising. 86% of these shelters do not have any fundraising staff, meaning that staff is left overworked to take on fundraising responsibilities just to keep the doors open (*"More Than a Bed: A National Profile of VAW Shelters and Transition Houses."* Women's Shelters Canada, 4). Another burden shelters encounter is capacity issues. Four in ten VAW shelters reported operating at capacity "almost always". Many shelters take in more people than the number of available beds, at the cost of pushing capacity guidelines.

As a result of shelters facing over-capacity issues, 26% of VAW shelters are "difficult to access" for those who use wheelchairs and other mobility devices. 81% of these shelters are not often able to provide culturally appropriate programs to members of the Indigenous community. 79% of respondents that treated women with complex mental health and substance use issues concluded that sufficient treatment for these individuals was a "major challenge" for their shelters. (*"More Than a Bed: A National Profile of VAW Shelters and Transition Houses."* Women's Shelters Canada, 2).

### ***Limited Access***

Legal aid can be very expensive. In the case of survivors dealing with things such as the custody of children and restraining orders, it is inevitable. A large demographic of survivors are aware that it is difficult to find affordable legal services, and they may not have the necessary finances to afford good quality services otherwise.

Many intimate partner violence survivors also have the responsibility of caring for children. This can cause a problem for them when leaving their abusers, as it may be difficult to find accommodations for both them and their children in treatment centers such as shelters and transitional homes. They may also not feel comfortable with admitting their children into programs like Child Protection Services, or foster home care. Also, programs specifically for

children that have been exposed to family violence are significantly underfunded (*Department of Justice “Final Report of the Ad Hoc Federal-Provincial-Territorial Working Group Reviewing Spousal Abuse Policies and Legislation”* 9).

Additionally, many communities do not have access to proper treatment. Those in rural and Indigenous communities may not have sufficient access to transportation to seek treatment. There is a desperate need for an increase in the number of second-stage shelters, particularly in rural, remote, northern and Indigenous communities. Many individuals also have concerns about not wanting to seek medical access, for fear of a breach of confidentiality (*Department of Justice “The Ontario Rural Woman Abuse Study”* 25). As well, limited access to emergency services is a pressing issue. In areas such as Indigenous communities, large amounts of transportation, weather conditions and response times are important factors in understanding why the emergency services available are very constrained.

The INAC (Indigenous and Northern Affairs Canada) recognized that its FVPP (Family Violence Prevention Program) can not come close to supporting the vast number of people who require its protection and prevention services; these over-capacitated services include shelters and other essential services. There are also many limitations within the program, including but not limited to the lack of child services and the lack of services once they leave the shelters (*Indigenous and Northern Affairs Canada “Evaluation of the Family Violence Prevention Program”* 41). The Canadian Human Rights Tribunal discovered that the Government of Canada underfunds on-reserve agencies focused on children up to 38%, this statistic includes treatment options for family violence services (*Indigenous and Northern Affairs Canada “Evaluation of the Family Violence Prevention Program”* 18).

### ***Recommendations Concerning Equitable Treatment Options***

#### ***Training for Treatment Staff***

For various groups, treatment options currently in place cannot meet their needs. As mentioned in the concern section, many facilities find it difficult to accommodate certain groups, due to a lack of proper training and information on how to do so. Specifically, the government should work towards developing and implementing city-wide training programs for treatment staff (such as shelter staff) which help to better equip them with the necessary skills needed to accommodate those in the LGBTQ2+ community, people from varying ethnic backgrounds, and those with mental health/substance abuse concerns. (*“More Than a Bed: A National Profile of VAW Shelters and Transition Houses.” Women’s Shelters Canada*).

Examples of elements in this type of training can include education on counselling, access to a wider variety of language services, etc. This type of training may consist of a month-long course, run by the city. It should be mandatory for anyone working with intimate partner violence survivors and completed immediately after the hiring process.

The implementation of such programs will have a great effect. It helps to ensure that services are non-restrictive and survivors seeking treatment face fewer barriers and have more access to equitable treatment options. This also means that treatment facilities will be able to treat more diverse groups, as opposed to having to turn such groups away from treatment as is currently happening.

### *More Services*

One of the largest issues for intimate partner violence treatment programs is underfunding. Such facilities have a constant struggle of both being over-capacity, and not having the necessary resources for any form of expansion. (*“More Than a Bed: A National Profile of VAW Shelters and Transition Houses.” Women’s Shelters Canada*). This issue can be combated through an increased number of shelters and various treatment options throughout the city. This way, those in smaller areas can still access adequate services and do not have to travel a very far distance to achieve them.

One method to go about this is to use a location system already in place. This can be via the Municipal Ward Boundaries. An effective way to implement this would be to have at least one (if not, more) facility per ward, and multiple in the areas with a greater population density. The result of this will be equitable access to treatment for everyone within the city. It means that intimate partner violence survivors will be able to seek treatment, regardless of where they live. Overall, it would expand the option for treatment to everyone within the city of Brampton.

The creation of new facilities may be a difficult task, but it will have a positive long-term effect. If this is not possible, a similar recommendation that would be helpful is to increase funding to already existing shelters and various treatment options. This way, issues like overcapacity can be dealt with through expansions, and these centers will continue to provide their services and keep up with the rising cost of necessities.

As well, lack of accessibility turns many survivors away from seeking much-needed help. The implementation of more accessible services, such as ramps and handrails both within and around treatment facilities is a much-needed addition. This way, it can be ensured that treatment options are available to all people, and there is no discrimination based on not being able-bodied.

To start, this can be implemented through a required number of specific services (such as a ratio of handrails per exit). This way, buildings will be accessible from all sides. As well, options for at least one ramp per facility should be mandated.



### *Monitoring Equitability*

Policies put in place are not evaluated frequently enough for advocacy groups to understand the needs of the communities that they serve. This lack of data makes it almost impossible to fully grasp how intimate partner violence has changed over time. To address this, an equity report should be created by the City of Brampton's Equity Office that evaluates the success of recent policies like the Community Safety and Well-Being Plan. This data should be made available to the general public and consultations should be held with key community organizers.

### ***Police-Public Relations, Policy, and Legislation***

Police-public relations in policy, legislation, and regulatory compliance are appreciated and recognized throughout Canada, however, factors like mandatory arrests, relationships with racialized communities, and lack of training create certain areas of disappointment in police-public relations. These factors are often seen as severely affecting the public and police relations, creating severe trust issues, and widening the problem of intimate partner violence in the community.

#### *The Problem with Mandatory Arrests*

The policy of mandatory charging was introduced in 1994 by the Solicitor General of Ontario in the Ontario Policing Standards Manual. (*“What Does Mandatory Charging Mean?”*) Mandatory charging is defined as the police officer’s response to laying criminal charges in intimate partner violence cases if they have reasonable reasons for the abuse to have taken place. This policy has been a major source of controversy as many times the survivors of abuse have to suffer in many ways. Many survivors are placed at a higher risk of retaliation from their abuser as when the charges are laid the perpetrator can be more violent. Moreover, many survivors in a single-income household lose their only financial support if their partner is charged and/or arrested. As a result, survivors find reasonable ground to not inform the authorities or the first responders in cases of high risk to their living stability.

According to Public Health Canada, all forms of family violence are underreported. The experts say, *“In 2014, fewer than one in five (19%) who had been abused by their spouse reported the police abuse”* (Public Health Agency of Canada). The reason behind people not reporting intimate partner violence cases is that when the abused lives in the same household as the perpetrator or is in a relationship with the perpetrator and his family, it becomes hard to report the violence because of societal/cultural stigma and financial instability associated with it.

Based on the study done on 39 women victims of intimate partner violence, there is an inconclusive result in whether the survivors find the mandatory charging in benefit or not. The results of the study show that 38 out of 39 women participants (97%) listed at least one categorizable advantage, which was that mandatory arrest reduced the violence and/or increased their safety. However, 29 out of 39 participants (74%) listed at least one disadvantage of mandatory arrest: an increase in violence or anger when the perpetrator comes back from police custody. The study provided the view that the open-ended response of the participants in this study echoed the inconclusiveness of the past research done on the survivors. The study shows, *“Violence may decrease initially because the situation is defused, and the batterer is removed from the home; 13 participants mention this kind of a decrease... Violence may then increase when the abuser returns because he may be angry and seek revenge for being arrested”* (Barata, Paula C., and Frank Schneider ). The study concludes that it would be misguided to use an increase or decrease of violence as the only measure of the success or failure of the policy

(Barata, Paula C., and Frank Schneider). Therefore, this policy provides the public with both the positive and negative aspects of mandatory arrest and can be concluded by saying that there are still survivors of intimate partner violence that are vulnerable in face of mandatory charging.

### *Police-Public Relationships with Marginalized Communities*

The City of Brampton is home to many immigrants and marginalized communities. According to the 2016 census, 73.31% of Brampton's population is reported as being a visible minority ("Census Profile: Immigration & Ethnocultural Diversity"). Many family violence cases in these minority communities go unreported due to hesitance regarding police involvement. According to New Canadian Media, "*Marginalized groups, such as racialized communities and newcomers to Canada, may particularly be less inclined to seek police involvement*" (Hasan). One of the factors that contribute towards such a mindset is language barriers and lack of culturally and linguistically appropriate services that are easy to access ("Issue 26: Intimate Partner Violence Against Immigrant and Refugee Women"). Ninu Kang, an Anti-Violence expert, and Associative Executive Director at Ending Violence B.C., advocates that another deterrent to reporting intimate partner violence (for immigrants) is concern about entering an unfamiliar legal system, does not speak their language, is fraught with systemic racism, culturally insensitive, and sometimes dismissive ("Issue 26: Intimate Partner Violence Against Immigrant and Refugee Women").

Therefore, although Brampton is a city with varied immigrants and marginalized communities, it still needs to work on improving the police-public relations and justice system, which fails to provide equal resources and information to the immigrants and the marginalized community.

## References (Glossary):

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