

July 31, 2009

Irwin Glasberg  
Assistant Deputy Attorney General  
Ontario Victim Services Secretariat  
18 King Street East, 7th Floor  
Toronto, On, M5C 1C4

**RE: OCTEVAW'S RESPONSE TO THE SUBMISSION BY THE MEN'S PROJECT TO THE CORNWALL PUBLIC INQUIRY**

To Mr. Glasberg,

The Ottawa Coalition to End Violence Against Women (OCTEVAW) is a coalition of organizations and individuals dedicated to ending violence against women and, through leadership, education, advocacy and political action, to promoting a coordinated response to women and their children who have experienced abuse. Our members include counselling agencies, community resource and health centres, women's centres, victim services, child protection services, hospital and police representatives, the crown, academic researchers and other concerned community members.

OCTEVAW has three Standing Committees that focus on specific issues related to violence against women (VAW). Our Justice Committee is made up of various criminal justice partners and we have collaborated for more than 20 years to ensure that our broad network of services work together for the best interests of women and their children.

Our Justice Committee had the opportunity to review the submission by the Men's Project to the Cornwall Public Inquiry. While most of the recommendations in this submission addressed issues related to male survivors of sexual abuse, some focussed on domestic violence related services and policies. It is unclear to us how these particular recommendations related to the mandate of Phase 2 of the Inquiry. Regardless, we are extremely concerned about the implications for public policy (and the safety of women and children) should one of these recommendations be seriously considered.

**Furthermore, we believe that there are inaccuracies contained in the document that may not be readily understood by casual readers who are unfamiliar with VAW services, programs and policies.** As the Ontario Victim Services Secretariat is the current funder of the Men's Project, we wanted to draw these concerns to your attention.

### **Concern #1: The suggestion that women's shelters should house men**

Of greatest concern is the suggestion on p.9 of the submission that shelters for women and children fleeing domestic violence may be in violation of the Ontario Human Rights Act and the Canadian Charter of Rights and Freedoms. The Men's Project recommends that the Government of Ontario (MCSS) should examine "Why the existing network of shelters for victims of family violence exclude men and their children." It is shocking to us that an organization funded by the Ontario Victim Services Secretariat is suggesting that shelters for abused women and their children should accept men.

This recommendation is troubling for two reasons.

First, such a recommendation appears to suggest that the Men's Project believes that women and men are equally at risk (and therefore equally in need of shelter) of experiencing the kind of domestic violence that necessitates the extreme step of leaving your home and seeking refuge in a shelter. However, nothing could be further from reality. For example, according to Michael P. Johnson, author of "A Typology of Domestic Violence: Intimate Terrorism, Violent Resistance and Situational Couple Violence" (2008), 87%-97% of the perpetrators of what he refers to as "intimate terrorists" are men. This is the kind of violence described by the Power and Control Wheel. It is the kind of violence that results in woman often being forced to find safety in a shelter.

The paper by Walter DeKeseredy and Molly Dragiewicz (2009) "Shifting Public Policy Directions: Gender Focused versus Bi-Directional Intimate Partner Violence", is available on the web site of the Ontario Women's Directorate. This paper was commissioned by the Government of Ontario's Domestic Violence Advisory Council. It offers an insightful critique of the kind of assertions made by individuals and groups that would have us believe that the coercive and controlling domestic violence that sends women to shelters is gender symmetric. The research they cite supports the experience of those of us working on the front lines in hospital emergency rooms, sexual assault and partner abuse care programs, shelters, sexual assault centres, VAW services, and PAR Programs.

The Ontario Domestic Violence Action Plan Update (January 2007) clearly states that "safe shelter" and "economic independence" are important tools in addressing violence against women and children. This feminization of poverty means that women are more likely to lack formalized education, secure full-time employment, access to safe housing and affordable child care. These social barriers increase their risks of experiencing

domestic abuse and increase their need for specialized supports. We need to address the issue of gender inequality which perpetuates violence against women and is the systemic cause of multiple social problems.

While any man who is legitimately fearful of his partner should receive support services, it defies common sense to recommend that the appropriate remedy for this relatively small group of individuals would be to require shelters for abused women to accept men as residents.

Second, this recommendation appears to be part of a wider strategy of the “men’s rights” movement to position men as the real victims of domestic violence. In California, for example, a group of men have been partially successful in a class-action lawsuit against the State Government and two state-funded domestic violence programs. They claim that men were being discriminated against because they were not accepted as residents at shelters for abused women. This seems to be the direction that this recommendation in the Men’s Project’s submission is going.

In addition, the December 2006 issue of the Men’s Project’s newsletter stated: “There finally seems to be some momentum about questioning the conventional thinking behind men’s domestic violence. On our side of the border, we have the published works of Dr. Ralph Bierman and Dr. Don Dutton, both of whom have pointed out the flaws in what is referred to as “The Duluth Model.” The Duluth Model asserts that victims of ongoing abuse should be protected, perpetrators and intervening practitioners should be held accountable for victim safety, offenders should be offered an opportunity to change (including punishment if it enhances victim safety) and a due process should be ensured for offenders through the intervention process ([www.theduluthmodel.org](http://www.theduluthmodel.org)).

Dr. Dutton is the same person who has written the following:

- For all kinds of relationship types, females are unilaterally more violent than males to non-violent partners. (National Post, June 14, 2006)
- At some point, one has to ask whether feminists are more interested in diminishing violence within a population or promoting a political ideology. (“The gender paradigm in domestic violence research and theory: Part 1—The conflict of theory and data”, published in *Aggression and Violent Behaviour*, Volume 10, Issue 6)
- The government bureaucracies that were set up as “women’s” ministries” deflect the truth about domestic violence in order to perpetuate the myth that it is gender based and to perpetuate their own influence. (National Post, June 4, 2007)

As Drs. DeKeseredy and Dragiewicz point out in their paper, such claims are not supported by research. A recent review of Dr. Dutton’s book “Re-thinking Domestic Violence” suggests that his views are “polemic masquerading as positivism; as such, individuals seeking a measured and insightful analysis of IPV (inter-personal violence) are advised to look elsewhere” (Amanda Burgess-Proctor, Michigan State University). Yet the Men’s Project holds out Dr. Dutton as an apparent role model for a new way of examining domestic violence.

## **Concern #2: The misrepresentation of Hospital Sexual Assault/Domestic Violence (SADV) Treatment Centre mandates**

Our second concern is on p.6 of the submission where it mentions that Hospital programs only see recent cases of sexual assault and “after the assault becomes ‘dated’, i.e., a year after the assault, service is often refused...” The programs across the province are as diverse as the communities they represent. For example, the Cornwall program received extra funding in 2000 in order to respond to the higher counselling needs resulting from male historical sexual assault. In addition, more centres across the province have recognized that the needs or distress of someone who has experienced a sexual assault are not solely determined by the date of the assault itself. Ottawa’s SADV Treatment centre will provide care to someone who has been assaulted in the past and is exhibiting symptoms or distress months or years after the assault happened. Where there are centres that cannot meet the counselling needs of clients, careful and sensitive referrals are made. Clients are not refused service.

## **Concern #3: The troubling analysis of the Routine Universal Comprehensive Screening in health care settings**

Our third concern is the comment on p.9 where Routine Universal Comprehensive Screening was being discussed. The submission asks, “Why the current Routine Universal Comprehensive Screening used in Ontario Hospitals for victims of violence only applies to females aged 12 and over (Ministry of Health).”

The Routine Universal Comprehensive Screening (RUCS) Protocol for Woman Abuse was developed by the Middlesex-London Health Unit’s Task Force on the Health Effects of Woman Abuse in 2000. It was not developed by the Ministry of Health. The goal of the protocol is to inquire as part of each assessment of any woman 12 years of age and older about any type of past or current abuse including physical, sexual or psychological abuse. It was developed to be applied in health care settings by all types by health care providers, enabling them to identify abuse and to provide appropriate intervention and referrals. (<http://www.opha.on.ca/databases/violence/view.php?programId=423>)

This protocol was specifically created to screen women because women are at greatest risk for abuse, sexual assault and murder. The Ontario Domestic Violence Death Review Committee (DVDR) reports the results of domestic violence fatality investigations of the Chief Coroner. From 2003-2007, the DVDR reviewed 62 cases involving 100 deaths where 94% of the victims were women and 92% of the perpetrators were men. One of their main recommendations is that Universal Screening be a required process for all front-line professionals in order to prevent domestic violence homicides. Of its numerous mentions, nine specific recommendations were made directly to health care professionals.

Moreover, the Nursing Best Practice Guideline created by the Registered Nurses’ Association of Ontario entitled: Woman Abuse: Screening, Identification and Initial

Response was published in March 2005. This document's purpose and scope states on p.11: "While it is recognized that men also be victims of intimate partner abuse, the incidence, nature and impact of that abuse is more severe for women." Although the guideline has been developed primarily for Registered Nurses and registered Practical Nurses, it may also be used by other health care practitioners. The recommendations included in this guideline are consistent with current legislation such as the Child and Family Services Act of Ontario, the criminal Code of Canada and the Regulated Health Profession Act of Ontario (Registered Nurses' Association of Ontario Best Practice Guidelines, 2005).

The Network of 35 SADV Treatment Centres have never been directed by the Ministry of Health to screen, rather it has been the prerogative of some individual hospitals. Moreover, some do screen men. Ottawa's program along with Cornwall's Assault and Sexual Abuse Program screens and provides emergency health care, evidence collection and counselling for all survivors of sexual abuse and/or domestic violence, be it a woman or a man.

#### **Concern #4: The misrepresentation of PAR Program services**

Our fourth concern is the misrepresentation of PAR Program services. It is suggested on p.9 that the Government of Ontario should examine "Why experiences of childhood victimization are not recognized as a treatment issue in the Partner Abuse Response system of post-conviction intervention of those convicted of domestic violence." This is incorrect. PAR Program Provincial Standards, on p.21, are clear that family of origin issues may be explored in the program, stating that "Family of origin and other childhood experiences that influence personal development can help in understanding, or putting in context, the choice to be abusive." The Standards ask that this topic be introduced in a cautious manner so as not to be adopted as an excuse by the client. This only makes sense when PAR Programs are trying to assist men to focus on accountability and personal responsibility. However, there is nothing in the PAR Program standards that prohibits an exploration of childhood victimization.

In fact, we are aware that the Ottawa PAR Program, New Directions, asks this question of every man who registers for their services, so that appropriate supports and referrals can be provided. Despite the inaccuracy of this statement, we are once again concerned that it may be accepted as fact by readers who are uninformed or inexperienced in the field of domestic violence generally and PAR Programs in particular.

#### **Concern #5: Overall tone of the submission**

Lastly, we are concerned that the overall tone of the submission insinuates that women's groups and counselling services that care for women who have experienced abuse and treat men who use abusive behaviour are somehow misguided and discriminate against men.

In March 2004 Amnesty International launched the campaign “Stop Violence against Women” describing it as the world’s most pervasive human rights violation. In February 2008 the UN launched the campaign “UNite to End Violence against Women” as a multi-year effort aimed at preventing and eliminating violence against women and girls in all parts of the world. This type of gender-based violence was described as a “global pandemic,” with enormous social and economic costs.

Globally, 1/3 women will be beaten, coerced into sex, or otherwise abused in her lifetime (UNIFEM, United Nations Development Fund for Women). That statistic is staggering and Canada is unfortunately not exempt. OCTEVAW’s report *Hidden from Sight: A look at the Prevalence of Violence Against Women in Ottawa - May 2009* (enclosed) is the first of its kind in our city. It consolidates currently available VAW data collected by a cross-section of agencies in the effort to educate the public on the prevalence of woman abuse, sexual violence and homicide in Ottawa.

From January 2007 – September 2008, Ottawa police responded to 2,440 total domestic violence occurrences where charges were laid or warrants sought. Of those, 2,168 men were charged representing 89% of all domestic violence cases. That particular statistic which represents the reality of Ottawa’s police response is hardly gender neutral. We need to be concerned about violence against women because it affects the whole community and it takes a committed coordinated response to end it.

Thank you for your attention to this matter. We look forward to hearing your response.

Sincerely,

Justice Standing Committee of OCTEVAW

Angelika Lorinser – Women’s Advocate, Chrysalis House and Chair of OCTEVAW’s Justice Standing Committee

Sandy Milne – Woman Abuse Program Coordinator, Family Services à la famille Ottawa

Mark Holmes – Coordinator, New Directions (Ottawa’s PAR program)

Sandy Onyalo – Executive Director, Ottawa Rape Crisis Centre

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