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Canadian Strategy Against Gender-Based Violence and Gaps

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Abstract: Promoting the Essential Services Package (ESP) for Women and Girls Subject to Violence has led to an emphasis on legislative commitments to a survivor-centred strategy. Such legislation includes provisions for fiscal planning, standards of services, and official programs to support networks of community-based interventions to build capacity, share information, and co-generate knowledge across regions. This study identifies gaps in the Canadian strategy against gender-based violence in the operation of mechanisms for coordinating multi-sectoral trauma-informed “wrap-around” services that prioritize survivors in their distinct and diverse contexts and communities. It also recommends ways to transform the Canadian strategy in a global context.

Keywords: survivor-centred; Canada; social and policy implications; gender-based violence; trauma-informed essential services

1. Introduction

The outbreak of COVID-19 drew attention to societies’ failure in dealing with gender-based violence (GBV) and intimate partner violence (IPV). Both are perpetrated mostly by men against women although included is also violence against men, boys, and sexual minorities or gender diverse people. There were alarming reports regarding an increase in femicide and domestic violence during the pandemic as well as breakdowns in the health systems, intensifying the precarity of services that heavily relied on underpaid and unpaid care workers. Patients were turned away and deaths in hospital occurred due to the absence of medical attention. Women’s safety became once again under threat while community-based services experienced grave shortages in resources and staffing during restrictive public health measures such as lockdowns and staff burnouts [1,2].

Homicide is the most extreme form of family violence. As reported by the Canadian Women’s Foundation in 2017, “approximately every six days, a woman in Canada is killed by her intimate partner” [3]. According to the recent report from the Canadian Femicide Observatory for Justice and Accountability, in 2022, 184 women and girls were killed by men or 1 in every 48 h, indicating a 27 percent increase in homicide among women and girls, and “about one in five women and girls killed by male accused were Indigenous” [4]. The shift to virtual or remote service delivery due to COVID-19 also became a concern as victims lived 24/7 with their abusers during the lockdowns and quarantines and found it difficult to have any chance to reach out for help, not to mention to receive support or services [5]. Social distancing and isolation further encumbered the provision of coordinated health, police and justice, and social services for survivors. As noted by researchers, the health crisis in the aftermath of the COVID-19 outbreak has impacted women and other disadvantaged groups differently due to structural inequalities that are rooted in colonialism, heteropatriarchy, and racism laced throughout the unequal distribution of power and resources [6,7]. With increasing issues of availability and accessibility of quality services in the ongoing health



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crisis, there is an urgent need to question how well the existing Canadian legislative framework, and the implementation of policies and programs support a national strategy to promote coordinated community responses in line with standards widely recognized around the world.

This study addresses this question by identifying gaps based on the standards of the Essential Services Package for Women and Girls Subject to Violence (from now on, the ESP standards) that were adopted by United Nations organizations in 2015 and are promoted in many countries around the world [8]. A primary goal of the ESP standards has been the operation of a national strategy built on institutional mechanisms for coordinating multi-sectoral essential services, spanning from health, through social services, to justice and policing, in response to the needs of survivors. Several standards arising from achieving this goal are concerned with prioritizing a statutory commitment to a costed strategy based on the estimates of resources required for a survivor-centred approach sustained by “Do No Harm” principles, protecting the right to a full and healthy life. These standards are used for evaluating country-level implementation of a strategy against gender-based violence. One indication of the use of these standards in an effective national strategy is the identification of ways to improve costed context-specific interventions based on a deeper analysis of the social norms and practices that justify domestic violence. It is such interventions that cater to specific needs that will help improve the national strategy and achieve its goal of raising community awareness of, and encouraging widespread community support for, survivors.

In this article, we provide an interpretive overview of the ESP standards for the integrated goal of costing a national strategy in support of quality services as these are emerging out of their worldwide practices. This is followed with a review of existing Canadian policies and their implementation at the community level in support of survivors. Given the division of responsibilities between the federal and provincial governments within the Canadian confederation arrangement and neoliberal influences in areas of underfunding and privatizing services, there continues to be gaps in the policy framework that limit the resources required for programs aimed at meeting survivors’ needs in communities. The current grassroots movement in cities and local communities declaring IPV an epidemic is a sign of public outcry for governments to pay more attention to the 86 recommendations outlined in the Verdict of Coroner’s Jury based on the Inquest into the IPV-related death of Carol Culleton, Anastasia Kuzyk, and Nathalie Warmerdam [9]. The mobilization of resources for making IPV an issue to be dealt with through public education and the health system will help increase funding for quality services and raise public awareness.

Using the ESP standards to delineate the gaps in the use of coordinated multi-sectoral essential services as a national strategy against gender-based violence in Canada, we present two recommendations. Firstly, an urgent need for adopting specific legislation at the federal level to instate fiscal commitments to a national strategy to build on costing studies based on the estimates of resources required for the prevention and response to GBV and IPV. These estimates are premised on the needs of survivors of diverse backgrounds met through community-based coordinated multi-sectoral services. An intersectional lens is critical for understanding the significant role race, gender, religion, and disability play in shaping survivors’ experiences with violence, trauma and seeking help. Its adoption in the costing and delivery of these services, thus, does well to support the fiscal commitments that are guided by survivors’ exercise of self-determination and grassroots organizations whose focus is healing rather than perpetuating further oppression and harm. Equally important, is for the services to offer broader solutions, including jobs, housing, healthcare, and social support. Secondly, investment in a social services workforce with an emphasis on peer support is an essential component of the national strategy to address longstanding, unevenly under-resourced essential services, which are largely in the jurisdiction of the provinces subject to neoliberal influences and priorities in distribution of resources. Insufficient services such as housing and shelters as well as counselling and other mental health services have put survivors, especially women and girls, Indigenous peoples and members of LGBTQIS2+ and immigrant communities at a heightened risk of harm, including

being deprived of socially and culturally appropriate services. Consequently, adhering to meeting the needs of survivors begins with an interactive process between community initiatives and policy development. The nationwide programs can help move forward with a national strategy through sharing results about costing studies on the ground and the impacts of the neoliberalization of policies and practices that homogenize survivors' experiences and underfund services through intensifying precarious work. These programs can also help bridge the process by improving protocols for data collection and mobilizing for public campaigns based on the dissemination of data that are collected and analyzed across regions and around the country. Key to these programs is the adherence to funding a long-term human resources development plan in the GBV sector that clarifies roles in, and responsibilities and timelines for, establishing ESP standards in the coordinated multi-sectoral essential services centred on survivors.

2. An Interpretive Overview of the ESP Standards

An important goal of the ESP standards is promoting a costed, comprehensive national strategy against gender-based violence and domestic violence through the operation of coordinated community-based multi-sectoral essential services centred on survivors. Details about the action items and related evaluation indicators in achieving this goal are highlighted here in relation to the framework, guidelines, and the ESP standards that have emerged out of implementation around the world. The framework of statutory commitments to fiscal support based on costing studies for coordinated multi-sectoral essential services covers both facility-based and community-based agencies and organizations, from the police and the judiciary to health (such as hospitals) and social aid organizations that are largely local not-for-profit operations and provide specialized services (such as shelters, sexual violence support centres, etc.). Such costing studies involve the estimates of resources required to build multidisciplinary and cross-agency collaboration for protecting survivors' rights for a healthy and full life, fulfilling their human potential.

Based on the costing approach (indicated by the activity/element matrix and cost data matrix in Module 7 of the ESP) [8], the legislative commitment to fiscal support for programs is guided by studies of current and predicted future resource requirements for a survivor-centred intervention, or interventions, aimed at a target population in both policy development and community level interventions. These studies help generate a population profile, the geographical layout, prevalence data (disaggregated based on violence against women and girls and other higher risk groups), and estimate costs of establishing and operating services, including an estimate of the types of both quantities of, and cost per unit of, inputs. The five core elements in the estimate of resource requirements in the provision of essential services are availability, accessibility, appropriateness, affordability, and risk assessment and safety planning. These are also the fundamentals of quality services. As a standard, the legislative commitments to fiscal support through costing studies enable the operation of increasingly coordinated, team-based, trauma-informed essential services to be accessible to and affordable by survivors of diverse backgrounds under a single-payer system. A related standard is the development of programs to invest in the social services workforce to promote the coordination of community-based, peer-assisted social supports with a heightened respect for lived experience and the safety and self-determination of survivors (ESP Module 5).

The promotion of survivors taking an active role through the operation of the multi-sectoral mechanisms for coordinating peer-assisted responses to GBV/IPV calls for the recognition of the existence of stereotypes within the service providers. Overcoming stereotypes through nationwide programs that facilitate capacity building through training, sharing information for monitoring and evaluation, and co-generating knowledge based on lessons learned across regions is key to a further ESP standard being included in costing studies (ESP Module 6). The laws and policies that govern fiscal commitments are to be developed from the best practices in using ESP standards and from evidence and lessons learned through the direct experience of coordination on the ground. These laws and

policies that provide ‘the how to’ for services to be costed and delivered are within the framework of, and the guidelines for, accountability in observation of “Do No Harm” in a coordinated response both at the institutional level and in communities.

At the institutional level, statutory commitments to fiscal support to a coordinated response begin with the estimates of co-locating resources for nationwide programs that help grow survivor-centred, trauma-informed, and multi-sectoral essential services. These services are coordinated through referral networks and roundtables, abiding by “Do No Harm”, to reduce the number of times survivors are asked to tell their stories, minimizing the risk of re-traumatization. Well-funded programs can help share information and expertise across agencies and institutions in different areas through joint data collection and analysis for monitoring and evaluation. Clear and transparent communication and accountability are important for the coordination of essential services in individual case management. Following the Interagency Gender-Based Violence Case Management Guidelines widely used together with the ESP standards can help enhance coordination based on consistent messages and responses given to survivors, perpetrators, and bystanders in communities resulting in greater awareness of stereotypes and the availability of services that prevent violence [10]. A shared commitment to financial and human resources for a coordinated response can avoid duplication, and provide opportunities for collaborative training, innovation, research, and co-generation of knowledge.

In communities, the important guidelines for costing a coordinated response include the collaboration of multi-sectoral essential services that are centred on, and governed by the observation of standards for, their accountability to the right of self-determination of survivors (Module 5, 6). The multi-sectoral comprehensive services herein are “survivor-centred” and are built on intersectoral teams to “secure the rights, safety, and well-being of any woman and girl who experiences gender-based violence” (Module 2). According to the Interagency GBV Case Management Guidelines [10], the survivor-centred approach is meant as a planning process from the ground up intended to provide individualized, coordinated, family-driven care in response to the recognition of children and their families that have complex needs. An individualized survivor-centred service plan is designed and costed to reflect the needs of the individual or family and is not adopted until all members involved reach a consensus that family strengths can be built on capitalizing on identified individual and family resources and qualities. Its success arises from several organizations working together to provide a holistic case management plan of support to ensure the self-determination of the survivor and encourage family choice and ownership. Thus, the individual or family always has a choice of the service they receive, a voice in the way they receive service, and ownership of decisions that affect their lives.

Similarly, trauma-informed care is key to survivor-centred services and prioritizes the safety and needs of those who choose support that is designed not to cause further harm to them but to aid in healing. Trauma-informed care seeks to involve all service providers, from health and social services to the police and justice, in a coordinated effort to diminish the intergenerational effects of trauma. Service providers are, for instance, required to realize the widespread impacts of trauma and be familiar with the paths for recovery, recognize the signs and symptoms of trauma in individuals, families, and staff, and actively avoid re-traumatization. This requirement calls on all agencies and their staff not only to be educated about trauma and its impacts but also to work for organizational changes including costing the efforts to integrate knowledge about trauma into policies, procedures, and practices based on “Do No Harm”. Such changes are necessary to overcome stereotypes and power differences between survivors and service providers and increase the transparency of decisions centred on the safety of all involved to build and maintain trust (Module 5).

Also, individuals with shared experiences are integrated as peer support into the organization and delivery of services to facilitate collaborative decision-making and empower individuals and caregivers with a belief in resilience and the ability to heal from trauma. Peer support, expectedly, fosters respect for the self-determination of survivors and

encourages survivors as key stakeholders to speak up about their experiences with violence and participate in the governance of coordination of multi-sectoral services. Therefore, an investment in peer support, together with the social service workforce, plays a crucial role in providing services, advocacy, and resources to people who are affected by GBV and IPV. Furthermore, upholding standards of peer support among survivors in costing studies is extremely important for programs that help raise awareness of stereotypes against women, girls, Indigenous peoples, LGBTQI2S+ and gender diverse people, people with disabilities, and immigrant women and families in a colonial and heteropatriarchal society. When social and health service workers are peers equipped with the necessary training and expertise, they can offer comprehensive assistance to survivors, helping them navigate the complex pathways towards safety and healing. They can also encourage support from service providers, social workers, bystanders, neighbours, and members of their community to overcome stereotypes. Only such costed programs that encourage everyone to learn about trauma and actively take part in a collective effort at the provision of survivor-centred, team-based care will foster a united voice in saying “no” to violence and perpetrators and promote a coordinated strategy across all communities to ensure a healthy and full life for all.

3. Policies and Coordinated Community-Based Responses in Canada

In 1982, the Canadian government included marital rape under the provisions of sexual assault in the Criminal Code. The 1983 reforms to the Criminal Code ended the rape provisions and instead developed three categories of sexual assault offences with charges determined based on degrees of violence. These offences include non-consensual sexual touching and sexual acts that involve no, or minor, injuries and that cause bodily harm. The reforms also removed the requirement for the victim’s complaint to be corroborated and for the complaint to be “recent”. The reforms, moreover, restricted the ability of the defendant to cross-examine victims on their sexual history, while the judges can impose publication bans to protect the identity of victims or witnesses. The reforms, furthermore, criminalized sexual assault within marriage. Later, the federal government went even further to specify what consent means and what it means for the accused to “take reasonable steps to ensure consent”. These reforms of legal rules came about through changes from more pro-arrest, pro-prosecution policies, as well as the operation of Domestic Violence Courts to an integrated approach that succeeded with the coordination of legal and civil means with essential services [11–14].

The combination of criminalization and health and welfare services under the influence of neoliberalism, as Margaret Abraham and Evangelia Tastsoglou argued [15], led to a dialectical policy synthesis against family violence as a matter of individuals that could be either controlled by criminal sanctions or clinical treatment without due recognition of the heterogeneity of survivors’ experiences with structural oppressions. For instance, Children’s Aid Society was largely financed based on the number of children taken into care under the neoliberal funding measures, not based on the quality services it should provide to meet the needs of those children and their families, made domestic violence a major reason for protection [16,17]. Shelter systems, whose services are heavily underfunded, may not have clear recognition of immigrant women’s legal status as dependents and associated insecurity and have policy such as prohibition of contacts with the perpetrator that likely discouraged immigrant women, racialized women, and First Nation women from access. The first federal funding for rape crisis centres and women’s shelters was in 1972 under the Women’s Program of the Secretary of State. The Canada Mortgage and Housing Corporation provided part of the capital funding assistance for these shelters. As of 2021, there were 557 residential facilities with 6775 beds and 1273 apartments and houses for long-term residence across Canada whose mandate was to serve victims of abuse. Due to the impact of the COVID-19 pandemic, these figures are, however, down from 2014 when there were 627 shelters providing 12,058 beds [18,19].

4. Collaborative Policy Developments

The federal government in the 1980s established the Family Violence Prevention Unit in the Department of Health and Welfare to provide education and coordination of federal responses to domestic violence. The government also established the National Clearinghouse on Family Violence to collect information and resources on domestic violence. In the late 1980s, it adopted the Family Violence Initiative to coordinate action on domestic violence, including funding for shelters, policy research, public education and training, and support for community groups. This initiative created the federal government's main collaborative forum with the participation of several federal agencies to address domestic violence before the launch in 2017 of the Federal GBV Strategy, *It's Time: Canada's Strategy to Prevent and Address Gender-Based Violence* [20,21]. This strategy commits to establishing the Gender-Based Violence Knowledge Centre housed in Women and Gender Equality Canada. [22]

Details about coordinated action taken by different federal departments in support of the Federal GBV Strategy was provided in a government report to the Committee on the Status of Women in the House of Commons in 2022, which invited public input for its inquiry into the government's conduct to address family violence in its overall response to the impacts of the COVID-19 pandemic [21]. This report listed budgets covering the past years directed toward addressing family violence and included a review of the strategy, under which CAD 800 million was designated to seven departments and agencies. These are Women and Gender Equality Canada (WAGE), the Public Health Agency of Canada, Public Safety, the Department of National Defence, the Royal Canadian Mounted Police (RCMP), Immigration, Refugees and Citizenship Canada, and Justice Canada [23]. It is not clear if the funding was based on costing studies to generate the estimates of resources needed for each department and agency to fulfil its role in a strategy centred on provision of community-based coordinated multi-sectoral services to survivors.

The report in 2022 does explicate the coordinated approach that these departments and agencies have engaged in the delivery of services. These services include housing, mental health and wellbeing, childcare, education, and economic recovery. Integration and cooperation among the resource agencies have also been developed not only to ensure the delivery of services but also survivors' access to the family justice system by way of legal representation. Training of the RCMP employees about trauma-informed and culturally sensitive response to domestic violence, and judicial education among judges of the use of *Clare's Laws* are included as ways to safeguard survivors' legal representation. "These laws allow individuals at risk of domestic violence—or their representatives—to request information from the police about their current or prospective partner's violence history so they can make informed decisions about their safety and the safety of their intimate partner relationships" [23] (p. 14). Moreover, the report in 2022 notes that in response to the COVID-19 pandemic, the government added CAD 100 million in support for shelters and housing out of emergency COVID-19 funding and out of Budget 2021, CAD 200 million was provided to over 1400 organizations working to ensure survivors have access to critical support and services [24].

While the Federal GBV Strategy has no clear commitment to fully costed resources for ending GBV, beginning in 2021, the government has continued with a budget of CAD 601.3 million over five years to support the National Action Plan to End Gender-Based Violence (NAP) that was endorsed in January 2021 by the Federal-Provincial-Territorial Ministers Responsible for the Status of Women [25]. This NAP has pledged sustainable funding for strengthening the justice system and a continuum of the multi-sectoral coordinated survivor-centred responses from health, the GBV sector, and housing and social services [26]. It also established the Gender-Based Violence Secretariat at WAGE to provide foundational support to leadership and coordination across regions on data collection, knowledge mobilization, training on decolonization and intersectionality, and engagement with stakeholders especially to harmonize complementary strategies of MMIWG2S+ (Missing and Murdered Indigenous Women, Girls and 2SLGBTQQIA+ people) National Action

Plan. While the NAP has embodied several ESP standards in regard to multi-sectoral coordination of services, it, as the report by Women's Shelters Canada explicates, still requires a long term all-of-government approach [24]. For the sake of a full ESP implementation, presently, it also needs to embrace an all-of-society movement from the ground up for communities to develop responses against GBV as an epidemic based on costing studies of estimates of resources needed for appropriate measures to meet the needs of a particular population as discussed earlier.

5. Regional and Local Responses

Together with intervention policies and measures to address GBV and IPV, actual experiences with responses based on coordinated essential services are largely in the provincial jurisdictions. Most provinces have adopted family violence protection laws although domestic violence is covered under the Criminal Code at the federal level. In Ontario, for instance, apart from the Family Violence Protection Act in 2000 and the Child, Youth and Family Services Act in 2018, the government in 2015 organized the first permanent government roundtable to advise the government on emerging issues of GBV [27]. It is composed of experts and 22 provincial umbrella organizations in the violence against women sector, including labour organizations, women's organizations, social and community services organizations, and other not-for-profit organizations. The Ontarian civil and criminal justice systems have developed tools such as protection orders that include restraining orders, peace bonds, bail conditions, and probation orders, to protect women and girls subject to violence [28]. As noted by Molly Dragiewicz and Walter DeKeseredy [16], to restrain the abuser's violence and increase the survivor's options for safety, the government, as their first set of responses, increased the power of the police and family violence courts to remove the abuser from the survivor's home by using warrantless arrests and cooling-off periods, special protection orders, and anti-stalking laws. According to the Ontario Women's Justice Network, the province has a program of Domestic Violence Courts (DVCs), one in each of the 54 court jurisdictions across the province [29]. Judges presiding over DVCs have received special training on domestic violence and intimate partner violence. Each court has a team of specialized professionals, police officers, Victim/Witness Assistance Program staff, government lawyers, probation officers, Partner Assault Response Program staff, legal aid, and family service program staff such as those working at shelters. Special training for all these team members, who are also criminal justice actors, helps them operate with an ability to evaluate high risk cases and better support survivors. Government lawyers serve as case managers to make sure that the right type of cases go through the DVC programs. These DVC programs also include, in each locality, a Domestic Violence Court Advisory Committee with representatives from the municipality, the Children's Aid Society, criminal justice partners, the Victim/Witness Assistance Program, and community service organizations. The network of victim services also funded by the provincial government provides survivor-centred services in partnership with police, emergency services, and other community-based agencies [30].

In recent years, in cases of first-time offenders without the use of weapons and no grave harm done to the victim, early intervention programs encourage rehabilitation and may order an accused to attend a partner assault response counselling and education while they are out on bail. Admittedly, judges are required to take the safety of victims into account in any bail decisions, as they offer women, upon consultation, with exit options, such as shelters, and protection by a no-contact, no-communication order. Lately, however, violent crimes on bail and breach of probation have gone up as noted by Nicole Brockbank [31]. While it is necessary to have aspects of the justice system and law enforcement address specific acts of violence, this alone does not guarantee protection in many cases of GBV without quality health and mental health services. This lack of protection is especially true for survivors who face intersecting layers of oppression, including female-identifying persons, children, and those of Indigenous, or Black, and racialized descent with many factors contributing to realities of increased victimization. The most important factors include the

conditions of settler colonialism, racism, and heteropatriarchy that afford white men privilege and protection for their aberrant behaviour, in that “white middle-class men are rarely held accountable for their violence as their identities are not criminalized, there is a huge latitude for their behaviour, and they are seen as always/already redeemable” [32] (p. 25).

In British Columbia, the Family Law Act in 2011 defines domestic violence and provides tools, including family law protection orders and peace bonds, to respond to domestic violence. New initiatives have been developed since personal and family distress increased due to the restrictive public health measures implemented during the spread of COVID-19. They revolve around the Peer-Assisted Care Team support in community-based services, aiming to reduce the use of police to respond to mental health issues. These community-led initiatives pair a trained peer-support worker with a mental health professional to be deployed to help a person or family facing mental health distress. Meanwhile, police would be on call in the event of safety concerns with a member of the team, or the person and the family. The provincial government has authorized an additional CAD 1.26 million to expand the initiatives to different parts of the province based on the recommendations of an all-party committee reviewing B.C.’s Police Act. The report of the Special Committee on Reforming the Police Act, issued on 28 April 2022, proposed many changes, including in the governance model, improving government access to policing data, and reforming the Police Act to truly reflect local realities and expectations in the delivery of services [33]. B.C.’s Interagency Case Assessment Teams (ICATs) were listed as an example of successful collaborative models in Canada [34]. Their success lie in a coordinated, trauma-informed approach, which includes collaboration through setting protocols for information sharing for risk assessment and proactive referrals to community-based victim support services. This approach importantly corresponds to standards of the ESP that seek to place survivors at the centre of multi-sectoral coordinated community responses. It can only succeed, however, with statutory commitment and fiscal supports from all levels of government and the use of an intersectional lens in adequately funded community-based quality essential services.

C. L. Mason has argued that the focus on law enforcement and the crime of domestic violence directs attention and resources away from the systemic social issues contributing to violence within Canadian communities [35]. As community-based service providers remain grossly underfunded and poorly staffed, they are often faced with difficult decisions on where to concentrate their often-limited resource pools. Moreover, in recent years, the demands of the Indigenous community to restore Indigenous justice systems, emphasizing not punishment but restitution and atonement, using community-based solutions in diversion programs (counselling and healing in the community rather than going through the justice system) have been integrated into the criminal justice system [15]. As P. Monture-Angus indicates, the omission of Indigenous peoples from “defining social and state relations (including law)” denotes a lack of commitment towards systemic change [36] (p. 11). With the provision of culturally and socially appropriate services to all marginalized groups, systemic change is required and will involve members of these groups at all levels of policymaking, planning, development, and implementation. Their involvement will not only include the development of laws and the criminal justice system but, more importantly, social policy and the funding of community-based coordinated services.

6. Conclusions: Recommendations

The above analysis has demonstrated that it is one thing to have these noteworthy individual initiatives developed by local communities and governments, but it is another to allow these initiatives to contribute to the Canadian national strategy to benefit all communities. Declaring IPV an epidemic across all communities is an initiative that comes from the ground up that has revealed the existence of gaps between the legislative framework and the goal of survivor-centred community-based quality services, and it will involve structural change to ameliorate those inequalities.

From policy development to grassroots responses to the needs of survivors, we recommend the following to bridge the gaps in the Canadian strategy, in close observation of the ESP standards, especially their accumulated international experiences that have enriched community-oriented costing studies fitted to diverse contexts and environments. Another area in which the accumulated international experience has enhanced the ESP standards is the emphasis on a long-term human resource development plan in the GBV sector in support of the social services workforce and peer participation.

Firstly, Canada needs, at once, a ground-up approach to estimating through costing studies the resources needed for survivor-centred quality services in communities. Such costing studies are focused on the actual needs in a community for establishing and operating the mechanisms of coordinating multi-sectoral wrap-around services in support of survivors. Such focus helps identify the needs of and services for survivors from a gender and intersectional perspective, especially Indigenous women and girls who face a four times higher risk of violence than white women. Moreover, it departs from current top-down funding approaches likely based on piecemeal decisions and pre-designed outcomes. Funding frameworks driven by results and outcomes sometimes inadvertently further complicate the lived realities of those they aim to assist [37]. For example, services aimed at supporting women experiencing GBV including transitional housing programs and support services related to IPV are regularly required by funding agencies to track outcomes in terms of the number of women who leave abusive relationships, file police reports, or complete x number of education or counselling sessions. Such outcomes fail to enforce accountability for quality services to meet the diverse needs of survivors and the observation of “Do No Harm”.

Furthermore, community-oriented mobilization of formula for cost estimation that is included in a national policy framework will help sustain budgetary commitments to the resources required for the prevention of, and response to, GBV and IPV. It is also desirable to include in GBV-related legislation fiscal and budgetary commitments to costing studies based on a formula of estimated resources needed by programs to sustain community-based multi-sectoral coordinated services. These fiscal commitments include standards for costing studies on maintaining the operation of community-based services and the networks of these services through capacity, building on decent work, information sharing, and knowledge accumulation across regions and around the country.

Secondly, investment in a long-term human resources development plan in support of the social services workforce together with peer participation as an elemental component of the Canadian national strategy helps address longstanding under-resourced essential services [38,39]. It also helps overcome the uneven distribution of resources among the different provinces that has undermined mental health and counselling services, together with shelters and housing. Investment in this plan can ensure decent work and secure working conditions, sufficient housing and shelters, as well as counselling and other mental health care, to include culturally and socially appropriate services that respect the rights of peoples of Indigenous communities, the disabled, LGBTQI2S+ people, and racialized groups. Inclusion of this plan in the Canadian GBV Strategy safeguards a long-term all-of-government and all-of-society effort against the epidemic of GBV. This effort begins with well-costed co-response programs that have a focus on community-based, coordinated, and integrated essential services, involving peer support workers, health and social service professionals as well as police and judges and lawyers. To cost and operationalize these co-response programs is to ensure equitable access to well-funded quality services and safeguard survivors’ rights and the strengths of family and community.

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References

- Mantler, T.; Wathen, C.N.; Burd, C.; MacGregor, J.C.D.; McLean, I.; Veenendaal, J. Navigating multiple pandemics: A critical analysis of the impact of COVID-19 policy responses on gender-based violence services. *Crit. Soc. Policy* **2023**, *43*, 29–50. [CrossRef] [PubMed]
- MacDonald, F.; Kooijman, A.; Canfield, C.; Oelke, N.; Robson, R. Patient Safety Incidents Are the Third Leading Cause of Death in Canada. Medical Press. 2022. Available online: https://medicalxpress.com/news/2022-06-patient-safety-incidents-death-canada.html#google_vignette (accessed on 5 December 2023).
- Canadian Women’s Foundation. Fact Sheet: Moving Women out of Violence. 2017. Available online: https://canadianwomen.org/wp-content/uploads/2017/09/FactSheet-VAWandDV_Feb_2018-Update.pdf (accessed on 15 May 2024).
- Canadian Femicide Observatory for Justice and Accountability, CFOJA Reports. Available online: <https://femicideincanada.ca/cfoja-research/cfoja-reports/> (accessed on 9 March 2024).
- Call It Femicide: Understanding Sex/Gender-Related Killings of Women and Girls in Canada, 2018–2022. Available online: <https://femicideincanada.ca/callitfemicide2018-2022.pdf> (accessed on 9 October 2023).
- Ghidei, W.; Montesanti, S.; Tomkow, K.; Silverstone, P.H.; Wells, L.; Campbell, S. Examining the Effectiveness, Acceptability, and Feasibility of Virtually Delivered Trauma-Focused Domestic Violence and Sexual Violence Interventions: A Rapid Evidence Assessment. *Trauma Violence Abus.* **2023**, *24*, 1427–1442. Available online: <https://pubmed.ncbi.nlm.nih.gov/35343335/> (accessed on 10 November 2023). [CrossRef] [PubMed]
- Yakubovich, A.R.; Maki, K. Preventing Gender-Based Homelessness in Canada during the COVID-19 Pandemic and Beyond: The Need to Account for Violence against Women. *Violence Against Women* **2022**, *28*, 2587–2599. [CrossRef] [PubMed]
- Essential Services Package for Women and Girls Subject to Violence. United Nations Joint Global Program on Essential Services for Women and Girls Subject to Violence. 2015. Available online: <https://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence> (accessed on 8 October 2022).
- Office of the Chief Coroner Ontario, the Verdict. Available online: https://lukesplace.ca/wp-content/uploads/2022/06/CKW-Inquest-Verdict-Recommendations-SIGNED_Redacted.pdf (accessed on 8 March 2023).
- Interagency Gender-Based Violence Case Management Guidelines: Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings. 2017. Available online: https://gbvresponders.org/wp-content/uploads/2017/04/Interagency-GBV-Case-Management-Guidelines_Final_2017_Low-Res.pdf (accessed on 10 October 2022).
- McInturff, K. *The Gap in Gender Gap: Violence Against Women in Canada*; Canadian Centre for Policy Alternative: Ottawa, ON, Canada, 2013.
- Women’s Legal Education and Action Fund. The Law of Consent in Sexual Assault. 2020. Available online: <https://www.leaf.ca/news/the-law-of-consent-in-sexual-assault/> (accessed on 23 April 2023).
- Sheehy, E.A. (Ed.) *Sexual Assault in Canada: Law, Legal Practice and Women’s Activism*; University of Ottawa Press: Ottawa, ON, Canada, 2012.
- Lundy, C. Violence against Women, A Structural Perspective. In *Cruel but Not Unusual: Violence in Canadian Families*, 2nd ed.; Ramona, A., Cathy, V., Eds.; Wilfrid Laurier University Press: Waterloo, ON, Canada, 2012; pp. 413–451.
- Abraham, M.; Tastsoglou, E. Addressing domestic violence in Canada and the United States: The uneasy co-habitation of women and the state. *Curr. Sociol. Monogr.* **2016**, *64*, 568–585. [CrossRef]
- Dragiewics, M.; Walter, S. DeKeseredy for Luke’s Place Support and Resource Centre for Women and Children. Study on the Experiences of Abused Women in the Family Courts in Eight Regions in Ontario: Research Report. 2008. Available online: <https://lukesplace.ca/pdf/Study-on-the-Experiences-of-Abused-Women.pdf> (accessed on 23 April 2024).
- Lee, M. It Feels Like They’re Really Listening’: Promised Child Welfare System Reforms Welcomed. 2020. Available online: <https://www.nugget.ca/news/local-news/it-feels-like-theyre-really-listening> (accessed on 8 September 2023).
- Statistics Canada, Shelters for Abused Women in Canada. 2014. Available online: <https://www150.statcan.gc.ca/n1/pub/85-002-x/2015001/article/14207-eng.htm#:~:text=The%20THS%20identified%2062%20shelters%20for%20abused%20women,served,%20including%20population%20centres,%20rural%20populations,%20and%20reserves> (accessed on 31 August 2023).
- Canadian Residential Facilities for Victims of Abuse. 2020–2021. Available online: <https://www150.statcan.gc.ca/n1/pub/85-002-x/2022001/article/00006-eng.htm> (accessed on 10 January 2024).
- Newman, J.; White, L.A.; Findlay, T. *Women, Politics & Public Policy: The Political Struggles of Canadian Women*, 3rd ed.; Oxford University Press: Don Mills, ON, Canada, 2020.

21. Johnson, H.; Dawson, M. *Violence Against Women in Canada: Research and Policy Perspective*; Oxford University Press: Don Mills, ON, Canada, 2010.
22. Government of Canada. Federal Government GBV Strategy. 2017. Available online: https://publications.gc.ca/collections/collection_2017/cfc-swc/SW21-172-2017-5-eng.pdf (accessed on 9 November 2023).
23. Minister for Women and Gender Equality and Youth. Government Response to the Report of the Standing Committee on the Status of Women: Toward a Violence-Free Canada: Addressing and Eliminating Intimate Partner and Family Violence. 2022. Available online: https://www.ourcommons.ca/content/Committee/441/FEWO/GovResponse/RP11971755/441_FEWO_Rpt04_GR/WomenAndGenderEqualityCanada-e.pdf (accessed on 8 January 2024).
24. Government of Canada. Progress Report 2021–2022. 2024. Available online: <https://www.canada.ca/en/women-gender-equality/gender-based-violence/gender-based-violence-strategy/progress-report-2021-2022.html> (accessed on 7 May 2024).
25. Government of Canada. National Action Plan to End Gender-Based Violence. 2022. Available online: <https://www.canada.ca/content/dam/wage-fegc/documents/gbv/National%20Action%20Plan%20on%20Gender-based%20Violence%20-%20In%20Brief%20-%20English.pdf> (accessed on 6 May 2024).
26. Dale, A.; Maki, K.; Nitia, R. A Report to Guide the Implementation of a National Action Plan on Violence Against Women and Gender-Based Violence. 2021. Available online: <https://nationalactionplan.ca/wp-content/uploads/2021/06/NAP-Final-Report.pdf> (accessed on 10 May 2024).
27. Ontario Government, Newsroom. 2015. Available online: <https://news.ontario.ca/en/backgrounder/32219/membership-of-the-roundtable-on-violence-against-women> (accessed on 9 November 2023).
28. Law Commission of Ontario. Improving Protection Orders. 2024. Available online: <https://www.lco-cdo.org/en/our-current-projects/improving-protection-orders/> (accessed on 10 November 2023).
29. Ontario Women’s Justice Network, Ontario’s Domestic Violence Court Program. 2022. Available online: <https://owjn.org/2022/09/06/ontarios-domestic-violence-court-program/> (accessed on 5 October 2023).
30. Victim Services Ontario. 2023. Available online: <https://www.ontario.ca/page/victim-services-ontario> (accessed on 5 October 2023).
31. Brockbank, N. Violent crime on bail up in Ontario, stakeholders agree system is broken, but not on how to fix it. *CBC News*, 11 May 2023. Available online: <https://www.cbc.ca/news/canada/toronto/violent-crime-on-bail-up-ontario-1.6828070> (accessed on 8 April 2024).
32. Duggan, M.; Mason-Bish, H. A feminist theoretical exploration of misogyny and hate crime. In *Misogyny as Hate Crime*; Zempi, I., Smith, J., Eds.; Routledge: New York, NY, USA, 2021; pp. 19–39.
33. Legislative Assembly of British Columbia. Transforming Policing and Community Safety in British Columbia. 2022. Available online: https://lims.leg.bc.ca/pcms/file/CommitteeDocuments/42nd-parliament/3rd-session/rpa/SC-RPA-Report_42-3_2022-04-28.pdf (accessed on 8 March 2024).
34. Gill, C.; Leanne Fitch, C.; Kimberley Greenwood, C. National Framework for Collaborative Police Action on Intimate Partner Violence (IPV). Report by the Canadian Observatory on the Justice System’s Response to Intimate Partner Violence and the Crime Prevention and Community Safety and Wellbeing Committee of the Canadian Association of Chiefs of Police. 2016. Available online: https://www.cacp.ca/_Library/resources/National_Framework_for_Collaborative_Police_Action_on_Intimate_Partner_Violence_-_March_2016.pdf (accessed on 9 November 2023).
35. Mason, C.L. *Manufacturing Urgency: The Development Industry and Violence against Women*; University of Regina Press: Regina, SK, Canada, 2017.
36. Monture-Angus, P. Standing against Canadian Law: Naming omissions of race, culture and gender. *Yearb. N. Z. Jurisprud.* **1998**, *2*, 7–30.
37. Dobchuk-Land, B. Resisting ‘progressive’ carceral expansion: Lessons for abolitionists from anti-colonial resistance. *Contemp. Justice Rev.* **2017**, *20*, 404–418. [[CrossRef](#)]
38. Armstrong, P.; Cohen, M. A Higher Standard: Setting Federal Standards in Long-Term Care and Continual Care. Discussion Paper. Canadian Centre for Policy Alternative. 2020. Available online: <https://policyalternatives.ca/publications/reports/higher-standard-0> (accessed on 20 January 2024).
39. Philpott, J. *Health for All: A Doctor’s Prescription for a Healthier Canada*; McClelland & Stewart: Toronto, ON, Canada, 2024.

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