RESETING NORMAL:
SYSTEMIC GENDER-BASED VIOLENCE AND THE PANDEMIC

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Resetting Normal is a series of reports on gender equality and the COVID-19 pandemic in Canada. They explore risks to human rights exposed by the pandemic and propose new ways to build a gender-equal Canada in pandemic recovery efforts.

The work of the Canadian Women’s Foundation and the organizations we support takes place on traditional First Nations, Métis, and Inuit territories. We are grateful for the opportunity to meet and work on this land. However, we recognize that land acknowledgments are not enough. We need to pursue truth, reconciliation, decolonization, and allyship in an ongoing effort to make right with all our relations.
During the COVID-19 pandemic, women – most of them Indigenous, Black and women of colour, living with disabilities, including the 80% of women in the non-profit work force on the front lines of the pandemic – have shown their strength, their capacity to lead and support communities in times of crisis, and their adaptability as they have adjusted to new ways of working. This is not the first individual crisis they have faced, but it is one of the most widespread, longest running and with the deepest impacts at multiple levels. Communities who were faced with environmental crises like the floods and the fires in British Columbia, Manitoba and Alberta have taken several years to recover. Many communities are still feeling the ongoing effects of the financial collapse of 2008 and have never fully recovered. And the emergencies continue to exist in First Nations, Inuit and Métis communities as the successive provincial and federal governments break treaties and disrespect Indigenous sovereignty by allowing the building of pipelines through traditional sacred lands. As of September 2020, 63 First Nations reserves were under long-term drinking water advisories – a basic human right systemically denied to Indigenous peoples in Canada. The federal government tabled Bill C-15 in December 2020, hopefully leading to the swift and meaningful adoption and implementation of the United Nations Declaration on the Rights of Indigenous Peoples in Canada.

At this time, there are ways to draw lessons from the experience of confronting crisis. It is no longer possible to ignore the fault lines in society deepened by each ensuing emergency: missing supports for women facing increased gender-based violence; less care and fewer protections for disabled women; lack of safety for migrant workers; anti-Black and anti-Indigenous racism. These cracks are long-standing and have caused disproportionate harms in every crisis Canada has faced.

To address the root causes of the increased levels of violence, the intention of this report is to look deeper into these fault lines, into what could be called an abyss caused by the longest and most damaging crisis ever faced on these lands: the process of colonization and settling by Europeans of what is now called “Canada” and the fundamental violence at its base. This violence is still the basis of much of what is considered violence against women (VAW) and gender-based violence (GBV) today.

The gaps that have been revealed were and are put in place by the systems as a design feature. It is now more and more common to discuss violence in terms of structures that create barriers to access of services, and less common to discuss gender-based violence as including all forms of state violence. The pandemic is offering an opportunity to explore the deep inequalities that separate different communities, geographically and racially, and analyze the effects of this systemic violence among communities.

The strength of communities to resist the forms of structural violence discussed is another lesson to take from the pandemic. Against the ongoing backdrop of the settler colonial state, these communities continue to resist, to act, to support, to draw and provide strength. This cannot be understated and should never be overlooked.
Intersectionality

This report will undertake an intersectional analysis of gender-based violence in the pandemic context, meaning that the contents will reflect on multiple factors affecting the experience of violence for diverse women and gender nonconforming people within the experience of gender-based violence. Much is owed to Black legal scholar Kimberlé Crenshaw for the concept of intersectionality. Thanks to her work, and many other scholars and activists who identify themselves as disabled, racialized, Indigenous and as survivors, this analysis of the effects of the pandemic is possible. One quarter of women in Canada identify as having a disability, and disability is often acquired through age, therefore we try to centre disability alongside other intersections throughout this report. Other factors that are the focus of this report include Indigeneity, racialization, in particular anti-Black racism, gender identity and expression, sexual orientation, age, income, experience of migration and other equity grounds. At the same time, we focus on how systems function in ways that establish discriminatory practices and create barriers to access that must be undone in order to reach the root causes of gender-based violence. As this report pays particular attention to certain oppressions, it also aims to explore how these forms are both interdependent and interlocking. It is almost impossible to discuss state violence against one oppressed group in isolation.

Experience of all forms of violence is intrinsically linked to power and control. Violence against women is specifically connected to patriarchy, but Canada’s colonial history, including the enslavement that helped build its wealth, is a key consideration when specifying the disproportionate levels of violence directed towards Indigenous and Black women and girls. As a result of this long history of discriminatory legal, social, political, financial and cultural practices, and of ongoing systemic sexism, ableism and racism, Indigenous, disabled and Black women and girls are over-represented when it comes to gender-based violence. For example, Indigenous women report rates nearly triple the rates of non-Indigenous women. Violence is a major cause of disability, and disability is a factor that can increase vulnerability to violence.

Why Gender-Based Violence now?

This report is part of an ongoing effort to shed a more penetrating light on the issues around violence against women and girls (VAWG) and gender-based violence (GBV) in the context of the COVID-19 pandemic. It is part of an ongoing series on “Resetting Normal” that explores the differential impact of the pandemic, and GBV on women and gender diverse people according to how they are positioned. Most organizations in the GBV sector are deeply concerned about the increasing levels during, and even because of the pandemic, and are reporting increases of 20% to 50% in calls to crisis lines, to outreach and in admissions to VAW shelters. This increased demand is especially significant because it comes at a time when capacity levels for most women’s services, such as shelters and sexual assault centres, are stretched beyond their maximum. Most have waiting lists. At the same time, shelters are having to reduce their capacity to meet public health regulations to maintain physical distancing and safety of all residents. In addition, many are not adapted for women with disabilities, lacking accessibility aids for those who experience mobility issues, and lacking clear guidelines and training on how to adapt services to women with a wide variety of disabilities.
There are certain facts about gender-based violence in Canada that many already know; however, this data rarely gets presented with an intersectional analysis. For example, a woman is killed every six days in Canada by an intimate partner, and, although the number overall has increased in recent months, the rate of homicide of Indigenous women was almost six times higher than non-Indigenous women in 2014. Women with disabilities are twice as likely to be the victims of violent crimes and twice as likely to have been sexually assaulted in the last year. Indigenous women reported domestic and sexual violence at a rate of 3.5 times higher than non-Indigenous women. There is still a paucity of data or statistics related to certain forms of violence, and how they affect women and women who live at the confluence of several different groups, such as police violence against Black trans women, or levels of street harassment against Indigenous women living with disabilities. There is also a lack of data on intimate partner abuse and violence against Black women for example, or any measurement of incidence of coercive control as a form of relationship violence.

Limitations of the report

This report focuses on violence, and uses a variety of terms to explain this, including IPV as interpersonal violence, which is inclusive of many forms of violence in intimate relationships, as well as sexual violence that may be committed by friends, acquaintances, and co-workers. The report connects the relationship or interpersonal violence that women face and the systemic violence that confronts them. However, it is impossible within the scope of these pages to explore all forms of violence. Although violence such as group killings and attacks, like the man who attacked several people in Quebec City, killing two, on October 31, 2020, may also be on the rise in the pandemic context and are deserving of examination, that is not possible in this report. Other forms of violence may need more research and understanding before it is possible to comment at length on their root causes and impact, and in fact a separate specific report.

As noted, much of Canada’s national data on GBV does not provide a breakdown of differing groups of women and gender diverse people. As such, some of the data presented in this report does not always explain the differing levels of violence according to population, or according to intersections of different oppressions, although it is becoming more possible to find examples of research that reveal these intersections. Until we have access to disaggregated data that does not further victimize or pathologize some women according to population group etc., we will not be able to see the full extent of the violence they experience. We have attempted to provide statistics, signposts and discussions on the rate and type of state violence against women, but it is far from exhaustive or complete.

Finally, we are variously positioned as a mix of settler, migrant, First Nation and Black women and non-binary people collaborating to produce this report. We also represent a mix of women living with different disabilities and like many people involved in disability-focused, Indigenous, settler, national, migrant and community level groups, we attempt to address our analysis from shared perspectives. Recognizing our different positions,
and the difficulties of working together at this time with limited resources while advocating for the changes we outline in this report, is not without its challenges. For now, we have put aside some of the more startling incommensurability\(^b\) of our different positions in the settler colonial state facing different types of violence.\(^b\) In some cases, this means that we have avoided contested ground and the language that surrounds it. This is not for lack of wanting to come to terms with these approaches; it is more a feature of our lack of time and space to explore fully these intersections. We commit to continue to make sense of these positions and reach action that evolves out from a place of truth before we try to reach reconciliation or even decolonization.

\(^b\) For a rich discussion on the incommensurability of this position as it relates to decolonization, see Tuck & Yang (2012).
Systemic Violence is State Violence

Women do everything they can to ensure their own safety and that of their families. They heal from incredible harms. It is only because of their advocacy, their strength in sharing experience and their contribution to research to build the evidence that we are able to put forward the statements in this report.

Women in Canada are not safe. This lack of safety goes beyond the experiences of individuals and beyond the scope of their relationships. Indeed, in 2013 the World Health Organization referred to violence against women and girls as “a global public health problem of epidemic proportions, requiring urgent action.” To provide the full picture of the violence that women are constantly resisting, the definition of gender-based violence must include state violence, structural violence and all forms of discrimination and harms based on identity and social locations. While services and institutions have been established to respond to the many forms of violence that women face, they have been conceived largely without consideration of the underlying structures on which women’s lack of safety is founded and threatened. Women are at a greater risk for these forms of violence due to historical, political, economic and ideological conditions. As a result, this work requires a greater focus on these underlying conditions.

Gender-based violence, termed “the shadow pandemic” since the onset of COVID-19, is so concerning because it reveals how systems function to increase vulnerability. The state has enormous power over the lives of women in Canada and until racism and discrimination engrained in the apparatus of the state, such as legal structures, the labour market, and social services, are identified and eliminated, women will continue to be unsafe. The state enacts laws that aim to protect women - such as paid sick leave in cases of domestic violence, or criminalization of forms of sexual harassment at work - but continues to perpetuate violence against Indigenous, Black and disabled women through increased incarceration and against migrant women through deportation. The state effectively chooses which women will be safe guarded more often and which will be put at greater risk. Race, disability, class and gender are factors of protection or risk. The underlying conditions created by governments, which may be invisible to many Canadians, are influenced by the ongoing legacy of colonialism and white supremacy.

State Violence is a Colonial Tool

According to the World Health Organization, one in three women experience physical or sexual violence from those closest to them, and responses to violence have been largely framed by this experience. Institutional racism as well as violence by state actors, such as the police, are the direct ongoing results of policies that devalue Indigenous women, such as the Indian Act, R.S.C., 1985, c. I-5. Policies and legislation enacted by the state create conditions where women can be harmed with impunity or exploited more easily, and have come about because of the colonization process that enslaved and destroyed First Nations and Inuit cultures with a view to eradicating them and enslaved Black women as chattel, taking away their very humanity.

At the same time as settler colonialism shapes violence against women according to racialization, it shapes the settler state response to disability as a connected oppression. The process of racialization is deeply intertwined with the
process of ableism and together, they perform
the function of marginalization by pathologizing
those bodies that are not seen to be in service
to the colonial project – a project that privileges
white, heterosexual, cisgender, masculine, able-
bodied subjects. White supremacy, patriarchy and
ableism have their logics baked into colonialism,
supporting the nation-building project that is
“pure” of degeneracy. Canada’s legislative past
shows that this purity was to be achieved through
different means, depending on the populations the
government was trying to eradicate – by genocide
for “the Indian” identified in the legislative Act, by
the enslavement of Black bodies and by eugenics
that categorized human traits and deemed certain
of them undesirable. In the report “More than a
Footnote”, DAWN Canada describes the impact
of the eugenics movement in Canada, particularly
in Alberta and British Columbia, outlining the
numbers of women who were forcibly sterilized
because they were “mentally ill” and/or “deficient”.
Sterilization practices also disproportionately
affected Indigenous women and it is likely that
women affected by these policies were both
Indigenous and disabled.11 Up until recently,
coercive sterilization was being used on women
identifying as both disabled and Indigenous –
historical realities that continue to shape the lives
of women.

The Process of Colonization

The process of colonization works in distinctly
different ways on Indigenous and Black
populations including disabled women, but
they are not isolated processes. Governments
undertaking the colonization process saw
Indigenous peoples and women as being “in the
way” of securing European access to territory and
natural resources, and as a result, used assimilation
and genocide as the means to erase Indigenous
peoples. This includes rape and violence against
women as a tool used to oppress communities
and enact control.13 Indigenous peoples were
stripped of their land, cultural practices, forced
onto reserves, and their children were stolen
and sent to residential schools. Many Indigenous
women were displaced and under the Indian
Act losing their status, access to their lands, and
cultural rights. As a consequence of these colonial
practices, which are still alive today, Indigenous
peoples experience systemic and institutional
violence at exponential levels. First Nations are
among the poorest in Canada with the highest
levels of child apprehension.14

The final reports from the Truth and Reconciliation
Commission15 and the National Inquiry into Missing
and Murdered Indigenous Women and Girls
(MMIWG)16 document the violence that Indigenous
women experience as genocidal. Indigenous
women are particularly at risk both as women
and because of their Indigeneity. This report also
connects to women with disabilities; Indigenous
women with disabilities are at greater risk of
relationship violence, murder, sexual exploitation,
and state violence17 yet, there is a research gap
in identifying this reality and consequently a lack
of understanding and visibility for these issues.
Genocidal and systemic oppression continues
today in the form of child welfare laws and
practices. Census data from 2016 indicates that
among the children in foster care (under the age
of 15), 52.2% are Indigenous, yet they only account
for 7.7% of the child population.18 In addition,
the Viens Commission in Quebec stated that
Indigenous peoples, and women in particular,
experience racism and systemic barriers in that
province in all the public services investigated -
police, criminal legal, correctional services, health
and social services and youth protection19.
Indigenous ways of knowing do not align with the settler colonial conception of ownership, exploitation and use of resources. Understanding exploitation as violence and this violence to the land as violence to people, communities and to women is a building block for understanding state violence. Since women in Indigenous communities are also keepers and protectors of the community, and of the land, air and water, women are also subject to forms of state violence related to land use and land claims. There have been many examples of women holding governments and private companies responsible for inequitable and damaging land use. Most recently women hereditary leaders were instrumental in organizing blockades related to pipeline construction on the traditional lands of Wet’suwet’en First Nation, bringing them into direct conflict with armed and heavily equipped paramilitary style RCMP brigades who raided their protest camps, arresting and forcibly removing leaders.

Gendered violence against Inuit women is a problem of massive proportions. At the rate of 14 times the national average, violence is a preventable leading cause of morbidity and mortality in Inuit women (and girls). Women and girls continue to be far more likely to be killed in Nunavut than in any jurisdiction in Canada. In 2014, 75% of victims who reported incidents of IPV in Canada’s northern territories were Indigenous and 93% of these individuals suffered the most severe forms of violence, having been beaten, choked, threatened with a weapon or sexually assaulted. Université Laval researchers in partnership with Saturviit Inuit Women of Nunavik found that 74% of the 108 Inuit women surveyed in seven Nunavik (Northern Quebec) communities had experienced violence in the home, and almost half (46%) had experienced sexual assault.

Due to the vast area of northern territories, those experiencing violence and abuse in their homes often have no place in their community to seek safety. Statistics Canada reports that in 2016, over half (51.7%) of Inuit in Inuit Nunangat live in crowded housing compared to 8.5% percent of non-Indigenous Canadians. Overcrowded housing is linked to higher rates of family violence. More than 70 per cent of the 51 Inuit communities across the Canadian Arctic do not have a safe shelter for women. Due to the inadequacy of existing VAW shelters and the absence of transitional housing, Inuit women have no other option than to remain in an unsafe home. This can result in Inuit women being left to defend themselves by meeting violence with violence. At the same time, because of the lack of available and affordable housing, Inuit women fleeing unsafe environments can end up homeless, sexually exploited, or returning to violent partners. Both circumstances increase the likelihood of contact with the law.

Oppression of Black Communities in Canada

Black communities in Canada are among the poorest, after Indigenous communities. Their impoverishment can be connected to the seizing of land and the controlling of resources that were central activities in colonizing “Canada”. Sometimes they existed as enslaved populations, or as cheap labour, or as a deliberately impoverished underclass. For example, land claims of many Black Loyalists were never honoured, free and emancipated Blacks were seized and sold into slavery, families were separated and rape continued to be used as a weapon against Black women. Neither are these processes of dehumanizing, land and resource control confined to the past. They continue to affect the present realities of all communities that share this space.
The oppression of Black people in Canada is founded on enslavement and dehumanization. This is hardly acknowledged because history texts and popular culture invisibilize Canada’s slave-owning era. During Black History Month, government websites and events are more likely to focus on the Underground Railroad and integration of Black Loyalists without naming and taking responsibility for Canada’s history as a slave-owning colony. In recent decades, the voices of Black scholars, educators, and activists have been working to bring this reality back into the public consciousness, and make clear connections from that dehumanization to the current systemic discrimination and racism that manifests as limiting life choices by erecting barriers to accessing safety, justice, education, health services, and secure livelihoods. In fact, it has been argued by Robin Maynard and other Black scholars that the attainment of “official” equality allows state-led anti-Black racism to hide behind statements of multicultural tolerance and acceptance. Premiers, cabinet ministers, police chiefs, and national media outlets are all complicit and invested in maintaining the status quo whereby all levels of government can refute claims of systemic racism and violence and thereby exonerate itself of any need to change.

The work of Black Lives Matter has increased knowledge in Canada of rates of police violence towards Black people, while supporting and building communities from within. In many cases, Black people facing police violence are met by greater and more lethal levels of violence when anti-Black racism intersects with pathologizing disability. Many killed by the police are people living with disabilities including invisible disabilities such as mental illness. Police services criminalize the behaviour of Black, Indigenous and disabled people, deeming them to be out of the ordinary. The ordinary is always cast as the acceptable white cisgender masculine able-bodied settler, and anything outside of this perceived as a threat.

Confronting this violence, grassroots movements like Hoodstock in Montreal, and National Congress of Black Women Foundation in Vancouver, and Black Lives Matter in Toronto work to undo harmful stereotypes and practices that have led to disproportionately high levels of incarceration of Black men, apprehension of Black children and violence against Black women. Not all Black people experience oppression in the same way or to the same extent, but they are all at risk of this form of state violence. There are considerable threats to Black people’s safety because of the COVID-19 pandemic, which has led to specific forms of race-based data collection. For instance, 2020 Statistics Canada surveys found that Black respondents (26%) reported the highest levels of discriminatory incidents in their neighbourhood. The increased mental health burden due to lower levels of safety was also connected to the frequency by which victims of crime or violence contacted a victim support service since or during the COVID-19 pandemic. Specifically, Black (18%) respondents reported the highest proportions of contacting victim support services such as counsellors and psychologists, community and cultural centers, and other support groups. Gender, disability, sexual orientation, place of birth, class and mental health mediate how anti-Black racism is experienced and demand an exploration of Blackness beyond a monolith. Black people in Canada are not all immigrants or refugees; they have lived here for more than four hundred years. They are multilingual and multi-ethnic and have multiple roles and intersections with the past and the present.
Anti-Black racism is a form of state violence in Canada. There is no lack of evidence. The inequities in accessing income, housing, quality education and healthcare are one side of this discrimination. In addition, Black women and families experience heightened surveillance, especially by police and social services - because they are Black. They are more likely to be harassed without cause by the police, more likely to be apprehended by child welfare and more likely to be incarcerated and deported. Until very recently, Canada largely ignored this systemic racism.

Misogyny also shapes anti-Black racism and has been named misogynoir by queer Black feminist scholar, Moya Bailey. Trans Black women face additional levels of oppression they must resist. There is significant silence around police violence faced by trans women, and in particular, Black trans women who are under increased surveillance and at risk of being harassed, abused, and questioned by the police. A 2013 survey by TransPulse found that in Toronto, 26% of racialized trans people were stopped by the police, compared to 4% of their white counterparts. They are also constantly under threat of violence and harassment from the general population. Their 2020 report, “Health and well-being among racialized trans and non-binary people in Canada” highlights that among racialized trans and non-binary respondents, 72% had experienced verbal harassment in the past 5 years, 45% had been harassed at work or school and 73% worried about being stopped or harassed by police or security because of who they are.

Anti-Black stereotypes are used to justify violence against women. Black women have been hypersexualized, and also had their sexuality pathologized so that violence against them, by partners, by state actors, or by others, is justified because of the perceived threat they pose to others. They are treated more harshly, receive less care, and less protection than white women. When trying to access services, victims of violence are frequently re-victimized by the processes of reporting and prosecuting. For Black women, re-victimization has additional implications that are often ignored by mainstream criminal legal approaches. For most Black women, the experience of living at risk of the threat of state violence, facing racism by service agencies and increased danger to their community as a whole related to investigation techniques and police surveillance, places additional barriers to reporting and healing from violence.

The law and police do not protect Black women and communities and often perpetuate more harm. Black women face a double burden if they choose to report IPV, given that reporting a Black partner to the state will significantly increase their partner's risk of serious bodily harm or even death at the hands of the state. Consequently, Black women are facing untenable choices of protecting themselves/being protected from violence OR protecting their partner/perpetrator from state-sanctioned violence. Because the state validates and sanctions the actions of police, as well as administrative legal systems, immigration or medical institutions, their violence is always seen as legitimate and is rarely prosecuted. Urgent
research is needed to understand the extent of the intersection of these forms of violence against Black women. Yet in the last months, with overwhelming evidence of social and racial profiling in the Montreal Police (SPVM), during recent public consultations on systemic racism and discrimination, the SPVM have been criticized for explicitly stating there is no systemic racism within the police force. This is a common tactic with the Royal Canadian Mounted Police (RCMP), Ottawa Police, Securite de Quebec and many other forces. 

Violence of State Systems: Healthcare, Social Services, Institutional Settings

Violence within the healthcare system, social services and from other state actors is a considerable risk to women with disabilities. The levels of disability are high among women and Statistics Canada reports that one in four women are or will be disabled in their lives. Healthcare often minimizes or dismisses women’s experiences of illness, and pathologizes and criminalizes some forms of disease. Eugenicist attitudes towards Indigenous, Black and disabled women have further discounted their concerns and discriminated against them so that they cannot access quality healthcare. In rural, remote and northern communities, there are devastatingly low levels of service. Misogyny in the medical system is another factor leading to neglect and violence in healthcare and social services. In the case of Joyce Echaquan, a 37-year-old Atikamekw woman, this toxic mix of factors led to her death, on September 28, 2020 in the Centre hospitalier de Lanaudière in Joliette, Quebec.

Violence in institutional settings is often a mix of ableism, ageism, racism, and usually stems from an abuse of power. Age and intersectionality are key indicators of the type of care that an older adult could receive; specifically, women, racialized, poor, disabled, and 2SLGBTQI+ older adults may face a “double jeopardy” in their attempts to access quality community-based services for care. Older adults who have acquired disability because they become deaf or hard of hearing with age face different forms of abuse including communication abuse, which makes them even more vulnerable to other types of abuse from both care workers and family members.

The labour market and in particular, care workers in long-term care homes are stuck in situations where exploitation and violence against women are becoming normalized. A previous Resetting Normal report, “Women, Decent Work and Canada’s Fractured Care Economy”, laid out many concerns about the privatization of care services and how this has gradually dismantled the social safety net. Workers in the care economy are typically low waged, racialized and also often temporary migrant workers. The combined effect of support gaps, social isolation, income patching a series of part-time jobs while lacking labour protections has led to increased potential for workplace exploitation, violence and harassment on the one hand, and on the other, to uncertain care and fractured social supports for women who are older and / or disabled. Private for-profit businesses benefit from little oversight and an ineffective complaint system. Even after repeated infractions, long-term care homes are allowed to continue to function using practices that have been deemed dangerous and damaging to workers and those who received care, including a lack of basic training and information on what entails abuse. Indeed, insufficient staffing and training are enmeshed with other systemic factors contributing to the abuse of older adults such as the failure of management to facilitate respectful relationships between staff and residents, work
related stress and burnout, inconsistent definitions of what constitutes abuse, ableism, ageism, and lack of standards enforcement. The current state of long-term care beds for older adults, alongside deregulation in the private sector has left them susceptible to abuse, poor quality of care, and barriers to accessing the services they need.

At all stages of life, women with disabilities lack housing support including access to safe, affordable, accessible and adequate accommodation, causing an emergency that forces many to live in congregate living settings, even though they would benefit from more independent options. Almost half (46%) of women who have experienced homelessness also report having a disability. In recent decades, the cost of housing in Canada has risen dramatically in most regions, but especially in the North, creating even greater barriers. This lack of diverse options has pushed increasingly younger women with disabilities into hospitals and long-term care facilities.

“More than a Footnote”, points to emerging evidence that women are being criminalized and incarcerated due to their disabilities. When this is considered with intersecting oppressions such as racialization, Indigeneity or income level, systems of state violence become much more dangerous to a woman living with a disability. The Western medical and social models of disability and histories of eugenics have created conditions whereby disability is deemed a deficit, something to be “cured” or a problem to overcome, and can be used as a justification for lack of care, state violence, or incarceration. Women with disabilities face the same kinds of violence as men with disabilities as part of the institutionalization and control exerted over them – however, they face other unique forms because of their gender. For example, women experience forced sterilization at higher rates that men because of the additional oppressions of sexism and patriarchy.

There is data to suggest that disabled people are at greater risk of being incarcerated, and women with disabilities make up a significant proportion of prison populations, including those with traumatic brain injury (TBI). TBI is typically caused by IPV among women, which is underdiagnosed and occurs at much higher rates. A discussion of incarceration as it relates to disabled women has to include ways to understand it outside what can be called “prison walls”. Previous institutionalization of women with disabilities was a form of incarceration and as these institutions have been closed down, this incarceration has taken the form of other types of enforced confinement for mental or physical health reasons, including in psychiatric facilities.

Rates of disability in Indigenous communities are higher and particularly noticeable among women aged 65 to 74 years. In this age group, 60% of Indigenous women report having a disability, compared with 28% for the total population of women. As a recent Native Women’s Association of Canada (NWAC) report has stated, much of what is understood as disability is culturally constructed and in Canada continues to be held in place by state actors in education, healthcare, policing and legal systems. The ongoing legacy of residential schools and other forms of state violence continue to severely impact the health and wellbeing of Indigenous women and their communities, and so disability is crucial in understanding these legacies. Rates of violence are higher among both Indigenous women and disabled women. Living at the intersection of these identities can therefore increase risk.

Environmental harms such as lacking safe drinking water, or the effects of pipelines are modern day
cases of the ways colonial practices cause harms and debility/disability. Historians like Mary-Ellen Kelm explain how colonization has created conditions whereby Indigenous women would be more at risk of disability, by imposing Western measures on Indigenous ways of knowing, and enacting policies that brought disease and disability to Indigenous communities in the form of tuberculosis, diabetes, and auto-immune disorders. Furthermore, Indigenous ways of maintaining community health – through community activities, hunting, fishing, healing and spirituality – were deliberately disrupted and criminalized causing further harm, illness and disability.

DAWN Canada also notes the tension between the Western approach to disability and Indigenous ways of knowing, so that Indigenous experiences and knowledge may often be ignored, to the detriment of finding nuanced and many-leveled solutions to the multiple ways that ableism, racism and misogyny may affect how different women experience GBV, not to mention their geographic location, language or the governance structure that shapes their lives.
Colonial Gender Roles Underpin Violence

Colonialism is, among many definitions, “violence in thought and action; it inflicts mental and physical torture on the colonized”. The implementation of colonial policies and regulations on Indigenous peoples which police and churches enforced were particularly destructive in relation to traditional families and gender relationships which structured complementarity and balance between men and women among First Nations. Western models of organizing society were part of the colonizing process by European settlers and included concepts that placed women as subordinate to men, and women and offspring as property of the dominant male. The Indian Act did not recognize women’s legitimacy to pass on their status to their children until 2019, a change brought about thanks to the leadership of key First Nations women and their unflagging efforts to address the patriarchy in the Indian Act. Still the government has not expedited a process to register those who are now eligible to be included.

Indigenous women are still controlled by state mechanisms such as the Indian Act, the intent is to assimilate Indigenous peoples into submitting to Canadian settler values. Legislation and other state instruments are used to obliterate traditional family networks and the parallelism of gender functioning in Indigenous societies. It does not take a great leap in thinking to see how the subsequent marginalization of Indigenous women in both the emerging and following generations have led to the brutal activities that are inflicted against Indigenous women but are still basically ignored by police and other structures in Canadian society that are meant to keep everyone else safe.

As well, the role of dominant social constructions in sustaining violence in contemporary times must be understood by all state actors, including police officers—particularly those that impact most directly and severely on Indigenous women. Examples of these are heteropatriarchy which runs dichotomous to Indigenous worldview, Western views of masculinity and femininity (e.g., imagery of the “real man”, the relentless pursuit of “feminine beauty”), hierarchies of importance within family structures, rape culture, the ingrained relegation of the servitude of women, and unrealistic, fetishized and sexualized gender obligations. In the area of human trafficking, too, and according to the Globe and Mail’s 2017 special investigative series, young Indigenous women make up about 50% of all human trafficking casualties in the country even though their numbers are a mere fraction of that, proportionally, in the overall population (4%).

For girls and women with disabilities, societal myths based on heteropatriarchal Western values shape judgements about what kind of relationships they can have and lead to heightened regulation of their sexuality by family members, and caregivers. Girls living with disabilities are less likely to receive comprehensive sex education, and disabled women are depicted and treated either as infantilized or asexual. Media messages in the form of advertising, social media, heteronormative pornography and online forums produce images of unrealistic body types that can lead to unhealthy internalized notions about their body and appearance.

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Until recently, only Indigenous men married to non-Indigenous women were able to pass their First Nations status on to children who might be considered bi-racial. Reforms to the Indian Act now allows Indigenous women to confer status to their children if they are not married to Indigenous partners.
Further societal myths and victim blaming pertaining to violence against women, such as “she must like it, or she’d leave,” or “she must have really deserved it,” or that violence is endemic in Indigenous cultures, are attitudes functioning with systems of oppression and are upheld by the personal views of many. Widdowson and Albert remind us that there is not anything inherently violent among Indigenous communities, but rather a more pragmatic understanding of the need to aid survival in modes of life in existence before the arrival of Europeans (and after). Recognizing stereotypes about women/Indigenous women and violence is vitally important to work against destructive behaviours and attitudes that manifest in systemic violence.

Heteropatriarchy has also shaped policy, the criminal legal system, as well as the VAW and anti-violence sectors’ capacity to respond to abuse experienced by other groups outside of heterosexual couples whereby “men” abuse or enact violence upon “women.” These systems that respond to IPV create further harm when 2SLGBTQI+ survivors attempt to seek help or services. Too often their experiences of abuse are not believed or are ignored, or persisting myths around “mutual violence” obscure the power dynamics and potential for abuse in 2SLGBTQI+ relationships. In other instances, they face discrimination and exclusion in trying to access services, particularly trans and gender non-conforming people. This manifests in a variety of ways including invisibility and the lack of 2SLGBTQI+ programs, exclusion or refusal to provide services, homophobia and transphobia, outing survivors to family or friends, the use of non-inclusive heteronormative language and practices, and not respecting pronouns. This systemic harm adds to the abuse and violence they endured at the hands of a partner, leaving few avenues to find the support they need.

Policing Women in the Settler Colonial State

Canada’s national police force, the RCMP, played a key role in settling vast areas of unceded land, assisting with the violent colonial transformation of territory that benefited settlers. They actively ensured adoption of genocidal government policies by Canadian prime ministers and their cabinets towards Indigenous peoples that resulted in what Senator Sinclair observed as: “Canada essentially waged war against Indigenous people through the use of law...Through the use of law, they were guaranteed success because they controlled everything to do with law, from the time of Confederation.” Many Indigenous people see that those who encroached simply settled down and took over their unsurrendered, unceded traditional territories.

The extremely high rates of both federal and provincial incarceration of Indigenous people bear testimony to the targeting of Indigenous peoples as offenders, as does the under-representation of Indigenous authorities within the criminal legal and related systems. The role of the RCMP during the Indian Residential School system is a striking example of the violence endured by Indigenous families, that continued into the Sixties Scoop and beyond. The far-reaching activities of the RCMP acting on behalf of the federal government to rupture Indigenous families by, for example, tracking down young students who had run away and to tell mothers and fathers they had to send their children to residential schools, have been documented by former members of the police.

There has been important research done in Inuit communities to shed light on the ways these communities have interacted with the RCMP. Inuit women have endured extensive state violence by
the RCMP who were involved in relocating Inuit to the permanent settlements, transporting Inuit children to residential schools, and slaughtering Inuit sled dogs. The policing that the RCMP were engaged in was decidedly racist; it was designed to enforce Inuit conformity to the emerging colonial regime. Set against this colonial history, as the first line of responders, the police have a particularly critical role in addressing the issue of violence against Inuit women. They are tasked with making decisions with respect to charging and arresting the offender as well as ensuring that survivors and others in the community are safe. A negative experience with police has the potential to deter survivors from pursuing further legal recourse, increasing their vulnerability and ongoing victimization.

Pauktuutit released the report, “Gendered Violence against Inuit Women: A review of police policies and practices in Inuit Nunangat” in January 2020. Women expressed a lack of trust, caused by several factors, one of which was the divide that exists between Inuit and outsiders in the community. Participants believed that officers are poorly integrated into the community. Officers are only in the community for a short period of time, lack experience and training, and hold a limited understanding of the history of Inuit communities and the root causes of the problems encountered, especially drug and alcohol use and IPV. The gap between the police and the community can readily engender a lack of trust of police on the part of community members. As one service provider put it: “Where are we going to go for help? Who else can we turn to, you know, if the RCMP is not to be trusted, if their members are not to be trusted? Where else?”

One of the most important themes that surfaced in the report was the survivors’ ensuing sense of fear, extreme vulnerability, and gripping uncertainty once charges against their abuser had been laid. Making the decision to involve the criminal legal system requires significant courage. Although survivors generally call police because they want the violence to stop, it is well documented that once they seek legal redress, the likelihood of lethal partner violence (and violent reprisal in general) is increased. Several participants were of the view that women had “no protection for them to go through the court process. There’s no benefit to them to have the charges go through or to try to do that, so I guess the risk outweighs the benefit.” According to one service provider, women are not turning to the police for help “because of some with a very strained relationship and trust of RCMP and also with the courts and the judicial system.” For some women, their strained relationship with and lack of trust in the RCMP dates to their youth. The belief that some police officers may hold prejudicial and racist views and therefore may not act in a manner that supports them, deters a substantial number of women from seeking help from the police. Survivors’ disinclination to seek redress by involving the police can have devastatingly consequential outcomes for their well-being.

Harms to women within the criminal legal system are considerable when women identify as sex workers. In recent years, since changes in legislation that have caused increasing harms, sex workers’ rights groups have led conversations with human rights advocates on the dangers of over-criminalization of women engaged in this work. They have documented the violence they have faced from government agents, as well as re-victimizing interactions with police authorities, bylaw officers, city officials and healthcare services throughout Canada. Because they are more vulnerable to exploitation, dangerous
working conditions, and at risk of losing their livelihood, their safety needs to be considered and prioritized. Violence against sex workers at the hands of police has been well documented, ranging from assault (physical and sexual), intimidation, threats and harassment, seizure and destruction of property, arbitrary application of the law (abuse of power), to extortion.

As a result of police action, sex workers are unsafe, including those who are also migrant women, and they will not report or seek help from authorities in cases where their safety is at risk because of IPV, workplace harassment or other causes. This is a concerning result of increased police interference and surveillance. In addition, police investigations have led to migrant workers being deported and put their lives at risk. Addressing this distrust will take time and sustained effort. Police enforcement must ensure that investigation and enforcement policies and practices do not violate workers’ human, privacy, and occupational safety rights. Any allegations must be investigated, and oversight must be in place to prevent malpractice of any kind. Police officers must not only be trained on access without fear principles for migrant women engaged in sex work, but also be educated on the long-term impact of failing to adhere to them with respect to the relationship between law enforcement and community and on the safety and security of all women.

Re-forming Legal Frameworks

Overall, in Canada, education systems, social services, healthcare, policing, prosecution and all kinds of state structures responding to GBV remain largely staffed and led by a white majority. Yet it has been noted that many of those who need to access these services, and who are most at need of an integrated, holistic approach to safety from violence are not only white women. The systems we are discussing were first built by and are still largely staffed by white, able-bodied, middle-class, English-speaking, university-educated, cis men and now more cis women. This includes judges, crown attorneys, and others in the legal system. The struggle to change these systems has been carried out on many fronts. Following examples of extreme sexism and racism in sentencing by judges in several jurisdictions, Canadian Women’s Foundation, among other groups, has supported legislation that would require federal judges to be trained. It is essential that this training be carried out in ways that underline the expertise of women-led community-led initiatives that work from a place of lived experience. There have been several initiatives to explore alternatives to criminal legal system measures and offer transformative approaches, including one spearheaded by Women at the Centre. This is an avowed settler initiative that is different and apart from the many Indigenous restorative justice traditions and processes that are central to the ways of knowing and ways of being in First Nation, Inuit and Métis communities. Self-governance for First Nations and Inuit means also having control over judicial systems.

Changing the existing federal and provincial systems that women have navigate in order to seek redress for harms is another form
of transformation. In some jurisdictions, the Philadelphia Model has been introduced, whereby community advocates are able to examine, review and give advice on police decisions related to sexual assault complaints, which may lead to cases being re-considered and re-opened so that women receive better outcomes. Others are calling for a shift away from using RCMP, provincial and municipal police forces to respond to calls for help. It has been argued that these services should not be used in the place of social services or community responses. As noted throughout this report, police are part of the state apparatus that creates an unsafe environment for women, and therefore this is not be the best response to various forms of violence. This is why there are a growing number of social movements throughout Canada to defund the police. Funding from municipal governments normally restricted to police services can be redirected to support community-led outreach, programs that support young people and multiple other services that would be directed by and accountable to a wider public. It is no longer reasonable to excuse actions of police officers as “a few bad apples”, there must be concerted efforts to dismantle and re-build criminal and legal systems in such a way that would address generations of inequity, and injustice - for all.

It is no longer possible to ignore the simultaneous threats of gender-based violence and police violence for Black, Indigenous and disabled women. Black and Indigenous women carry additional burdens of anxiety, grief, and care work for their children, families, and communities. They are too often unsupported in this work and are actively scrutinized, targeted, harassed, and attacked while trying to carry out these essential roles as community leaders. This has an effect on their mental wellness. This report has already included statistics on the effects on Black women and families. The effects on Indigenous families are no less severe. Over one in five Indigenous participants (22%) felt that people are being harassed or attacked because of their race, ethnicity or skin colour “often” or “sometimes” in their neighbourhood, with Indigenous women feeling the lowest levels of safety. These statistics were gathered during the pandemic, and it is interesting to note that it took such a serious community health issue as COVID-19 to have this kind of data. This kind of disaggregated safety and wellness data must continue to be collected going forward.

Police officers need more training and must face investigation and consequences for their actions - as individuals but also as law enforcement as a whole. Law enforcement agencies in every province and territory are rooted in Canada’s colonial history and long-standing racist power imbalances. In order to address systemic racism, those who are most affected by it must lead community-based accountability and oversight of the police. Since the late 1990s, the cost of policing has more than doubled while reported crime and severity have declined. Statistics Canada reported that operating expenditures for policing reached $15.1 billion in 2017/2018 and in the same year, operating expenditures for adult correctional services in Canada totaled over $5 billion. Instead of continuing to spend billions on police and prisons that disproportionately penalize and incarcerate Black, Indigenous and disabled peoples, we need to prioritize community-led grassroots activities and efforts to address safety and invest in prevention approaches that are proven to work.
Anti-Violence and Violence Against Women Services and Supports

A strong social safety net is critical to support workers and the vulnerable during times of economic uncertainty and crisis. Since the late 1980s, Canadians have witnessed an erosion of the social safety net and retrenchment of unemployment insurance and social assistance. Regardless of which government is in power, these social programs are often targeted under austerity measures. As a result, these supports have become less generous, less universal due to restricted access, excessive rules to access entitlements, and benefits have not kept pace with the ever-rising costs of living – the global pandemic has only further exposed these cracks in Canada’s fractured social safety net.

Historically the Canadian state has consistently failed survivors of violence and has not taken responsibility for providing direct support to those seeking safety. A network of VAW shelters sprang up in the early 1970s led by feminists committed to supporting survivors of violence, even if the state would not recognize it as a pressing social issue. The over 600 VAW shelters and hundreds of rape crisis centres that exist today are the result of hard work of feminists who shattered the silence around VAW. These organizations started out as collectives and later transformed into non-profits, many of which receive some albeit inconsistent government funding for basic operational costs.

The evolution of VAW and anti-violence non-profits has its challenges and tensions. The non-profit industrial complex (NPIC) is a term that has been used to describe how progressive movements are folded into the state and “do much of what government agencies are supposed to do with tax money in the areas of education and social services.” INCITE Women of Colour Against Violence argue that this dynamic results in surveillance and subsequent control of the mission including our capacity to end gender-based violence. At the very least, this results in tensions around governance, professionalization, and “proof” of effectiveness and extensive reporting and positioning survivors as “clients” of a service. This dynamic perpetuates siloing and competition among non-profits and reproduces unequal power dynamics that do not serve the workers, the sectors, or survivors. Sectors such as the anti-violence and homelessness sectors are serving similar populations with overlapping and complex layers of marginalization, yet on a mass scale are not working effectively together. Some of the very systems of discrimination (racism, homophobia, ableism, cissexism) and barriers (mandatory programming, zero tolerance for substance use, eligibility restrictions) that anti-violence advocates work to undo may be unintentionally reproduced by the organizations trying to support survivors. This is a direct result of chronic underfunding, competition for resources, and systemic disconnections between organizations and sectors that are perpetuated by the state funding models.

In addition to siloing, women of colour, Black women, Indigenous women, 2SLGBTQI+ and women living with disabilities have long pointed to the lack of services provided by and for these groups of survivors. Survivors need to see themselves reflected in the services they are accessing - especially for healing – and they need services that are culturally sensitive, appropriate, and accessible. Survivors on the margins may be hesitant to reach out for services if they do not see themselves reflected in the current clientele or staffing or for fear of experiencing further discrimination (racism, ableism, homophobia, etc.). For women with disabilities, there are considerable gaps in understanding disability among services that respond to violence as well as lack of knowledge on VAW in those who support
disability, so that both sectors are failing women. Women with disabilities face the increased risk of violence by a caregiver and reporting this abuse can jeopardize their access to care. They are also subject to forms of violence that are less apparent to VAW and anti-violence services such as threats of abandonment, isolation, and withholding care, medication, supports and equipment.

Far too often, the community identifies the need for these survivor-specific services, yet funding proposals are rejected or do not adequately meet the need. For instance, the Canada Mortgage and Housing Corporation (CMHC) has promised to build 12 new Indigenous shelters, yet Canada is a vast country with much need, particularly in the North and in rural and remote communities. As well, Pauktuutit has called on the federal government to provide $20 million in funding to build more shelters for women and children fleeing violence in the North as 70% of Inuit communities currently lack shelters, yet there is no movement on this call to action. Other challenges for Inuit women experiencing violence include but are not limited to a lack of transportation, the lack of cellular coverage for emergency calls, a lack of emergency services in some areas, a deep fear of having their children apprehended and a lack of anonymity and lack of confidentiality. This is yet another example of Canada’s systems of exclusion that perpetuate inconsistent and ineffective programs and supports for survivors from different and intersecting social locations. As DAWN Canada, Indigenous groups, and other social justice groups have advocated, “nothing about us without us.”

Addressing the systemic barriers to services and creating practices and programs that are inclusive for all survivors is an ongoing process involving a commitment to intersectional feminism, anti-racism, anti-oppression, reflexivity, and ongoing education and training. Many VAW and anti-violence organizations are increasingly incorporating “trauma-and-violence-informed” policies and practices that can recognize and address the interplay between structural and interpersonal violence and trauma. Specifically, this approach builds survivor-centered, strength-based, collaborative strategies for service delivery and care. Advocates of this approach have stressed the importance of it being implemented across all sectors that survivors come into contact with to reduce harm and facilitate healing: “Trauma-informed approaches are relational; they recognize that individuals’ experiences of violence relate to how systems respond to them.” For BIPOC, 2SLGBTQI+, and survivors with disabilities, this approach to service delivery and care is especially critical.

Research has demonstrated that VAW and anti-violence organizations, located within the “care economy” are facing significant funding challenges leading to patchwork supports, burnt out and underpaid workers, and survivors that fall through the cracks. These organizations and their frontline workers are doing their best under a system that does not recognize their life-saving value and expertise. Workers’ salaries lag behind those found in similar, yet government-operated sectors like Health Canada. Shelter managers for example, have commented on the “skill drain” they are experiencing as they train workers in the latest anti-violence, trauma-informed, survivor-centered approaches only to lose them to jobs with competitive salaries. Prior to the pandemic, Women’s Shelters Canada’s research found that 55% of VAW shelters indicated that staff turnover and burnout were a “major challenge.” During the pandemic, EVA Canada surveyed GBV organizations and discovered that 28% of frontline workers experienced “significantly” and 53% “somewhat more” workplace stress due to the pandemic. Additionally 84% of workers reported health and safety concerns while doing their jobs during the pandemic.
Increase in Intimate Partner & Interpersonal Violence

The United Nations (UN) predicted up to 30% increases in violence against women and girls, specifically IPV, during the first phase of lockdowns. Early on in the pandemic, Statistics Canada surveyed Canadians and found that one in ten women is “very or extremely concerned about the possibility of violence in the home.” Indeed, during Phase 1 of the lockdown, government consultations with organizations supporting survivors found a 20 to 30% increase in violence in certain regions across Canada. Statistics Canada found an increase in calls to the police for domestic disturbances of 12% at the onset of the pandemic (March-June 2020) demonstrating the potential danger associated with social isolation. Not only has there been an increase in the number of calls to police and service providers but shelters and anti-violence organizations have noted that the women calling for help are reporting more severe violence and abuse, as well as escalation. In a recent national survey, Women’s Shelters Canada (WSC) found that among the women admitted to their shelters 16% of VAW shelters reported much more severe violence, 36% somewhat more, and 48% about the same. Over a third (37%) of shelters reported changes in the types of violence survivors are reporting and that women were scoring higher on danger risk assessments with higher indicators of lethality.

Early data trends also suggest that certain groups of women are experiencing heightened rates of violence. For instance, NWAC reported that one in five Indigenous women had experienced physical or psychological violence between in the first three months of the pandemic. An increase in femicide has accompanied the heightened rates of VAW. Within the first month of the pandemic lockdown, nine women and girls were killed in likely domestic homicides. This excludes the Nova Scotia massacre that occurred in mid-April where nine men and 13 women were killed. The killer had a known history of domestic violence. In response to the tragedy the government has banned 1500 models of military grade “assault style” weapons.

Despite the evidence and need for intervention, there is still a significant data gap in knowing how and in what ways gender-based violence is changing, the differing groups impacted, and the increase nationally throughout various phases of the pandemic. Many survivors of violence, especially those from Indigenous, Black and racialized communities, and those living with disabilities do not report to the police as they do not trust authorities or have experienced abuse and violence from police in the past. Women with disabilities are five times more likely to report unsatisfactory services from police than women without disabilities. This means that existing statistics do not capture the full spectrum of gender-based violence. However, reports so far make it clear that “racialization intersects with gender in COVID-19 pandemic related hazards, including risk of exposure to gender-based violence, and its impacts on mental health and wellbeing.”

Organizations supporting survivors were concerned that lockdowns and isolation would make it even more difficult for survivors to reach out for help. While rates of IPV appear to be increasing, some shelters, such as in Alberta, have seen a decrease in women seeking services, which, according to anti-violence workers, is disturbing. WSC’s national data shows that crisis calls and requests for admittance to shelters varied during different phases of the pandemic. For instance,
59% of survey respondents reported crisis calls decreased during Phase I (March-May) whereas a similar percentage (61%) reported calls increasing in Phase II (June-Oct) when lockdown restrictions were lifted. VAW and anti-violence organizations have pivoted to find ways to support survivors during lockdown - some implementing text messaging services, hand signals to flag abuse, and other measures.

Increase in State Violence

The rise of other types of violence against women, girls, and gender diverse people are amplified under the pandemic conditions. Information and Communication Technologies (ICT)-facilitated violence is a growing concern as it may actually restrict and prevent women from accessing essential online services during lockdown for fear of harassment and online violence. Australia’s eSafety Commissioner has reported that online abuse and bullying have increased by up to 50%. This violence occurs virtually but the effects “are associated with psychological, social, and reproductive health impacts...” Women who are able to work from home may also be sharing laptops and devices with partners and other family members, leading to increased opportunities for surveillance. If they are not able to work, or their partners have been laid off, there may be additional financial burdens impacting families that are causing uncertainty and destabilization. With women being in lockdown with their abusers, there is also rising concern of coercive control (abuse that controls every day behaviours of survivors rendering them dependent and isolated), which is still not acknowledged under law in many countries including Canada. These types of violence are less known and often harder to address through the criminal legal system - however, this does not discount the very real impacts they have on those at risk.

Institutions have applied rules of social distancing and lockdown measures in ways that cause harm to women living with disabilities, especially those in long term care homes. The military report on Ontario’s long-term care centres reflects increased institutional violence directed at women with disabilities. COVID-related policies in these settings include deliberately isolating women or limiting levels of care to the absolute minimum, at the risk of increasing dangers to their health.

Government policies that have favoured the economy over care put those who are greatest risk of contracting COVID-19 in harm’s way. Herd immunity arguments and prioritizing capital and business interests such as businesses reopening can be seen a form of eugenics. In this sense, governments accept the deaths of racialized, poor, disabled, and older bodies, using the virus as their excuse, rendering their deaths more publicly palatable. This includes policies that permit schools opening or long-term care centres that continue to adhere to workplace policies and procedures that knowingly put disabled, BIPOC, and older people at greater risk. Those most at risk and vulnerable in our communities will face the most serious consequences, including further disability and death, knowingly.

Labour market protections are limited for precarious workers, especially during the pandemic, which in and of itself is a form of state violence. Racialized undocumented and migrant care workers, a majority of whom are women, are particularly vulnerable to job loss, deportation, abuse (economic, physical, emotional) and exploitation, all of which has only heightened under COVID-19. In October 2020, migrant care workers released a horrific report “Behind Closed...”
Doors” exposing the stories of economic abuse and exploitation endured during the pandemic closures. While exploitative conditions existed prior to the pandemic, the report sheds new light on the treatment of migrant care workers across Canada. Many are working longer hours yet 40% reported not being paid for the extra hours of work and one in three were prevented from leaving the home by their employer. Employers were reported to be using the same tactics as domestic violence abusers, such as limiting movement, economic abuse, and other forms of coercive control. Those who were laid off while their social insurance numbers (SIN) numbers or work permits expired were unable to access EI or the CERB funding, leaving them with very few choices and without a safety net.

Police Killings

These are not the only areas where state-sanctioned violence against women and gender diverse people is increasing, particularly towards Black, Indigenous, and people of colour (BIPOC), as well as those living with disabilities. There is no official tracking of police killings in Canada, CBC has created a Deadly Force Database to track fatalities at the hands of police. In the first half of 2020, Canadian police killed as many civilians as were killed on average in each of the last 10 years (30 deaths) with Indigenous and Black Canadians, and people with disabilities including mental health disproportionately represented among those killed.

Excessive deadly force by the state is evident in police responses to distress calls and so-called “wellness checks”. It has resulted in the deaths of too many BIPOC living with disabilities who are experiencing mental health challenges or crisis. Over 70% of victims of police killings have mental health and substance use concerns. Wellness checks are currently conducted by untrained armed police officers and are a band-aid effort to compensate for the lack of mental health supports, social workers, peer supports and treatment spaces for individuals needing support.

During the pandemic, Statistics Canada reports a 12% increase in police calls for wellness checks. On April 13, 2020, D’Andre Campbell, a 26-year-old Black man suffering from schizophrenia called the police for help when he felt an episode coming on. The Peel police used a stun gun and then shot him twice in the chest, causing his death. On May 5, 2020, Caleb Tubila Njoko, a Black man from London, Ontario, fell from 15th-floor balcony after the police were called for a mental health crisis. He was pronounced dead in hospital three days later. On May 27, a Black woman, Regis Korchinski-Paquet fell to her death from her balcony when officers responded to a 911 distress call in her home in Toronto. On June 4, 2020, Chantel Moore, an Indigenous woman and mother of a young child was shot and killed by police in New Brunswick during a wellness check. On June 20, Ejaz Choudry a 62-year-old man with schizophrenia was shot and killed by Peel Regional Police when the family called an ambulance seeking support during a mental health crisis. On October 26, Coco, a 30-year old Black trans woman, was detained by Toronto Police when they responded to a break and enter call and found her in crisis at which point the officers decided to take her to a hospital. The cause of her death while in police custody is unknown and advocates are calling for justice and answers. On October 29, Sheffield Matthews, a Black man reportedly “in crisis”, was shot by Montreal Police. An investigation into the shooting of this 41-year-old father who worked at a seniors’ home, is underway. These deaths cannot be seen as separate from systemic racism in multiple police
services throughout Canada, the result of over-surveillance and targeting of Black communities, and the disregard for their lives.

Gaps in services and access to support

The barriers facing survivors in accessing support and the scarcity of resources are amplified in the current context of the COVID-19 global pandemic. For many women intersecting vulnerabilities are compounded in the context of a lockdown. For instance, public health measures to stay home and isolate create barriers for survivors to seek help within their informal networks as well as essential lifesaving services. They also may be afraid to seek shelter services due to the communal living environment and potential to contract the virus. Without access to safe and affordable housing, as well as adequate social assistance many survivors are unable to leave as they face housing and economic instability and potential homelessness where they may encounter even more violence.

Intersecting oppressions increase obstacles to important and lifesaving services. At a time when much of Canadian government policy is focusing on how to respond to and reduce spikes in GBV and other forms of violence, there is a lack of focus on care and supports for women with disabilities. The federal government is considering changes to legislation on Medical Assistance in Dying (MAiD) at the same time that disability advocates point to huge gaps in services and supports that have only widened since the pandemic hit. A recent article in Macleans highlights the heartbreaking choices faced by women with disabilities, lacking income supports that would permit them to live in dignity and wellness.

The same state systems that are oppressive towards Indigenous women and Black women oppress (im)migrant women because of how they are marginalized. They fear reporting because they risk putting their own community members under increased surveillance and at risk of greater racist violence. Due to language barriers and isolation,
recent immigrants, refugees, and women with precarious status may not know about the services available in their communities and insufficient outreach is done to connect them with the appropriate support. Outreach may also be curtailed in different phases of the pandemic to meet public health regulations. Drop-in centres are critical for those seeking help, referrals, community, and a safe space. However, physical distancing measures, lack of staffing and resources, and potential closures compromise the capacity of drop-in centres to meet the needs of the given community. Sometimes these centres are the only resource for marginalized people. Women who are under threat of deportation, or who have irregular residency status may prefer to only access services in person, out of concerns around confidentiality and their own safety. When drop-in centres have been closed, women’s safety has been put at risk, creating additional levels of fear and uncertainty, especially for those with precarious immigration status.

Fear of the system (or systems) and a lack of services are barriers for women and gender diverse people who are trying to get the help they need to leave an abusive situation. Women with children are reluctant to reach out to shelters and other anti-violence organizations for fear of child welfare apprehension, which is heightened for Black and Indigenous women whose children are overrepresented in the child welfare system. Young people, especially racialized and 2SLGBTQI+ fleeing violent homes also face challenges with child welfare apprehension and homelessness. In one study of homeless 2SLGBTQI+ youth, a third cited family violence as the reason for leaving home (compared to 16% of heterosexual cisgender youth). Considering the lack of supports for 2SLGBTQI+ youth, it is no surprise that they are overrepresented in youth homelessness (40% of youth homeless population).

Poverty, housing instability, forms of interpersonal violence and the pandemic lockdowns create deadly realities for women living with disabilities. This population of women experience high rates of poverty as well as violence from a current or former partner than women without disabilities. Women living with disabilities already face isolation and marginalization, which the pandemic has only worsened. It may be harder for them to reach out for help, particularly if their caregiver is the abuser. Recent reports have noted that people living with disabilities may be at a heightened risk for contracting COVID-19 leaving women with disabilities, especially those who are living in poverty or who do not have access to technology at a greater risk for both abuse and illness. Reasons for increased risk include having to interact with multiple care providers, physical challenges to be able to wash hands frequently, difficulties accessing essential services and closures to services they require.

Rates of violence against women in the North are nearly 3 times higher than the southern parts of Canada. In rural, remote, and northern communities, many of which are Indigenous, the support services for survivors are scarce and accessing them often means leaving one’s community. This is problematic as survivors need their family and support networks during times of crisis and leaving them may cause alienation or additional harm. Unfortunately, in remote communities, the police are the only option. Small communities were already struggling with this challenge long before the pandemic. This needs to change. The police, as noted, perpetuate systemic violence and cannot be the only option for survivors to turn to. For Indigenous women who must leave their communities for support or for those accessing mainstream victim services, many have reported a lack of culturally relevant supports.
or resources developed with cultural safety and competency in mind. Furthermore, they lack the inclusion of cultural practices and ceremony such as smudging, sweat lodges, and talking circles. Healing lodges fill an important gap but there are not enough to meet the need.

Anti-violence organizations that serve a particular population, to reduce barriers and provide the appropriate supports (culturally sensitive, accessible, low barrier, etc.) are few and far between. For instance, there is a scarcity of organizations (shelters, rape crisis centres etc.) that are specifically for Indigenous women, 2SLGBTQI+, Black, Muslim, and women living with disabilities, substance use, and severe mental health concerns. Iman’s Place is the only known transitional housing that is specifically owned by and for Black women fleeing violence. Nisa Homes is the first group of transitional housing for immigrant, refugee, non-status, and Muslim women who are homeless or experiencing violence. Yet, these organizations face the same challenges as other non-profits - scarcity of resources, focusing on maintaining funding while their mission is compromised and forced into direct competition with sister organizations and allies. Competition and siloing, and difficulty accessing sustainable resources, a charitable system perpetuated by the Canadian state, are barriers that have combined in such a way as to divide feminist and social justice movements and sectors, and these barriers limit the collective potential and power to dismantle systemic state violence.

VAW and anti-violence organizations struggled with funding prior to the pandemic, yet pandemic restrictions have resulted in even more financial uncertainties. For instance, many shelters and rape crisis centres are forced to rely on fundraising to meet operational costs as they do not receive enough from their government funders. This revenue stream has been significantly affected by the pandemic as all in-person fundraising events have been cancelled. Specifically, WSC found that 25% of shelters reported they are experiencing somewhat more funding challenges and 17% reported many more since the onset of the pandemic. Several also stressed that they would not have been able to remain open without the federal emergency COVID-19 funding.

VAW and anti-violence nonprofits are responding in the best way they can, but it is not enough. The sector is dealing with an eroded safety net, disconnected systems, resource scarcity, and a workforce that is poorly compensated and at risk of burning out. To ensure that these organizations and the survivors they support make it through the pandemic, a coordinated national action plan on gender-based violence is needed to address the systemic gaps and barriers for women and gender divers people fleeing violent situations.

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See Resetting Normal - Funding a Thriving Women’s Sector for a full exploration of funding barriers
Funding for Gender-based violence during the pandemic

At this present moment during the pandemic, Canada’s federal government has earmarked up to $100 million to address gaps in existing VAW and anti-violence services and to adapt services to surges in demand brought forward by community voices. These funds were primarily directed to shelters and sexual assault centres. The advocacy efforts of many organizations towards government increased the scope of this funding, so that it would be available to all organizations that work with women and their families on all aspects of gender-based violence, including supporting advocacy organizations, grassroots coalitions and multi-service agencies who provided GBV support as part of other more holistic services.

The ongoing effects of the pandemic, currently named as Wave 2 and Wave 3, suggest that this kind of funding will likely be needed going forward, not only to ensure that services are available, but to support the survival of organizations. As governments and society consider what these services might look like as Canada emerges from the pandemic, they should be not only considered as essential, but also funded according to their mission to provide fundamental supports to women, as well as in their advocacy role to stand against the rolling back of rights and protections for women in times of crisis, a role they continue to play.

National Action Plans on Gender Based Violence and MMIWG and Black Women and Girls

The UN campaign UNiTE to End VAW 2008-2015 called on countries across the globe to develop and implement National Action Plans (NAP) on Violence Against Women and Girls (VAWG) by 2015. Canada has not met this call to action and until 2019 there had been no movement on the NAP on VAWG despite advocacy efforts from Indigenous and feminist groups since 2012.

Due to the complexity and severity of GBV experienced by Indigenous women and girls, two NAPs have been recommended – one that is the NAP on VAWG and one that will be implemented specifically as a response to the underlying causes of GBV for Indigenous women, girls, and 2SLGBTQQIA people as shaped by “generations of oppressive government policy, which has systematically stripped away the identities of Indigenous women and children...” Indigenous and women’s groups have advocated that both national plans must have a strong intersectional framework that addresses the root causes of systemic oppression in order to create meaningful effective change that supports all women, girls, and 2SLGBTQQIA people. Advocates have also stressed the need for the NAPs to be driven by the GBV experts working on the ground, as well as survivors who far too often are excluded from policy discussions and solutions to GBV.

In 2012, the Assembly of First Nations and later NWAC brought forth recommendations for a NAP on violence against Indigenous women and girls. The government of Canada neglected to engage in developing the NAP until 2019 following the release of the findings from the national Inquiry into Missing and Murdered Indigenous Women
and Girls (MMIWG). The MMIWG final report provided extensive evidence on the ongoing effects of colonization and gendered, racialized, and sexual violence against Indigenous women, girls, and 2SLGBTQQIA people. To address Canada's history of colonialism, systemic oppression, white supremacy, and the impacts on Indigenous peoples, the report presented 231 recommendations and 94 Calls for Justice. In response to the Inquiry, the Canadian government has promised to develop and implement a NAP to address violence against Indigenous women, girls, and 2SLGBTQQIA people. In June 2020, the government postponed the NAP due to the COVID-19 pandemic. By September, the government had created working groups to tackle the MMIWG NAP. Indigenous women's groups have continued to push the government on the NAP. The Ontario Native Women's Association released “Reconciliation with Indigenous Women” as a foundation for building a NAP that truly centres the expertise of Indigenous women, and girls including trans women and Two-Spirit peoples.

In 2015, Women's Shelters Canada, along with NGOs, Labour, and independent experts launched “A Blueprint for Canada’s NAP on VAWG” to provide guidelines on how to achieve a coordinated, multi-pronged, pan-Canadian plan that is consistent across jurisdictions, policy, and legislation. A NAP on VAWG would ensure that survivors of violence, regardless of their postal code, would receive the same services, protections, and support. In the summer of 2020, feminists put forth a “Reissued Call” outlining the steps and processes needed to implement the NAP. The document calls for an intersectional and human rights framework, an all-of-government approach, grounded in the expertise of community based organizations, and a plan that is harmonized with the MMIWG NAP. This work is ongoing, and the Blueprint group have met with government officials to help shape the NAP. While the government of Canada has promised $30 million toward the NAP on VAWG / GBV, and the Minister of Women and Gender Equality is still at work confirming the timeline, process, and implementation. At the time of writing, there have been a number of consultations, meetings with advisory groups and reiterated commitments to ensure that the NAP on VAWG / GBV will be in place within 12 months, or by fall 2021.

The September 2020 Speech from the Throne announced that government would “continue to advance” the NAP on VAWG / GBV. In the light of the systemic anti-Black racism revealed in recent years and months, the NAP must centre this oppression and respond to this root cause of VAWG / GBV. The delays on the different NAPs speak volumes to the state’s inability to address and repair all the root causes of violence against women, women with disabilities, Indigenous women, Black women and girls and gender diverse peoples.

There are instances of other federal legislation that provide frameworks for imagining Canada without state violence, but they are in early stages and it is not clear how this legislation will effect change. In December 2018, Canada joined the Optional Protocol to the Convention on the Rights of Persons with Disabilities. The Optional Protocol allows individuals and organizations to file a complaint with the UN if they believe their rights under the Convention have been violated. In 2019, the federal government passed the Accessible Canada Act, S.C. 2019, c. 10, notable because of the inclusion of an intersectional analysis to disability. In a similar timeframe, Canada’s federal government also established the Anti-Racism Secretariat and published a three-year plan in 2019. This plan acknowledges the
existence of systemic racism and discrimination that needs to be addressed through joint action. While there may not be enough evidence yet that these efforts will actually lead to change in the state mechanisms that impact women, we remain hopeful that fundamental shifts have been set in motion that will allow organizers and communities to hold the government accountable.

Collaboration across sectors and allyship

The pandemic is unprecedented on many levels and has brought with it many concerns and considerations highlighting safety, caregiving, and the importance of community-level support. The disproportionate impacts based on racialization, disability and income are just a few of the deep fault lines that it has brought to the foreground. The health crisis engendered by the coronavirus has underlined the unequal distribution of the social determinants of health. While this has created great concern around the rolling back of women’s equality gains (see Resetting Normal Reports 1 & 2), it has also offered unexpected opportunities to collaborate and to build coalitions on the key areas of concerns. Not only in Canada but all across the world, there have been increased efforts to push back in greater numbers and hold governments accountable. While allyship is still contested ground and there are many gaps in building a shared understanding of how to make changes and ensure that systemic violence against women and gender diverse people is addressed; there is much evidence that the pandemic has provided compelling reasons to work together, to make the most of the increased focus on the gaps the VAW and anti-violence sectors have identified many times over in the past, while governments, media, and the wider public might be in listening mode.

In Canada, this can be seen by the increased number of joint publications that are being circulated. These include the Resetting Normal reports, YWCA Canada’s partnership with Institute for Gender and the Economy (GATE) at the University of Toronto’s Rotman School of Management to produce A Feminist Economic Recovery Plan for Canada: Making the Economy Work for Everyone. There have also been numerous letters co-signed by multiple local, provincial, territorial and national groups that call for government action on GBV, on systemic racism, on Indigenous rights and on just recovery efforts - led by Imagine Canada, Oxfam Canada, DAWN Canada, FAFIA, NAWL, CRIAW, WSC, and Canadian Women’s Foundation to mention a few.

Through coalitions and positioning as accomplices and co-conspirators, Indigenous, Black, feminist, disability and anti-racist organizations and grassroots movements have demonstrated the power of unity in challenging unjust and systemic violence perpetuated by the settler-colonial state. The global pandemic has brought these injustices to a boiling point and now more than ever, there are opportunities to be more accountable to the movements fighting for transformative social change and justice. For some, there is no choice. Disabled women have been knowingly put in harm’s way in the midst of one of the world’s most serious recent health crises. With the murder of George Floyd in May 2020 and the global protests following it, Black Lives Matter continue to fight against police violence and brutality. Indigenous land defenders continue to protect the water, land, and air. There can be no advancing gender equality without equity for all groups. In the words of Rosemary Brown, the first Black woman to be elected to a provincial legislature in Canada, and one of our founding mothers, “Until all of us have made it, none of us have made it".
Recommendations

All of the major reports cited throughout contain multiple overlapping advice on how to progress on the area of GBV, and how to pressure proof the systems so that women can remain safe.

We recommend that time is spent considering the recommendations in each report, taking the time to consider an implementation strategy for each one.

In addition, we are providing a few key recommendations related to the key points in this report and its intentions:

For society, WE NEED...

• to continue to demand better from government, centering policy responses on the caring economy. Public pressure is essential as civic outrage and engagement are powerful tools that cause policy change.

• to continue to educate ourselves as residents of Canada, on its history and ongoing legacies of harm, engaging in the difficult conversations, building bridges of understanding and supporting organizations addressing GBV and state violence, as well as and individuals experiencing the marginalization outlined in the report.

For policing, WE NEED...

• all police forces, including the RCMP, to be educated about and publicly acknowledge their front-line role in the deep historic violence that grounded Canada’s colonial developments. The importance of this in a reconciliation process ought to never be ignored.

• to promote police accountability and anti-racist systems transformation in law enforcement. We need community-led police accountability and oversight, performance measures based on how the most marginalized community members are served and protected, and financial consequences for poor institutional performance, in addition to criminal consequences for institutional perpetrators.

• Police and front-line agency collaboration through case review (the Philadelphia Model). Investigations in any area of violence against women have better outcomes when this collaboration takes place. This also strengthens the cases as they progress through the criminal legal system. Some police jurisdictions have established these partnerships, and some have included special officers being given responsibilities to ensure the well-being of survivors through the criminal legal system. This is important for anyone who makes the choice to go through the judicial system.
For accessible services, WE NEED...

- funds going to social services and transformative justice initiatives. This includes anti-racist approaches that address the needs of women with disabilities, that identify and implement ways to avoid revictimization and institutional violence within police, healthcare and social services.
- to educate VAW and anti-violence service providers or engage paid BIPOC consultants and women with disabilities to help them learn / unlearn anti-Black & anti-Indigenous racism, and ableism.
- specific VAW and anti-violence services and supports for women with disabilities that respond to community needs and specific realities.
- specific, equal funding for Indigenous women’s shelters throughout Canada, including $20 million for Inuit women’s shelters.
- access without fear policies for all government services, a policy that aims to reassure people with no immigration status that they can access all services without fear they may be reported and ultimately detained, or deported.

Allyship in VAW and anti-violence sector, WE NEED...

- to support Black Lives Matter & community level resistance to police and state sanctioned violence.
- to continue to work together; for white women to use their positions of power and privilege to better support BIPOC colleagues advance – i.e. step aside, promote / sponsor a BIPOC colleague

For government action, WE NEED...

- understanding and use of intersectionality as an analysis framework over gender-based analysis plus, which treats too many groups as supplemental to gender, and not as important as gender.
- an expeditated process for eligible First Nations women to register their children under changes in the Indian Act.
- sustainable and adequate funding for anti-violence and violence against women organizations to continue to do the important and lifesaving work that they do.
- substantive and far-reaching all of government NAP for Indigenous women and NAP for VAWG / GBV
Canadian Women’s Foundation
Launched in 1991 to address a critical need for philanthropy focused on women, the Canadian Women’s Foundation is one of the largest women’s foundations in the world. With the support of donors, the Foundation has raised more than $100 million and funded over 2,000 programs throughout the country. These programs focus on addressing the root causes of the most critical issues and helping women and girls who face the greatest barriers.

Women’s Shelters Canada
We represent a strong, unified voice on the issue of violence against women on the national stage. Through collaboration, knowledge exchange and adoption of innovative practices, we advance the co-ordination and implementation of high quality services for women and children accessing shelters.

Pauktuuitit, Inuit Women of Canada
Pauktuutit is the national non-profit organization representing all Inuit women in Canada. Its mandate is to foster a greater awareness of the needs of Inuit women, and to encourage their participation in community, regional and national concerns in relation to social, cultural and economic development.

National Aboriginal Circle Against Family Violence (NACAFV)
NACAFV’s mandate is to reduce family violence nationally by advocating for on-reserve (First Nations) shelters, and staff who provide frontline services to Indigenous women and children, survivors of domestic violence in Canada. The NACAFV provides annual practical training, culturally-appropriate resources and opportunities to network in a supportive environment.

DisAbled Women’s Network (DAWN / RAFH) Canada
DisAbled Women’s Network (DAWN /RAFH) Canada is a national, feminist, cross-disability organization whose mission is to end the poverty, isolation, discrimination and violence experienced by Canadian women with disabilities and Deaf women. DAWN-RAFH is an organization that works towards the advancement and inclusion of women and girls with disabilities and Deaf women in Canada. Our overarching strategic theme is one of leadership, partnership and networking to engage all levels of government and the wider disability and women’s sectors and other stakeholders in addressing our key issues.
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