



Canadian Association of Chiefs of Police
Association canadienne des chefs de police

Written submission to the Standing Senate
Committee on Social Affairs, Science and Technology

S-249 - An Act respecting the development of a national strategy for
the prevention of intimate partner violence

Canadian Association of Chiefs of Police

Assistant Commissioner Trevor Daroux
Co-chair of the Victims of Crime Committee

Chief Francis Lanouette
Co-chair of the Crime Prevention and Community Safety
and Well-Being Committee

April 26, 2024

About the Canadian Association of Chiefs of Police

The Canadian Association of Chief of Police (CACP) was founded on September 6, 1905. Our mission is to support police professionals through innovative and inclusive police leadership to advance the safety and security of all Canadians. Our vision is to be the voice of police leaders in Canada and a leader in police excellence.

Our association is national in character representing approximately 1,500 police leaders across Canada. Our interests and concerns have relevance to police at all levels including municipal, regional, provincial, federal and First Nations. We are dedicated to dealing with a wide range of issues important to public safety and security and to improving Canadian policing and the criminal justice system.

Introduction

The CACP welcomes the opportunity to comment on Bill S-249.

The Canadian Association of Chiefs of Police remains committed to addressing intimate partner violence (IPV) and is a strong supporter of all initiatives devoted to its prevention and to supporting its victims and their families. Further, we are committed to adopting a victim-centred and trauma-informed approach through all our work and especially when responding to calls for service involving intimate partner and family violence.

To that end, in March 2016, we developed a [National Framework for Collaborative Police Action on Intimate Partner Violence](#) followed by the publication of the [Canadian Framework for Collaborative Police Response on Sexual Violence](#) in November 2019. In 2021, our membership adopted [CACP resolution 2021-05](#) advocating for the creation of a coercive control offence in the *Criminal Code of Canada*. The following year, our membership adopted [CACP resolution 2022-01](#) calling for the creation of a Canadian Centre for Policing Intimate Partner Violence. Since then, we have appeared before several parliamentary committees to offer a police leadership perspective on several proposed bills of law (C-202, C-247 and now S-249) related to IPV and coercive control.

Through these various initiatives, and informed by victims and victim-serving agencies, police leaders have recognized the very complex challenges involved in addressing victims of IPV. This complexity is further apparent when victims are seeking to escape or bring a stop to abusive situations, but at the same time fear the consequences of doing so.

Bill S-249 proposes to create a National Strategy for the Prevention of Intimate Partner Violence, including provisions that would make it mandatory for health care facilities, medical practitioners, and nurse practitioners to:

1. report to the police if they suspect that a patient is a victim of IPV, and
2. provide information on access to legal assistance to patients.

Mandatory reporting to the police of suspected victims of IPV

The CACP encourages all victims of IPV to reach out to the police to report domestic violence and obtain the support services they need. However, we have been informed by victims and victim-supporting agencies that some victims fear the consequences of the involvement of the criminal justice system. There is fear for personal safety if an offender is released, fear of family dissolution, fear of the impact to children if a partner is removed, even practical fears of potential financial implications (job loss, housing impact).

As a result, mandatory reporting of suspected cases of IPV to the police by health care facilities and medical professionals may cause victims not to seek medical assistance. Further, victim-centred approaches stress the importance of victims maintaining control over their own journey through this very difficult situation. Mandatory reporting takes that control away.

For these reasons, **the CACP does not support mandatory reporting of suspected cases of IPV to the police by healthcare professionals.** We believe in the effectiveness of voluntary reporting. However, if we were to proceed with mandatory reporting, it should be restricted to high-risk situations that are dangerous and threaten the life and safety of a patient, their family, or their community. Such an obligation would require that the national strategy include training for healthcare professionals so that they are able to evaluate the risk and are comfortable in making that determination with no personal jeopardy for doing so.

Constraints on information sharing due to privacy laws

The police response to IPV has changed and developed over the past three decades in response to the increased recognition and understanding of the complexities around IPV and the need to invoke trauma-informed practices.

As it stands now, the laws in Canada currently make it difficult to adopt a preventative approach to IPV. One key challenge is the lack of information sharing between the health and law enforcement sectors due to restrictions, either real or perceived, within health information Acts. Several regions in Canada have provincial legislation (i.e. the *Health Information Act* in Alberta, the *Personal Health Information Protection Act* in Ontario, etc.) that prevent healthcare professionals from disclosing any personal information to the police regarding concerns they may have about a client/patient. While these laws generally provide for an exception to the duty of confidentiality in situations where there is reasonable ground to disclose information for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons, many health care professionals may be reluctant to do so given the severity of the consequences.

While police leaders respect the rights of Canadians to their privacy, we strongly believe that high-risk situations that threaten the life and safety of individuals should supersede the right to privacy. This is why the CACP has supported legal provisions such as the 'Red Flag' law in firearms legislation that enables anyone, including health professionals, to make an application to a court for an emergency prohibition order to immediately remove firearms from an individual they believe may pose a danger to themselves or others.

Assessing risk is an inherent part of the health and law enforcement professions. This is why the CACP is currently focused on developing standards and tools to help assess the risk of persons involved in IPV situations. To this end, the CACP conducted a survey regarding police officers' perceptions and experiences in responding to IPV with the assistance of the University of New Brunswick. A report of the preliminary results, entitled [*Coercive Control, Risk Assessment and Evidence of Intimate Partner Violence: Police Response*](#), was published in July 2023. It is intended to inform the future content and delivery of training packages, strategic decision-making, and organizational protocols in policing. The goal is to try and prevent injuries and deaths related to IPV.

To adopt a preventative rather than reactive approach, we recognize that multiagency collaboration between the police and community partners is critical to developing an effective action before, during, and after IPV incidents. To that end, prevention and early intervention processes and practices are most effective when health and law enforcement can collaborate. Current health legislation makes such collaboration extremely difficult.

As a result, the CACP suggests that **health information legislation be amended so that it is no longer an offence for health care professionals to share relevant information when it is done in the victim's best interest. Additionally, laws should allow for the reporting of high-risk cases of IPV to the police and eliminate any consequences and repercussions related to reporting such incidents.** What the CACP is proposing is targeted information sharing between the police and health sectors in very specific situations that are deemed to be dangerous or in the victim's best interest.

Mandatory provision of information on access to legal assistance to patients

In keeping with the topic of information sharing, the CACP supports the proposed provision in Bill S-249 that would make it mandatory to provide patients with information on access to legal assistance. However, we feel that this statement is currently too restrictive and should be expanded to include information about all social, health, community, police, and justice services available in the community where the victims reside. It is important that the ultimate control remains with the victim.

National Action Plan to End Gender-Based Violence

The CACP also supports the goals associated with the creation of a National Strategy for the Prevention of Intimate Partner Violence, but wonders how such a strategy would differ from the [*National Action Plan to End Gender-Based Violence*](#) advanced by the federal government in November 2022.

This action plan is focused on addressing the issue of reliable and timely access to culturally appropriate protection and support services for anyone facing gender-based violence (GBV) with a goal to improve the health, social, economic, and justice outcomes of those impacted by GBV. This action plan has a foundation built on 5 pillars:

1. **supporting victims, survivors, and their families** through the provision of critical, life-saving social, health, and community support services and safe spaces;
2. **prevention** by addressing root causes of GBV;
3. **a responsive justice system** that consistently applies the law with fairness to all who are involved;
4. **implementing Indigenous-led approaches** to ensure culturally appropriate support services; and
5. **a social infrastructure and enabling environment** involving the availability and access to health and social programs.

Rather than create a new and separate national strategy to prevent intimate partner violence, **the CACP submits that Bill S-249, and its primary focus on the role health care facilities and professionals can play in preventing serious injuries and death related to escalating cases of IPV, should be linked to and be aligned with the *National Action Plan to End Gender-Based Violence*.**

Conclusion

The primary mandate of the police is to reduce harm and victimization and prevent crime. The CACP believes that responding to IPV is a shared responsibility across police, public health as well as social and community agencies and that community health and safety can be promoted through inter-agency collaboration.

While the police have been striving to adopt evidence-based policies and practices that are victim-focused and trauma-informed in response to calls for service involving IPV, our association feels strongly that any legislative provisions related to disclosing and reporting suspected cases of IPV must be based on the recommendations of those we are striving to support and protect.