



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

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

Chief Francis Lanouette

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

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Distinguished members of this Committee, I am pleased to comment on Bill S-249 on behalf of the Canadian Association of Chiefs of Police, as co-chair of the Crime Prevention, Community Safety and Well-being Committee.

Introduction

The CACP has been 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. 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 IPV and family violence.

Bill S-249 proposes to create a national strategy for the prevention of IPV, 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 anyone who has experienced intimate partner violence to reach out to the police to report it and obtain the support services they need. However, victims and victim-supporting agencies have informed us that some individuals fear the consequences of the involvement of the criminal justice system.

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 these individuals 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. In addition, it would be necessary to provide healthcare professionals with training so that they are able to evaluate the risk and make that determination with no personal jeopardy.

Constraints on information sharing due to privacy laws

As it stands now, the laws in Canada currently make it difficult to adopt a preventative approach to IPV. Several regions in Canada have provincial legislation that prevent healthcare professionals from disclosing any personal information to the police regarding concerns they may have about a patient.

These laws generally provide for an exception to the duty of confidentiality in situations where there is a significant risk of serious bodily harm to a person or group of persons. Despite this exception, many health care professionals remain reluctant to do so, fearing legal 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.

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.

Prevention and early intervention processes and practices are most effective when health and law enforcement can collaborate.

As a result, the CACP suggests that **health information legislation be amended** so that:

1. it is no longer an offence for health care professionals to share relevant information when it is done in the victim's best interest, and
2. consequences and repercussions related to reporting high-risk IPV situations be eliminated.

Mandatory provision of information on access to legal assistance to patients

The CACP supports the proposed provision 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.

Rather than create a new and separate national strategy to prevent intimate partner violence, **the CACP proposes that Bill S-249 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.

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.