



EVERY TWO HOURS

A Special Report on Children and Youth
Exposed to Intimate Partner Violence in Manitoba



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About Our Office

The Manitoba Advocate for Children and Youth is an independent, non-partisan office of the Manitoba Legislative Assembly. We represent the rights, interests, and viewpoints of children, youth, and young adults throughout Manitoba who are receiving, or should be receiving, provincial public services. We do this by providing direct advocacy support to young people and their families, by reviewing public service delivery after the death of a child, and by conducting child-centred research regarding the effectiveness of public services in Manitoba. The Manitoba Advocate is empowered by legislation to make recommendations to improve the effectiveness and responsiveness of services provided to children, youth, and young adults. We are mandated through *The Advocate for Children and Youth Act*, guided by the *United Nations Convention on the Rights of the Child* (UNCRC), and we act according to the best interests of children and youth.

Our Vision

A safe and healthy society that
hears, includes, values, and
protects all children, youth, and
young adults.

Our Mission

We amplify the voices and
champion the rights of children,
youth, and young adults.

Our Values

Child-Centredness; Equity;
Respect; Accountability;
Independence

OUR COMMITMENT TO RECONCILIATION

The mandate of our office extends throughout the province of Manitoba and we therefore travel and work on a number of Treaty areas. Our offices in southern Manitoba are on Treaty 1 land, and our northern office is on Treaty 5 land. The services we provide to children, youth, young adults, and their families extend throughout the province and throughout Treaty areas 1, 2, 3, 4, 5, 6, and 10, which are the traditional territories of the Anishinaabeg, Anishininewuk, Dakota Oyate, Denesuline and Nehethowuk. Part of Manitoba is located on the beautiful homeland of the Red River Métis.

As an organization, we are committed to the principles of decolonization and reconciliation and we strive to contribute in meaningful ways to improve the lives of all children, youth, and young adults, but especially to the lives of First Nations, Metis, and Inuit young people, who continue to be under-served and over-represented in many of the systems which fall under our mandate for advocacy, investigation, research, and review.

With a commitment to social justice and through a rights-based lens, as an office we integrate the *United Nations Convention on the Rights of the Child*, the *United Nations Declaration on the Rights of Indigenous Peoples*, the national Truth and Reconciliation Commission's *Calls to Action* and the Missing and Murdered Indigenous Women and Girls Inquiry's *Calls for Justice* into our practice. Our hope is that the scope of our work on behalf of children, youth, young adults, and their families contributes to amplifying their voices and results in tangible improvements to their lives and experiences.

To view our ReconciliAction Framework, which describes the measures and activities we are taking as an office towards reconciliation, please visit:

<https://manitobaadvocate.ca/wp-content/uploads/MACY-ReconciliACTION-Framework-Final.pdf>

ACKNOWLEDGEMENTS

We would like to thank the Elders who contributed to this special report. When meeting with the seven members of the Elders Council at the Manitoba Advocate for Children and Youth, we asked how children and youth exposed to violence at home can be supported. They spoke to us about “feeding their spirit” through activities that connect them to the land, to ceremony, and build their self-esteem. Their guidance and focus on breaking the cycles of violence were central to this special report.

We would also like to acknowledge the participation of Manitoba’s civil servants, police services, and community organizations that cooperated with information requests and shared their knowledge and wisdom. In particular, we recognize the essential feedback and advice of representatives from:

Agape House

Aurora House

Brandon Police Service

Brandon Access/Exchange Service

Family Violence

Prevention Program

Fearless R2W Inc.

**First Nations Family
Advocate Office**

First Nations Healing Centre

**First Nations of Northern
Manitoba Child and Family
Services Authority**

**General Child and Family
Services Authority**

Genesis House

**Manitoba Association of
Women’s Shelters**

**Manitoba Education and
Early Childhood Learning**

Manitoba Families

**Manitoba First Nations
Police Service**

**Manitoba Mental Health
and Community Wellness**

Manitoba Métis Federation

Manitoba Justice

**Manitoba Status of
Women Secretariat**

Manitoba Victim Services

**Metis Child, Family and
Community Services**

North End Women’s Centre

**Research and Education
for Solutions to Violence
and Abuse (RESOLVE)**

Resource Assistance for Youth

Royal Canadian Mounted Police

**Southern First Nations
Network of Care**

Toba Centre for Children and Youth

Wahbung Abinoonjiiag Inc.

**West Central Women’s
Resource Centre**

**Winnipeg Children’s
Access Agency, Inc.**

Winnipeg Police Service

For statistical analysis and consultation, we would like to thank Dr. Aynslie Hinds in collaboration with MACY’s project team from the Research, Quality Assurance, Investigations, Advocacy, Youth Engagement, and Public Education Programs. We also recognize the essential role of the Knowledge Keeper at MACY, who provided cultural and emotional supports to experiential young people and staff.

Several young adults who were exposed to intimate partner violence in their childhoods shared their stories and perspectives with us, including members of our office’s Youth Ambassador Advisory Squad. We thank them for their generosity, courage, and strength. Their shared purpose and hope for this special report was that services can be improved for current and future generations.

This special report is dedicated to the hundreds of children and youth in Manitoba who are exposed to intimate partner violence every month. Through this report and its recommendations, we hope to shine light on their experiences and draw a path forward towards improved services which result in their healing.

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Content Warning

Identifying and addressing trauma is an important part of trauma-informed practice. This special report includes discussion of intimate partner violence, residential schools, intergenerational trauma, and child abuse. In telling the stories of young people we have carefully considered each detail. Be advised, however, that some information in this special report might not be appropriate for all readers.

If you or someone you know is struggling, help is available.

Manitoba Suicide Prevention and Support Line (toll free):
1-877-435-7170 (24-hour)

Kids Help Phone (toll free):
1-800-668-6868 (24-hour)

Youth Crisis Services in Winnipeg:
204-949-4777 (24-hour)

Youth Crisis Services outside Winnipeg:
1-888-383-2776 (24-hour)

Residential School Survivor Support Line:
1-866-925-4419 (24-hour)



MESSAGE FROM THE MANITOBA ADVOCATE

Children exposed to intimate partner violence are unseen victims.

Exposure to intimate partner violence in childhood can be deeply traumatic for young people, shattering feelings of safety, leading to lifelong mental health challenges, and sometimes reinforcing cycles of intergenerational violence. This special report aims to shine a light on a hidden epidemic: children exposed to intimate partner violence in Manitoba, their experiences, and the service response. What we found is deeply concerning.

Once every two hours, a child in Manitoba is exposed to a police-reported incident of intimate partner violence. Intimate partner violence (IPV) is a serious concern in Manitoba. In the month of April 2019 alone, there were 1,943 police-reported incidents of intimate partner violence across all police forces in our province, of which nearly one in five (18%) had children present. Each of those incidents represents the story of a family being traumatized by violence.

In that snapshot of Manitoba data, we found there were nearly 700 individual children who were victims in a police-reported incident of IPV. This translates to thousands of child victims in our province each year, which we know is a significant under-count since so many incidents are not reported to police. Because there is no coordinated or consistent system responding to the children in our province, most children silently carry the trauma of what they are witnessing and experiencing into adulthood.

Research is clear that this type of unresolved trauma can lead to depression, anxiety, and post-traumatic stress disorder. Further, it also increases the likelihood those children will have poorer school performance, more missed days at school,



Ainsley Krone MA PC-IIC, RSW
A/Manitoba Advocate for Children and Youth

and a greater likelihood of dropping out of school altogether. Exposure to IPV also increases the potential for the child to become involved with the justice system, or to grow up and engage in violent behaviour both inside and outside of their own homes. In the 2020-21 fiscal year, our office found that one in five children supported through our Advocacy Services Program had a known history of IPV in their family and concerningly, 53% of the child death reviews completed by our office that year found documented IPV in the family history of the child who died.

The vast majority of children exposed to intimate partner violence are Indigenous, with 76% First Nation, 5% Metis, and 1% Inuit ancestry. As articulated by the Truth and Reconciliation Commission of Canada (TRC) and the Missing and Murdered Indigenous Women and Girls Inquiry (MMIWG), IPV and the cycles of family violence have their roots in historical and ongoing colonial legacies. Violence against Indigenous women, girls, and 2SLGBTQ+ persons is rooted in colonial policies that removed women from their traditional roles in communities and diminished their status, leaving them vulnerable to violence.

All children have the right to be protected from harm and violence (Article 19, *United Nations Convention on the Rights of Children*, or UNCRC), and those who experience trauma have the right to receive special supports to recover (Article 39, UNCRC). That means that the Governments of Canada and Manitoba share an obligation to provide supports and assistance to children who are living in violent environments. This special report followed the group of 671 Manitoba children exposed to intimate partner violence during the month of April 2019 to understand their contact with public systems and the service responses from police, Victim Services, and Child and Family Services.

The majority of children exposed to IPV in Manitoba (58%) did not receive a service response from either Victim Services or Child and Family Services. Some police services refer all incidents where children are present to child welfare, however, others leave it up to the discretion of attending officers to decide. This meant that one in three (36%) children were not referred to either child welfare or Victim Services. Those children were offered no services or supports.

When available, service responses are adult-centric and rarely include direct supports to children. Our detailed review of service responses determined that when services did respond to the family, the focus was primarily or exclusively on the adult victim or adult perpetrator, but rarely addressed the needs of the children who were exposed to the violence. Victim Services, a division of Manitoba Justice, has a limited mandate and only children who were being readied to be witnesses for the Crown in court proceedings were documented to have received direct services in the form of court preparation, and in one case, in the form of funding for mental health care.

Child and Family Services (CFS) is the primary system responding to intimate partner violence incidents in Manitoba, even though many incidents do not present protection concerns. We found that the primary response to children and families that experience intimate partner violence is held by CFS, with 95%

of children who were referred to child welfare receiving referrals or other services. While it was a common fear, we found that child apprehensions after IPV incidents were rare, representing only 6% of all referrals to child welfare. Further, new protection files being opened only occurred in 19% of referrals to CFS. This finding indicates that CFS, while currently expected to be the primary system responding to incidents of IPV, is not the system best placed to respond to the needs of children and families experiencing IPV.

Overall, we found an enormous gap in the service response available to children exposed to IPV in Manitoba. Each system is fulfilling their limited mandate, with police responding to immediate danger, Victim Services providing court-focused supports when criminal charges are laid, and CFS responding when immediate protection issues exist. Yet, most children being traumatized by violence in the home fall outside of those limited service mandates, and thus, receive no information or therapeutic supports to recover from their trauma, as is their right under Article 39 of the UNCRC.

Young adults who were exposed to intimate partner violence in their own childhoods spoke to us about feeling invisible and confused when interacting with services and of struggling in silence for many years with the trauma of their experiences. Many discussed how they did not receive the supports they needed until they sought them out themselves in adulthood. By then, some of them had personally experienced IPV in their own relationships, a continuation of the persistent cycle of violence. Those young adults called on public services to do more to recognize and support child victims in their immediate response but also in the overall approach to preventing intimate partner violence.

There is a need to reimagine a response to children exposed to IPV that is coordinated and addresses the intergenerational cycles of violence. Informed by a comprehensive review of the data, in-depth interviews with experiential young people, and consultations with youth, community organizations, public bodies, Elders, and First Nations and Metis government representatives, the recommendations I am issuing today offer a path towards the recognition of children exposed to IPV as right-holders who are entitled and deserving of effective service responses. This special report makes seven recommendations for system change:

1. Recognize children as primary victims of IPV and right-holders entitled to supports under the *United Nations Convention on the Rights of the Child*.
2. Enhance the immediate response to children exposed to IPV through the development of a police service standards framework.
3. Evaluate integrated response models between policing services and social services to families and children exposed to IPV in Manitoba.
4. Address the service coordination gaps by developing a response plan that supports families and children exposed to IPV through service navigation using culturally-appropriate and trauma-informed approaches.
5. Fund and support specialized resource(s) that provide culturally-safe therapeutic supports to children and youth exposed to IPV in Manitoba.
6. Enhance resources to support child trauma specialists in each of the ten family violence shelters in Manitoba.
7. Provide tools and supports to teachers so they can empower young people with information on healthy relationships through the development of guides and resources.

Children exposed to IPV in Manitoba feel invisible and disempowered when they are in contact with services. The current response to their needs falls short of fulfilling their rights to treatment and recovery as enshrined by the *United Nations Convention on the Rights of the Child*. The Government of Manitoba has an opportunity to respond in innovative ways to not only realize the rights of children but also contribute to an end to the cycles of intergenerational violence by addressing the trauma crisis in our province.

Ainsley Krone MA PC-IIC, RSW
A/Manitoba Advocate for Children and Youth

Messages for Youth **BY YOUTH**

Young adults who themselves were exposed to IPV in their childhoods participated in this special report and reflected on their experiences. They offered advice for children and youth in Manitoba who are currently living in environments impacted by IPV.

**THERE IS HOPE
AND HEALING**

"It may not feel like it right now but things will get better, you just have to give them a chance. And you will only grow from it."

- Ajay

"...find your thing that you love to do and do to it to the best of your ability...As long as you have something you enjoy, you're going to get through just about anything."

- Trysten

"...you yourself are not your experiences. It might play a huge part in your life, but it doesn't define you...You still have so much to live for and experiencing that, it's tough, but knowing that there's a way out of it to heal is something that you have to hold on to."

- Max

REACH OUT TO AN ADULT

"I would tell them...to reach out to an adult and to talk about what's going on."

- Sarah

"I know how tough it is to come from a family that has shown you love in one specific way all of your life. But that doesn't mean it's right. It doesn't mean that you should have to take that if you don't feel heard. You do need to tell someone. Because as scary as it's going to be, as long as you're willing to ask for it, nowadays, it seems that people are actually going to start listening."

- Lily

"...find someone that they can, they feel secure with and just to talk like, let it out. And it's not good to, like, hold it back"

- Dakota Rae

YOU ARE NOT ALONE, YOU ARE LOVED

"...there are other people that have experienced it and have lived through it and have come out on the other side as well."

- Rachel

"Know that you are - you are loved. And, you know, hopefully there are resources to help us in the future."

- Louise

MESSAGE DE LA PROTECTRICE DU MANITOBA

Les enfants exposés à la violence entre partenaires intimes sont des victimes invisibles.

L'exposition à la violence entre partenaires intimes (VPI) pendant l'enfance peut être profondément traumatisante pour les jeunes, dévastatrice pour leur sentiment de sécurité et à l'origine de problèmes durables de santé mentale, et elle renforce parfois les cycles de violence intergénérationnelle. Ce rapport spécial vise à faire la lumière sur une épidémie cachée, celle des enfants exposés à la violence entre partenaires intimes, sur leurs expériences et sur la réponse des services. Ce que nous avons constaté est très inquiétant.

Toutes les deux heures, un enfant au Manitoba est exposé à un incident de violence entre partenaires intimes. Ce type de violence est très inquiétant au Manitoba. Rien qu'en avril 2019, 1943 incidents de violence entre partenaires intimes ont été rapportés par la police, cela pour l'ensemble des forces de police de notre province, et dans près d'un cas sur cinq (soit 18 %), des enfants étaient présents. Chacun de ces incidents représente l'histoire d'une famille qui est traumatisée par la violence.

Dans cet aperçu de données sur le Manitoba, nous avons observé que près de 700 enfants étaient des victimes dans l'incident de VPI rapporté par la police. Cela se traduit par des milliers d'enfants victimes chaque année dans notre province, et l'on sait qu'il s'agit là d'une sous-estimation puisque de nombreux incidents ne sont pas signalés à la police. Parce qu'il n'existe pas de système coordonné ou cohérent qui intervient auprès des enfants dans notre province, c'est jusqu'à l'âge adulte que la plupart des enfants portent silencieusement le fardeau des scènes et expériences traumatisantes dont ils sont témoins.

Les recherches montrent clairement que ce type de traumatisme non résolu peut mener à la dépression, à l'anxiété et au trouble de stress post-traumatique. De plus, cela fait que ces enfants risquent davantage de moins



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La protectrice des enfants et des jeunes du Manitoba par intérim

bien réussir à l'école, de manquer des journées scolaires et d'abandonner carrément l'école. Une exposition à la VPI accroît également le risque, pour l'enfant, d'avoir des démêlées avec la justice ou de grandir en se montrant violent à la maison et à l'extérieur. Au cours de l'année financière 2020-2021, nous avons relevé qu'un enfant sur cinq parmi les enfants qui bénéficiaient de nos services de défense des droits avait des antécédents connus de VPI dans sa famille et, ce qui est inquiétant, que 53 % des examens de décès d'enfants que nous avons effectués cette année-là ont révélé des faits de VPI dans le passé de la famille de l'enfant décédé.

La grande majorité des enfants exposés à la VPI sont autochtones, 76 % descendant de Premières Nations, 5 % de Métis et 1 % d'Inuits. Comme le mentionnent la Commission de vérité et réconciliation (CVR) et l'Enquête sur les femmes et les filles autochtones disparues et assassinées (FFADA), la violence entre partenaires intimes et les cycles de violence familiale sont issus des séquelles historiques et continues du colonialisme. La violence envers les femmes, les filles et les personnes 2ELGBTQQIA+ autochtones découle des politiques coloniales qui ont éloigné les femmes de leur rôle traditionnel dans les communautés et diminué leur statut

social, les rendant ainsi vulnérables à la violence.

Tous les enfants ont le droit d'être protégés contre toute forme de violence (article 19, *Convention des Nations Unies relative aux droits de l'enfant*, ou CNUDE), et ceux qui vivent des traumatismes ont le droit de recevoir des services d'aide spéciaux pour se rétablir (article 39 de la CNUDE). Cela signifie que les gouvernements du Canada et du Manitoba ont l'obligation partagée d'apporter soutien et assistance aux enfants qui vivent dans des milieux violents. Dans ce rapport spécial, les 671 enfants manitobains exposés en avril 2019 à de la violence entre partenaires intimes ont été suivis pour que l'on puisse comprendre leurs rapports avec les systèmes publics ainsi que les réponses de la police, des Services aux victimes et des Services à l'enfant et à la famille.

La majorité des enfants exposés à la VPI au Manitoba (58%) n'ont pas obtenu de services de la part des Services aux victimes ni des Services à l'enfant et à la famille.

Certains services de police renvoient tous les cas d'incidents où des enfants étaient présents aux services de protection de l'enfance, d'autres laissent la décision à la discrétion des agents qui sont sur les lieux. Cela signifie qu'un enfant sur trois (36 %) n'a pas été orienté vers les services de protection de l'enfance ou les Services aux victimes. Ces enfants n'ont reçu aucun service ni aucun soutien.

Lorsqu'ils sont disponibles, les services sont axés sur les adultes et incluent rarement un soutien direct aux enfants. L'examen détaillé des services offerts que nous avons effectué nous a permis de déterminer que, lorsque les services intervenaient effectivement auprès de la famille, l'accent était essentiellement voire exclusivement mis sur la victime adulte ou sur l'adulte auteur des actes de violence, et ils répondaient rarement aux besoins des enfants exposés à la violence. Le mandat des Services aux victimes, une division de Justice Manitoba, est limité et, selon la documentation, seuls les enfants que l'on préparait au rôle de témoins de la Couronne dans le cadre d'instances judiciaires avaient reçu des services directs sous forme de préparation à la comparution et, dans un cas, sous forme de financement de soins de santé mentale.

Les Services à l'enfant et à la famille (SEF) sont les principaux intervenants dans les cas d'incidents de

violence entre partenaires intimes au Manitoba, bien que de nombreux incidents ne soulèvent pas d'inquiétudes en matière de protection. Nous avons constaté qu'ils sont les principaux intervenants auprès des enfants et des familles dans ces situations, 95 % des enfants renvoyés aux services de protection de l'enfance étant recommandés ou bénéficiant d'autres services. Alors que la crainte était assez répandue, nous avons observé que les appréhensions d'enfants après des incidents de VPI étaient rares puisqu'elles ne représentaient que 6 % des renvois vers les services de protection de l'enfance. De plus, de nouveaux dossiers de protection n'ont été ouverts que dans 19 % des cas renvoyés aux SEF. Cela indique que, bien qu'on s'attende actuellement à ce que les SEF soient les principaux intervenants dans les cas de VPI, ils ne sont pas les mieux placés pour répondre aux besoins des enfants et des familles victimes de VPI.

Globalement, nous avons observé un manque énorme de services offerts aux enfants exposés à la violence entre partenaires intimes au Manitoba. Chaque système s'en tient à son mandat limité, la police intervenant en cas de danger immédiat, les Services aux victimes offrant des soutiens axés sur le tribunal lorsque des accusations au criminel sont déposées, et les SEF intervenant dans le contexte d'une protection immédiate. Or, la plupart des enfants traumatisés par la violence à domicile ne relèvent pas des mandats limités de ces services et, par conséquent, ne reçoivent aucun renseignement ni aucun soutien thérapeutique pour surmonter leur traumatisme, alors qu'ils y ont droit en vertu de l'article 39 de la CNUDE.

De jeunes adultes ayant eux-mêmes été exposés à la violence entre partenaires intimes dans leur enfance nous ont dit qu'ils se sentaient invisibles et confus quand ils traitaient avec les services et qu'ils souffraient en silence pendant de nombreuses années en raison de leurs expériences traumatisantes. Beaucoup ont indiqué n'avoir reçu aucuns des soutiens dont ils avaient besoin jusqu'à ce qu'ils finissent par aller les chercher eux-mêmes à l'âge adulte. À cet âge-là, certains parmi eux avaient connu la VPI personnellement dans leurs propres relations, ce qui perpétuait le cycle persistant de la violence. Ces jeunes adultes ont demandé aux services publics d'en faire davantage pour reconnaître et aider les enfants victimes dès le départ mais aussi dans le contexte général de la prévention de la VPI.

Il est nécessaire de trouver une nouvelle réponse pour les enfants exposés à la violence entre partenaires intimes, une réponse qui est coordonnée et qui remédie aux cycles de violence intergénérationnelle. À la suite d'un examen détaillé des données, d'entrevues approfondies avec des jeunes ayant vécu ce genre d'expériences, et de consultations auprès de jeunes, d'organismes publics, d'aînés et de représentants des gouvernements des Premières Nations et des Métis, nos recommandations suggèrent une voie menant à la reconnaissance des enfants exposés à la VPI en tant que détenteurs de droits qui ont le droit et qui méritent d'obtenir des services efficaces. Ce rapport spécial énonce sept recommandations pour que les systèmes changent :

1. Reconnaître les enfants comme victimes principales de la VPI et comme personnes détentrices de droits qui sont en droit de recevoir des soutiens en vertu de la Convention des Nations Unies relative aux droits de l'enfant.
2. Améliorer la réponse immédiate face aux enfants exposés à la VPI en élaborant un cadre de normes pour les services de police.
3. Évaluer les modèles d'intervention intégrés entre les services de police et les services sociaux visant les familles et les enfants exposés à la VPI au Manitoba.
4. Comblent les lacunes en matière de coordination des services en élaborant un plan d'intervention qui aide les familles et les enfants exposés à la VPI à naviguer parmi les différents services grâce à des méthodes adaptées à la culture et tenant compte des traumatismes.
5. Financer et appuyer les ressources spécialisées qui offrent des soutiens thérapeutiques adaptés à la culture aux enfants et aux jeunes exposés à la VPI au Manitoba.
6. Améliorer les ressources pour aider les spécialistes de l'enfance traumatisée dans chacun des dix refuges pour victimes de violence familiale au Manitoba.
7. Fournir des outils et du soutien aux enseignants pour qu'ils puissent donner aux jeunes des informations sur les relations saines en produisant des guides et des ressources.

Les enfants exposés à la VPI au Manitoba se sentent invisibles et démunis quand ils traitent avec les services. La réponse actuelle à leurs besoins est loin de respecter leurs droits en matière de traitement et de rétablissement, tels qu'ils sont prévus par la Convention des Nations Unies relative aux droits de l'enfant. Le gouvernement du Manitoba a une occasion de répondre de façon innovante non seulement pour assurer l'exercice des droits des enfants mais aussi pour contribuer à mettre fin aux cycles de la violence intergénérationnelle en s'attaquant à la crise des traumatismes dans notre province.

Ainsley Krone MA PC-IIC, RSW
La protectrice des enfants et des
jeunes du Manitoba par intérim,

Messages adressés aux jeunes PAR DES JEUNES

Des jeunes adultes ayant eux-mêmes été exposés à la VPI dans leur enfance ont participé à l'élaboration de ce rapport spécial et porté une réflexion sur leurs expériences. Ils ont offert des conseils aux enfants et aux jeunes du Manitoba qui vivent actuellement dans des environnements marqués par la VPI.

L'ESPOIR ET LA
GUÉRISON EXISTENT

« Tu n'en as peut-être pas l'impression maintenant mais ça ira mieux; il faut juste y croire. Et tu en sortiras grandi. »

– Ajay

« ...trouve la chose que tu aimes faire et fais-la de ton mieux... Tant que tu as une passion, tu vas pouvoir affronter presque n'importe quoi. »

– Trysten

« ...tes expériences ne définissent pas qui tu es. Elles représentent peut-être une grande partie de ta vie mais elles ne te définissent pas... Il te reste encore tellement de choses à vivre et à accomplir que, oui c'est dur mais il faut te raccrocher à l'idée qu'il existe une sortie et que la guérison est possible. »

– Max

ADRESSE-TOI À UN ADULTE

« Je leur dirais... d'aller voir un adulte et de raconter ce qui se passe. »

– Sarah

« Je sais que c'est dur quand on vient d'une famille qui t'a exprimé son amour d'une certaine façon toute ta vie. Mais ça ne veut pas dire que c'est correct. Ça ne veut pas dire qu'il faut l'endurer si tu ne te sens pas écoutée. Il faut le dire à quelqu'un. Parce que, aussi effrayant que ça va être, pourvu que tu sois prête à demander qu'on t'écoute et, de nos jours, on dirait que les gens commencent vraiment à écouter. »

– Lily

« ...trouver quelqu'un avec qui ils se sentent en sécurité et parler, simplement, tout lâcher. Ce n'est pas sain de tout garder à l'intérieur. »

– Dakota Rae

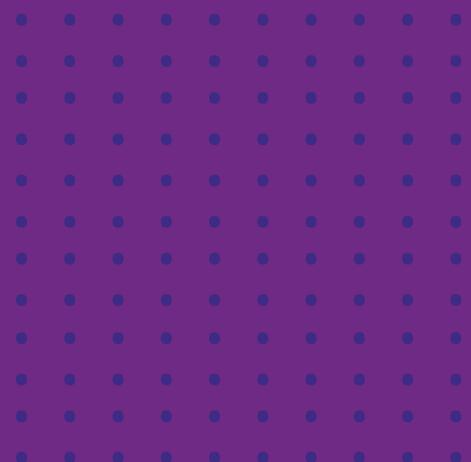
TU N'ES PAS SEUL.E, TUES AIMÉ.E

« ...il y a des gens qui l'ont vécu, qui l'ont traversé et qui en sont sortis. »

– Rachel

« Saches que tu es aimée. Et, tu sais, il y a sûrement des ressources pour nous aider dans l'avenir. »

– Louise



One of the things that I remember when I was small, when we lived on the trap line, there was never any violence...when welfare started, that is when alcoholism started, families were broken up and there was family violence. Then, children and women were not as important. Traditionally, the women were very strong leaders in the community. Because women are life-givers, the women and the Elders sat together to see where the community was going. When the Europeans came that is when the Elders and women lost power."

**Elder Bill Ballantyne,
Brokenhead Ojibway Nation**

Section 1:

INTRODUCTION

Witnessing or otherwise being exposed to intimate partner violence (IPV) represents a particular type of trauma for children of all ages. Because such exposure threatens a child's sense of security and well-being, the resulting trauma influences all aspects of development and can lead to long-lasting and severe negative effects that often follow the child into adulthood (Carlson, 2000; Castro et al., 2017; De Bellis & Zisk, 2014; Fong et al., 2019; Holt et al., 2008; Moffitt et al., 2013; Telman et al., 2016). Exposure to IPV as a child has intergenerational impacts, sometimes resulting in repetitive patterns of violence in adult relationships, and reinforcing historical cycles of intergenerational trauma (Hoffart & Jones, 2018; The National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019).

The Government of Canada and Government of Manitoba have acknowledged that all children have rights and assumed responsibility for the protection and fulfillment of these rights by ratifying the *United Nations Convention on the Rights of the Child* (UNCRC). The UNCRC, the most widely ratified treaty in the history of international law, recognizes children and the support they need to help them experience happy, healthy, and safe childhoods. Exposure to intimate partner violence can violate the rights of children and has a harmful effect on their development.

The Manitoba Advocate for Children and Youth (Manitoba Advocate) is empowered by *The Advocate for Children and Youth Act* (ACYA) to raise awareness and understanding of the rights of children (ACYA, s.12). The principles of the UNCRC can offer valuable guidance for the design and delivery of services for children and youth (preamble, ACYA). Accordingly, this special report focuses on the following commitments in the UNCRC made by Canada and shared by the Province of Manitoba:

- To ensure the best interests of the child will be a top priority in all decisions and actions that affect them (Article 3)
- To ensure children are protected from all forms of violence, abuse, and neglect by their parents or anyone else who looks after them (Article 19)

- To ensure children have access to the highest attainable standard of health care (Article 24)
- To ensure children who have experienced trauma receive special support to help them recover their health, dignity, self-respect, and social life (Article 39)

Differences in the rates of IPV reflect inequalities in Canadian society. Intimate partner violence is the most common form of violence experienced by Indigenous women, a rate 2.5 times higher than the national average (Brzozowski et al., 2006). Further, Indigenous women are six times more likely to die of homicide than non-Indigenous women (Mulligan et al., 2016). *Reclaiming Power and Place*, the final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG), describes intimate partner violence and unresolved trauma as one of the root causes of the homicides of Indigenous women (The National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019). Surrounding the violence are multigenerational and intergenerational trauma, and marginalization which are influenced by factors such as poverty, insecure housing and homelessness, educational barriers, unemployment, and a lack of access to health care and cultural supports.

This special report acknowledges the historical and ongoing colonial legacies that set the context

for intimate partner violence in Manitoba. Violence against Indigenous women, girls, and 2SLGBTQ+ is rooted in colonial policies that removed women from their traditional roles in communities and diminished their status, leaving them vulnerable to violence (The National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019). Indigenous women, girls, and 2SLGBTQ+ people are holders of distinctive rights, and these rights, along with other human rights, have been consistently denied as a result of their relationships with the state (The National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019).

This special report endeavours to align with the principles of the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP) and the *Calls*

to Action of the Truth and Reconciliation Commission of Canada (TRC). In particular, this special report reinforces Article 22 of UNDRIP, which asserts Canada's responsibility to protect Indigenous women and children from all forms of violence; and TRC *Call to Action* 36, which calls on governments to work with Indigenous communities to provide culturally relevant services to people in custody facilities on the issue of family and domestic violence.

This special report, which is the first time research of this nature has been done in Manitoba, responds specifically to TRC *Call to Action* 39, which calls on governments to collect and publish data on the criminalization of Indigenous people, including data related to family violence.

Rationale

The experience of being exposed to IPV in childhood is pervasive among children, youth, and young adults served by the Office of the Manitoba Advocate for Children and Youth. In the 2020–21 fiscal year, nearly one out of every five (19%) children, youth, and young adults supported through our Advocacy Services Program had a history of IPV. Further, 53% of all child and young adult death reviews completed by the Manitoba Advocate that same year had documented IPV in the family history of the child who died. Concerningly, although childhood exposure to IPV remains a common systemic issue identified by our office, little information exists about the nature and extent of the problem in Manitoba, specifically.

Improving services for children and youth requires an increased understanding of both the degree of children's exposure to IPV and the current governmental response to children and youth exposed to IPV. Importantly, understanding the extent, nature, and services associated with IPV exposure can point towards better ways to support children and break the cycle of intergenerational violence for families and communities. As a result, the Manitoba Advocate directed the launch and release of this special report under Part V of the ACYA. The research behind this special report was guided by three main questions.

1. What is the nature and extent of children and youth exposure to intimate partner violence in Manitoba?
2. What are the perspectives and lived experiences of young people who were exposed to intimate partner violence in childhood?
3. What is the Government of Manitoba's legal and service response to children exposed to intimate partner violence? How can the provincial government meet its obligations to children exposed to IPV under the *United Nations Convention on the Rights of the Child*?

Purpose

Children and youth in Manitoba have the right to be protected from physical and psychological violence, abuse, and neglect; governments have a corresponding obligation to take appropriate legislative, administrative, social, and educational measures to protect children from such maltreatment (Article 19, UNCRC).

It is also the responsibility of governments to enact preventive measures and ensure that all children traumatized by violence receive the support and assistance they require to recover their health, dignity, self-respect, and social life (Article 39, UNCRC).

This special report intends to hold the government accountable to its obligations under the UNCRC by:

1. Increasing both an awareness and understanding of the UNCRC (ACYA, s.12) in the context of children exposed to IPV.
2. Developing recommendations that increase the effectiveness and responsiveness of services for children and youth exposed to IPV and their families (ACYA, s.31.(1), s.32(2)).

Using a children's rights framework, this special report focuses on finding ways in which services can better support families so cycles of violence can be broken and justice can happen for current and future generations.

Background

What is intimate partner violence (IPV)?

Intimate partner violence (IPV) is the physical, sexual, emotional, financial, and/or psychological violence or coercion between current or former intimate partners (Burczycka, 2019). IPV can be perpetrated in person or electronically (e.g., through social media). Underlying such violence is the attempt to systematically control an intimate partner.¹

IPV can occur in all types of intimate relationships, regardless of the gender or sexual orientation of the partners (Centers for Disease Control, 2017; Cunningham & Baker, 2007). IPV occurs in every

community among people regardless of age, religion, economic status, ethnicity, or educational attainment (American College of Obstetricians and Gynecologists & Committee on Health Care for Underserved Women, 2012), yet some groups – especially Indigenous women – are more at risk than others (Brownridge, 2008; Brownridge et al., 2017; Government of Manitoba, 2012; Tutty et al., 2021; Wuerch et al., 2019).

¹ Often the terms 'domestic violence' or 'family violence' are used interchangeably with the term 'intimate partner violence (IPV)', but it is important to note the differences. While the term IPV encompasses violent, controlling, aggressive behaviour of any kind between intimate partners, the terms family violence and domestic violence are broader and can refer to a wider range of violence between family members in general (Centers for Disease Control, 2017). For instance, according to Manitoba's Family Violence Prevention Program, family violence includes "an actual or threatened physical, sexual, emotional, or financial abuse directed toward a family member" (Manitoba Status of Women Secretariat, n.d.). In other words, while IPV can be an act of family or domestic violence, acts of family violence are not limited to those between intimate partners (e.g., they can include elder abuse, child abuse, or honour-based violence). For these reasons, the term intimate partner violence (IPV) will be used exclusively in this report.

What are the rates of IPV in Canada and Manitoba?

Statistics Canada reports that in 2018 there were 99,452 known survivors of police-reported IPV in Canada (aged 15 to 89), the majority of whom were women (79%) (Burczycka, 2019). Of all Canadian provinces, Manitoba has the second highest rate of police-reported IPV (592 adult victims per 100,000) (Burczycka, 2019). Findings from Statistics Canada's General Social Survey on Victimization (2009) indicate that nearly six in 10 (59%) adult female victims of IPV abuse with children reported that their children heard or saw assaults on them in the five-year period preceding the survey (Sinha, 2013). While these data suggest that IPV is a serious public health issue across Canada and here in Manitoba, determining the prevalence of IPV and children's exposure remains difficult for a number of reasons (Clark & Du Mont, 2003; Kaukinen et al., 2016), including:

1. There is no single definition of IPV employed by all studies (Carlson, 2000; Osofsky, 2003).
2. Studies use different data of varying quality. For example, some studies trying to identify the rate of IPV in Canada employ police-reported incidents (Burczycka, 2019), some use data collected from self-reported surveys (Kaukinen et al., 2016), while still others primarily use information provided by child welfare agencies (Trocmé et al., 2010).
3. Estimates presented likely underestimate the actual figures. In the 2009 General Social Survey on Victimization, only 22% of adult victims of self-reported spousal violence had reported the incident to the police (Brennan, 2011). There are numerous rationales, personal, and societal reasons for why a survivor of IPV may not feel comfortable disclosing their experiences to anyone, including: embarrassment, stigma (victim blaming attitudes), financial dependency, family privacy concerns, trauma (past or present), fear for one's safety, and lack of trust in authorities (Alaggia et al., 2015). Some survivors may not report the abuse in order to protect their children from what they perceive as "potential harms associated with outside intervention" including child welfare involvement (Tutty & Nixon, 2020, p. 2).

Limitations imposed by underreporting, as well as the type and quality of data collected, will always create difficulties for those attempting to ascertain an accurate incidence of IPV and children's exposure to it in Manitoba. By any measure, however, it cannot be doubted that IPV is a serious problem in our province, one which has varied and far-reaching consequences for Manitoba's children and youth.

What are the ways children can be exposed to IPV?



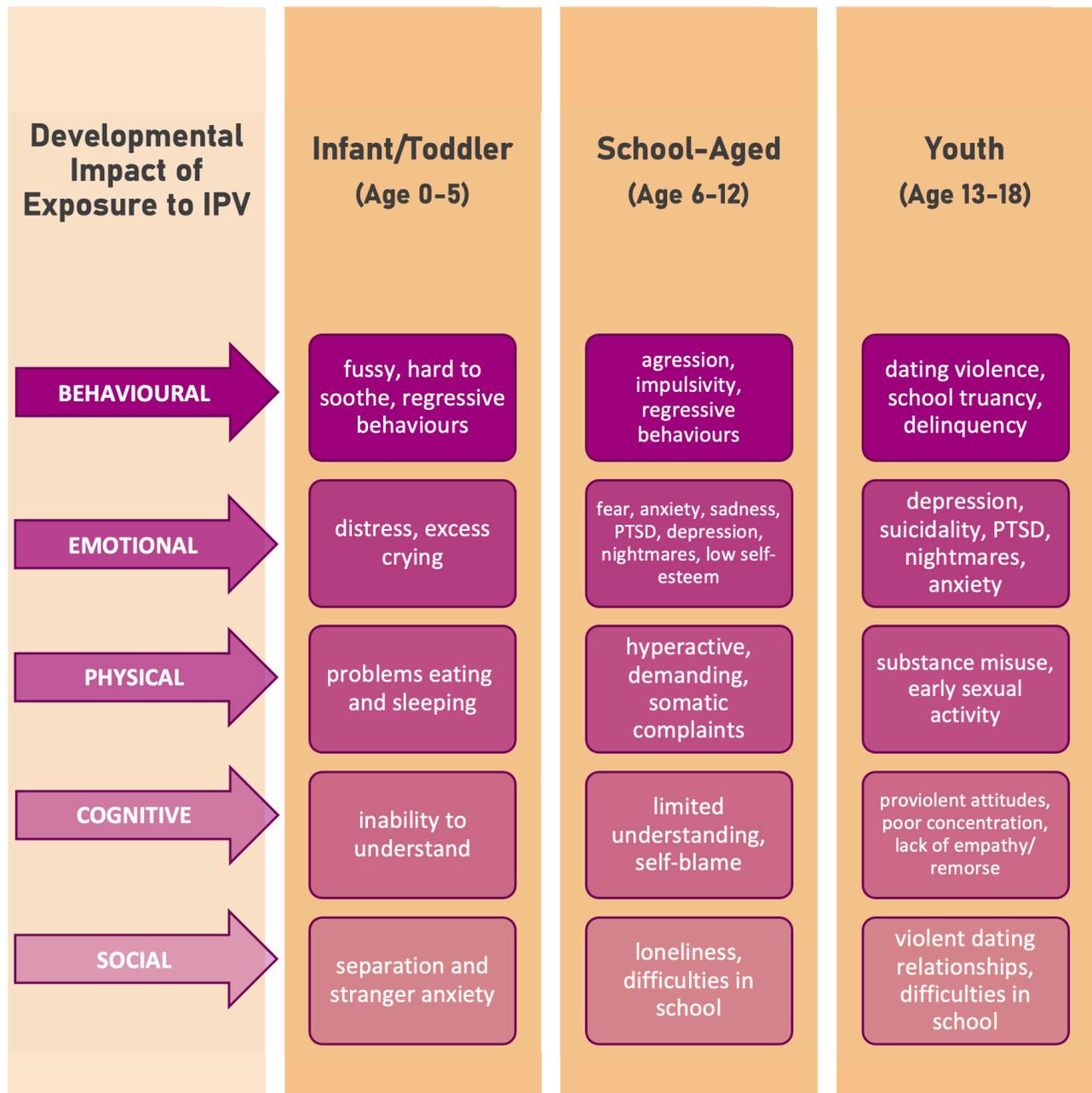
Figure 1. The different ways children may be exposed to IPV

Although no single definition exists, most experts agree that children are exposed to, or can be said to have witnessed IPV when they are aware of adults' violence toward each other (Olaya et al., 2010). Such awareness can take many different forms (Figure 1), and can include: children seeing evidence of abuse (e.g., bruises on a parent's body), witnessing physical aggression or incidents of violence, hearing threats or violent altercations, witnessing police intervention, hearing stories about the violence, or being a part of the violence (e.g., by coercion or force, intervening, or being assaulted) (Hjelm, 2015; Kitzmann et al., 2003).

What are the effects of exposure to IPV on children?

Exposure to IPV in early childhood has been associated with mental health issues in adolescence and adulthood, including symptoms of depression, anxiety, and post-traumatic stress disorder (Figure 2) (Anderson & Bang, 2012; Diamond & Muller, 2004). Children who are exposed to IPV may have poorer school performance, more days missed in school, a greater likelihood of dropping out, and a greater likelihood of criminal involvement (Alaggia et al., 2007; Hurt et al., 2001; Stempel et al., 2017; Supol et al., 2020). Studies have shown they are also more likely to attempt death by suicide and to misuse drugs and alcohol (Kilpatrick et al., 2000; Kimball & Keene, 2016; World Health Organization, 2020).

Figure 2. Developmental impacts on children exposed to IPV (after Carlson, 2000 and Hjelm, 2015)



The impact of IPV exposure on children can vary. In some cases, short- and long-term impacts may be minimal, in others they can be extreme (Lawson 2019; Tutty & Nixon, 2020; Weaver-Dunlop, 2006). This depends on the contextual and individual protective factors, including the child's age, developmental stage, gender, community involvement, relationship with the adult perpetrator and adult victim, as well as the number and type of other risk factors to which the child is exposed (Centers for Disease Control, 2017; Fong et al., 2019; Office of the Surgeon General (US) et al., 2001). Despite individual differences, there is consensus that children's exposure to IPV can negatively affect the health and development of children and youth (Carlson, 2000).



The Intergenerational impact of IPV

The impact of intimate partner violence can span generations. Children exposed to violence in childhood are more likely to become adults who engage in violent behaviour both inside and outside the home (Kappor, 2020). Exposure to IPV against the mother is one of the most common factors associated with male perpetration and female experience of IPV later in life (Ireland & Smith, 2009; World Health Organization, 2012). Some studies suggest that IPV is normalized in personal settings and is later replicated in adult relationships (Franklin & Kercher, 2012). This intergenerational transmission of IPV must be understood within the framework of historical oppression, colonialism, and the ongoing oppression of women, Indigenous Peoples, and other marginalized groups (Brownridge et al., 2017).

Are there effective ways to break the cycle?

Yes. Breaking the cycle of intimate partner violence is everyone's responsibility. Ensuring early intervention and the provision of support to adult victims and child victims exposed to IPV is critical. To this end, "interaction among services is essential, because it offers support, resources, and participation, creating a functional network to end IPV" (Di Napoli et al., 2019, p. 5).

An effective, integrated response model seeks to end "fragmentation of existing measures" (Di Napoli et al., 2019, p. 1). It requires recognition that children exposed to IPV are also victims, and, as rights holders, they are entitled to child-centred services, including supports and referrals to culturally- and linguistically-appropriate specialized services, involving communication and

coordination with community, health, education, justice, and child welfare services. A road map outlining what an effective response should include is clearly articulated in a recent publication by the Centers for Disease Control. *Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices* contains strategies and approaches “based on the best available evidence to help communities and states sharpen their focus on prevention activities with the greatest potential to prevent intimate partner violence (IPV) and its consequences” (Centers for Disease Control, 2017). The strategies, which are intended to work together to prevent IPV, are grouped into six themes, each with several approaches (Figure 3).



Figure 3. Strategies and approaches to preventing IPV (from Centers for Disease Control, 2017)

The evidence supporting these strategies and approaches meets the highest research standards, having to satisfy strict inclusion criteria. For example, to be included in this resource, evidence had to come from meta-analyses, systematic reviews, and/or rigorous evaluation studies (e.g., randomized controlled trials) that demonstrate significant impact on victimization, perpetration, or risk factors for IPV (Centers for Disease Control, 2017). On the whole, best practices to end IPV highlight the need for a response that considers the individual child, their family, and community (Di Napoli et al., 2019), involves integrated systems coordination and services, and strategic prevention via awareness and education.



What services are available for children in Manitoba exposed to IPV?

Family Violence Prevention Program

The Manitoba government supports prevention programming, public awareness initiatives, and support services available to victims of family violence, most of which fall under the umbrella of the Family Violence Prevention Program (FVPP). The FVPP supports women's shelters, second stage housing, resource centres, specialized programs, and a toll-free provincial crisis line – and all of these services are free (Manitoba Status of Women Secretariat, n.d.).

Shelters provide emergency accommodation for women and their children for up to 30 days and residential second stage housing programs support women and their children as they transition toward a violence-free life. There are also specialized programs for families and children such as individual and group counselling, as well as cultural and educational activities (Manitoba Status of Women Secretariat, n.d.). A review of the Service Purchase Agreements received by our office for the FVPP programs, however, reveals that although the service goals for many of the programs include children and youth, the actual funding allocated for these resources (if any), is limited. Members of the Manitoba Association of Women's Shelters (MAWS) shared that limited funding prevents hiring qualified professionals to support children and families (MAWS, Consultation, May 3, 2022).

Manitoba's Family Violence Prevention Program



Manitoba's Framework: Addressing Gender-Based Violence

The Gender-Based Violence Committee of Cabinet released a new framework in December 2020. This committee (comprised of six Ministers and two additional MLAs) was established in 2018, with the objective to facilitate a whole-of-government approach to ensure cross-government collaboration, in partnership with other levels of government and community stakeholders (Gender-Based Violence Committee of Cabinet, 2020).

Manitoba's Framework: Addressing Gender-Based Violence outlines key priorities organized into three themes: prevention (addressing root causes and drivers of violence), support (direct assistance to survivors and victims), and intervention (step in and support perpetrators of violence to help end the cycle of violence). This framework has limited provisions about supporting children directly. The only general statements outlined in the framework involve liaising with schools to identify at-risk youth, supporting youth transitioning out of care, and strengthening violence prevention and healthy relationship training (Gender-Based Violence Committee of Cabinet, 2020, p. 12).

The framework does not include an implementation strategy and does not explain how results will be measured. The framework states that short-, medium-, and long-term target metrics will be established as a next step (Gender-Based Violence Committee of Cabinet, 2020). Since its release, the Government of Manitoba announced \$6.4 million in funding to 24 community organizations to deliver programs that address diverse needs of victims of crime and sexual abuse (Government of Manitoba, 2021b), \$5 million in grants to support community organizations to deliver programs that address diverse needs of victims of crime (Government of Manitoba, 2021a), and, as part of a phased approach, a \$3.2 million investment to support additional staff and salary increases at all shelters funded by the Family Violence Prevention Program (Government of Manitoba, 2022).



Section 2: METHODS

This section describes the research methods employed in this special report (Figure 4). In order to answer the research questions, this special report uses both qualitative and quantitative methods, source information from young people with lived experiences, administrative documents, and service providers to understand the experiences of children exposed to intimate partner violence in Manitoba. A more detailed description of the methods can be found in Appendix A.



Figure 4. Special report methods

1. Review of incidents and services provided to children exposed to IPV

The starting point for this study was a one-month 'snapshot' (population-based retrospective review) of all police-reported incidents of IPV in Manitoba during April 2019 in which children were present at the time of the incident. Police from across the province provided us with information about every incident that occurred in Manitoba between April 1 and April 30, 2019 (N = 1,943) (Figure 5). A total of 342 IPV incidents were identified by police in which

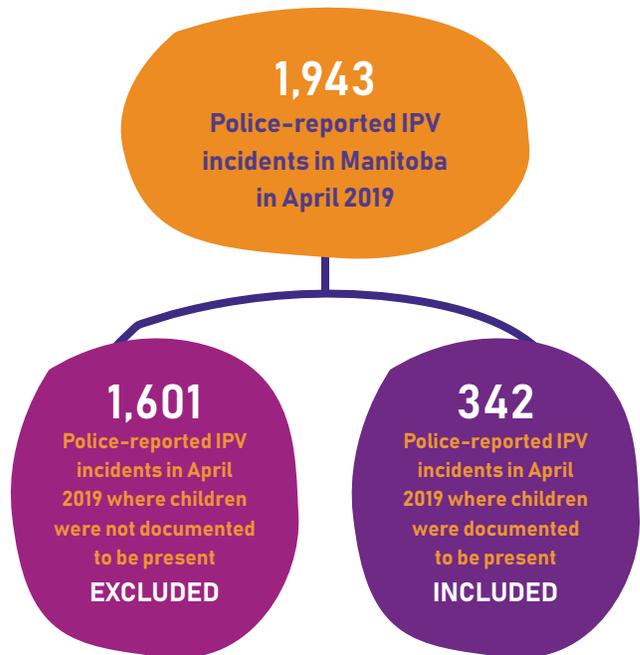
children were documented to have been directly exposed to the violence or been present at the time of the event.

To understand the intersecting systems of support for children exposed to IPV, the one-month snapshot of children exposed to IPV in April 2019 was informed by linking administrative information requested by the Manitoba Advocate from three

main sources: police, CFS, and Victim Services records. Children identified as being present or having been exposed to IPV in April 2019 were linked to both the Child and Family Services Information System (CFSIS) and Victim Service records to see how these different services coordinated their efforts.

A comprehensive literature review informed the development of the database used to collect demographic and service-delivery-related information in each case of police-reported IPV involving children. Data were collected and entered into the database by researchers at MACY. Royal Canadian Mounted Police (RCMP) data were collected and entered into the database by an RCMP analyst. A data collection protocol and code book were developed to ensure reliability and consistency between abstractors. Statistical tests were done using R and SAS (statistical computing software).

Figure 5. Flow diagram illustrating how IPV cases involving children were selected for this study



Why April 2019?

This special report originally intended to be a one-year retrospective study of all IPV cases in 2019 (the last full pre-COVID year). Unfortunately, the volume of cases was too large and would have required too many resources from police and MACY to review. Out of necessity, the scope of the period was reduced to cases from a single month in 2019. After consulting with experts in the field about the relationship between IPV and seasonality, we ultimately chose the month of April as an average or representative month – one in which known stressors (e.g., warm weather, financial stress, holidays, important sporting events) would likely not be a major factor. We believe the snapshot of children exposed to IPV in the month of April 2019 will serve as a useful tool to help us understand the extent of the problem and bring us closer to both narrowing service gaps in Manitoba and preventing harm to children and youth in Manitoba.

2. Youth consultation and interviews

Researchers engaged with the Manitoba Advocate’s Youth Ambassador Advisory Squad (YAAS!) throughout the development of this special report. Members of YAAS! guided MACY researchers

by sharing their personal experiences related to IPV, identifying barriers for young people exposed to IPV, and providing feedback during the recommendation development phase.

In addition, an essential component of this special report was including the voices of young people with lived experiences, via interviews. To this end, we conducted eight semi-structured interviews with young adults (ages 18–27 years old) who had been exposed to IPV in childhood. Young adults were asked how they perceived their experiences, how service providers impacted their lives (positively and/or negatively), and what they recommend to improve services for children and youth exposed to IPV.

Young adults were recruited via a poster promoted through youth-serving community organizations and through social media (Twitter, Facebook, and Instagram). Young adult participants were supported by the Knowledge

Keeper at the MACY office who, at the request of the young adult, was present during interviews and/or provided supports, before, during, and after the interviews. All young adults received \$40 in the form of a gift card for their participation. An interview protocol handbook outlining ethical considerations (e.g., anonymity, confidentiality, informed consent, and supports for young adults) was developed and followed throughout the interview process. Both transcription and the subsequent thematic analyses of the qualitative data were done using NVivo12 software (See Appendix A). No real names are used. Young adults were given the opportunity to select their own pseudonyms for use throughout the special report.

3. Consultation and interviews with community, service providers, public bodies, and Elders

Given the objectives of this special report – including making data-driven recommendations that improve the effectiveness and responsiveness of public services for young people – a qualitative approach was employed to collect information through interviews with community organizations, system experts, service providers, and other public bodies. Specifically, researchers conducted 25 semi-structured interviews: 15 with representatives from community and youth-serving organizations and 10 with system experts and public bodies who work with children and families affected by IPV, including child welfare, police, and Victim Services. In addition, MACY received nine written submissions from system experts.

Community organizations, service providers, and public bodies were asked about policies and procedures, the types of services available to children exposed to IPV in Manitoba, whether the services available are meeting their needs, and if there are any barriers to those services facing children. Both transcription and the subsequent thematic analyses of the qualitative data were done using NVivo 12 software. (See Appendix A)

In addition, throughout the research and the development of this special report, we were guided by the Knowledge Keeper and Elders Council at the Office of the Manitoba Advocate. The Knowledge Keeper attended project meetings, supported young adults who participated in interviews, and conducted ceremonies and prayers during meetings. The Elders Council gifted us with knowledge to better understand the intergenerational experiences of IPV, traditional roles of women and children, and pathways to healing, which helped inform the content and structure of this special report.

In winter and spring of 2022, meetings with YAAS!, community, service providers, the Elders Council, and public bodies were held to discuss and review findings and recommendations to increase the effectiveness and responsiveness of designated services for children and youth exposed to IPV in Manitoba.

Prior to the release of this special report a feast was hosted with the Elders Council at MACY and guided by the Knowledge Keeper to honour the testimonies of children and families, and the concluding of this process.

Limitations

There are limitations to the data presented in this special report. Because we relied on police, CFS, and Victim Services records, the data represent only what was documented. It is possible that more children were exposed to IPV but were not recorded on the police report, and thus the numbers we present in this special report may be underestimated. In addition, there may be instances where children were referred to Victim Services or CFS, but for which a written record was not created or not available.

This is a retrospective cohort study which followed children exposed to IPV in the month of April 2019 and recorded the short- and medium-term service responses from CFS and Victim Services through the months of April 2019 and June 2019. Cases of apprehensions by CFS and cases of direct services provided by Victim Services were reviewed in more detail to February 2022.

It is possible that some of the children received services related to their IPV exposure from CFS, Victim Services (e.g., Compensation for Victims of Crime Program), and/or from the private sector in but were not recorded. All data presented are based only on the administrative data received and reviewed.

Domestic violence shelters play an essential role in the response to children exposed to IPV, however, the referrals to them from police services and other services are not systematically tracked. This is an area which requires further research.

There were a small number of IPV cases involving same sex intimate partners in our dataset, but not enough to separate and meaningfully analyze. That being said, IPV occurs among all

relationships, regardless of the gender and sexual orientation of the partners and further research is required in the area of IPV among members of the 2SLGBTQ+ community. Specifically, interviews with community organizations and service providers suggest there is the need for further research that focuses on improved access to services and supports.

Because police records and Victim Services records do not always contain information on Indigenous ancestry, we often relied on child welfare (CFSIS) records to determine Indigenous ancestry. As such, we are missing ancestry information for several families not on CFSIS. Victim Services does not systematically keep track of data regarding services provided to children and data requested were not always complete, which limited our ability to obtain a full-picture of the services children may have received.

Small-group-sizes used for some statistical tests may mask true differences between groups due to a lack of statistical power (type-2 error).

Despite the noted limitations, this special report presents the first-ever population-level estimates of children exposed to IPV in Manitoba. Further, this special report triangulates quantitative data with in-depth interviews with experiential youth and service providers to validate findings to minimize bias and develop a comprehensive understanding of the issue.

Section 3:

THE IPV INCIDENTS

This section describes the number of police-reported intimate partner violence incidents that took place in Manitoba between April 1 and April 30, 2019, the number of cases in which children were exposed to the violence, as well as the nature of the IPV incidents. This section also explores what we know about the intimate partners involved.

Key Findings

- Over a period of one month in Manitoba, there were 1,943 police-reported cases of intimate partner violence (IPV); this translates to **one police-reported incident every 20 minutes**.
- Of those incidents, 342 (18%) were witnessed by at least one child or youth under the age of 18 years old. **This means every two hours a child was exposed to a police-reported intimate partner incident in Manitoba.**
- In the majority of incidents, the victim was female (85%) and the accused was male (84%).
- Less than half (48%) of the incidents resulted in criminal charges.

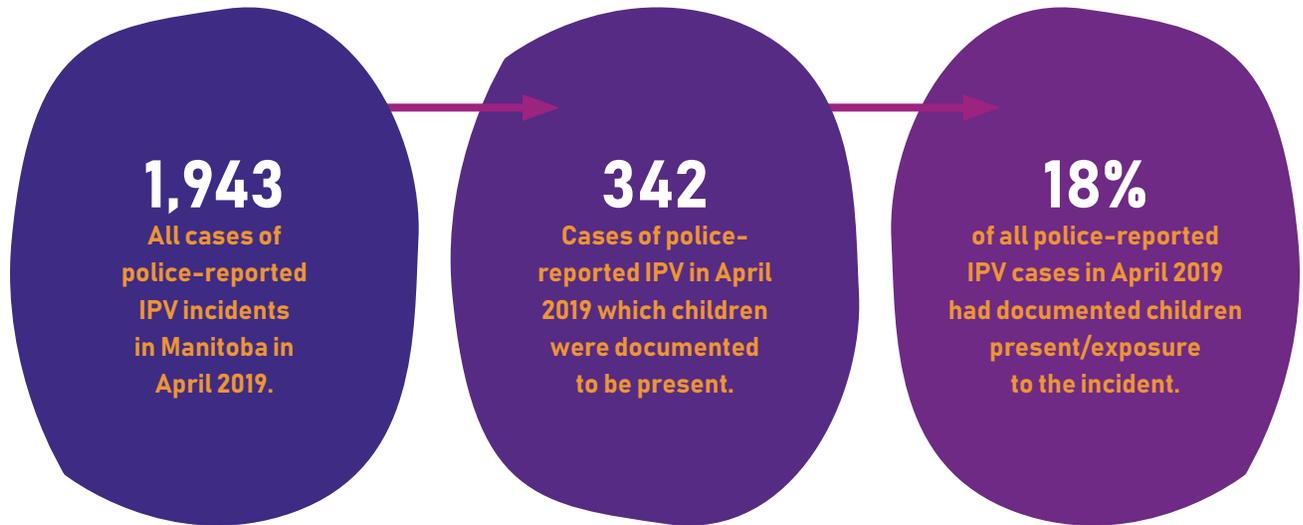
Police-Reported Incidents

Information was requested and received from Manitoba First Nations Police Service (MFNPS), RCMP, as well as the municipal police services of Altona, Brandon, Morden, Rivers, Sainte-Anne, Winkler, and Winnipeg (WPS). In total, there were 1,943 police-reported cases of IPV during the month of April 2019 across Manitoba. Police services reviewed all cases and identified 342 IPV cases in which children were documented to be present. Some police services had no IPV incidents to report for that month.

Period prevalence

Period prevalence refers to the proportion or frequency of a specific condition measured over a period of time. In the case of this study, it refers to the proportion of police-reported cases of IPV in which children were exposed or present and which occurred during the 30 days between April 1 and April 30, 2019. This measure, determined by dividing the number of police-reported cases of IPV in which children were present ($n = 342$) by the total number of police-reported IPV cases for April 2019 ($N = 1,943$), is 18% (Table 1).

Table 1. Period prevalence of IPV cases in which children present, Manitoba, April 2019



This is the first study of its kind in Manitoba that relies on police-reported data to calculate the percentage of incidents in which children are exposed to IPV. Other studies based on self-reported surveys over a five-year period, found that between 37–79% of adult female victims or households with children in Canada witnessed intimate partner violence (Dauvergne & Johnson, 2001; Sinha, 2013). This is likely a higher estimate from our findings because other studies only include households with children or incidents with adult female victims whereas this report presents information about all police-reported incidents regardless of the adult victim's gender or household makeup.

Location of incidents

The majority of children exposed to IPV in Manitoba lived in Winnipeg (n = 478, 71%). The estimated crude rate of children exposed to IPV incidents in Winnipeg is nearly 27 per 10,000 children and youth. Winnipeg’s rate of IPV exposure among children and youth under 18 years old is 6.5 times greater than Southern-Health, the regional health authority with the lowest rate

(Table 2). The Northern Regional Health Authority has the highest estimated crude rate of children exposed to IPV in April 2019 at 34 per 10,000 children and youth. These rates are likely underestimates because the rate calculation includes young adults 18 and 19 years old in the at-risk population (the denominator) (Manitoba Health, Seniors and Active Living, 2020).

Table 2. Crude rates of children exposed to IPV and reported to police per 10,000, by child’s Regional Health Authority of residence at time of incident

Regional Health Authority	Child population under 19 years old	Number of children present during IPV incident*	Crude rate per 10,000
Northern Health Region	28,822	98	34.0
Winnipeg Regional Health Authority	177,630	478	26.9
Interlake-Eastern Health Region	31,076	32	10.3
Prairie Mountain Health Region	42,936	29	6.8
Southern Health Region	63,037	26	4.1

Note: This table excludes eight children who did not have a postal code assigned to an RHA. Source of population data from Manitoba Health, Seniors and Active Living, 2020.

Criminal and non-criminal IPV cases

Of the 342 IPV cases in which children were present, 164 (48%) saw criminal charges laid against one (or both) of the intimate partners. In the remaining 178 (52%) police-reported cases, no criminal charges were laid as a result of the IPV incident in question.

Some of the reasons charges were not laid included that the incident did not reach the threshold of a crime, the adult victim did not

want to testify, the Crown did not bring the case forward, or there was a lack of evidence. Of the incidents resulting in charges, 84% had two or more charges laid accounting for a total of 446 charges. Sometimes, children themselves call the police to address the violence they witness and, when the offending caregiver is removed from the house and later returns, children can experience confusion and discomfort, as was the case for Max (see Max’s Story).

Max's Story

Max was in her early teens when she first realized that the arguments she witnessed between her parents were not normal. Her earliest memories of IPV began much earlier, in her childhood. Her family did not have any contact with formal supports or systems until one night when the violence between her parents escalated so much that Max called 911 herself.

When the police came, they spoke with all members of the family, including Max. Then, the police removed her father from the home. Max remembers being confused and disappointed that they didn't explain what would happen to her father. She does not remember any follow-up by police or CFS after her father was removed. When MACY asked if she felt her needs were considered, her response was "I would say not really, I think the only need that they were focusing on was the safety aspect and getting whatever the immediate threat out for us to feel safe."

After a few days, her father returned to the family home and began living as if the violence and police incident hadn't occurred. This was a source of stress for Max, as she felt unsure how to act around her father. Max believes that her father attended anger management classes, which she said improved the way her father treated her mother for a short period of time. The violence incidents, however, eventually began to escalate again. As the incidents escalated, Max and her mother decided to leave their family home. Her father continued to attempt to contact them and there were several instances where they felt unsafe and requested help from the police.

Max did not talk to many people about the violence she was witnessing for fear of being taken in to the care of CFS: "I knew that if I said more, in detail, what was going on and everything was happening that most likely authorities would be called and maybe even CFS would have been involved too. And that wasn't something I was ready for." She did, however, confide some details to a teacher at school who provided her with emotional support that she said was beneficial.

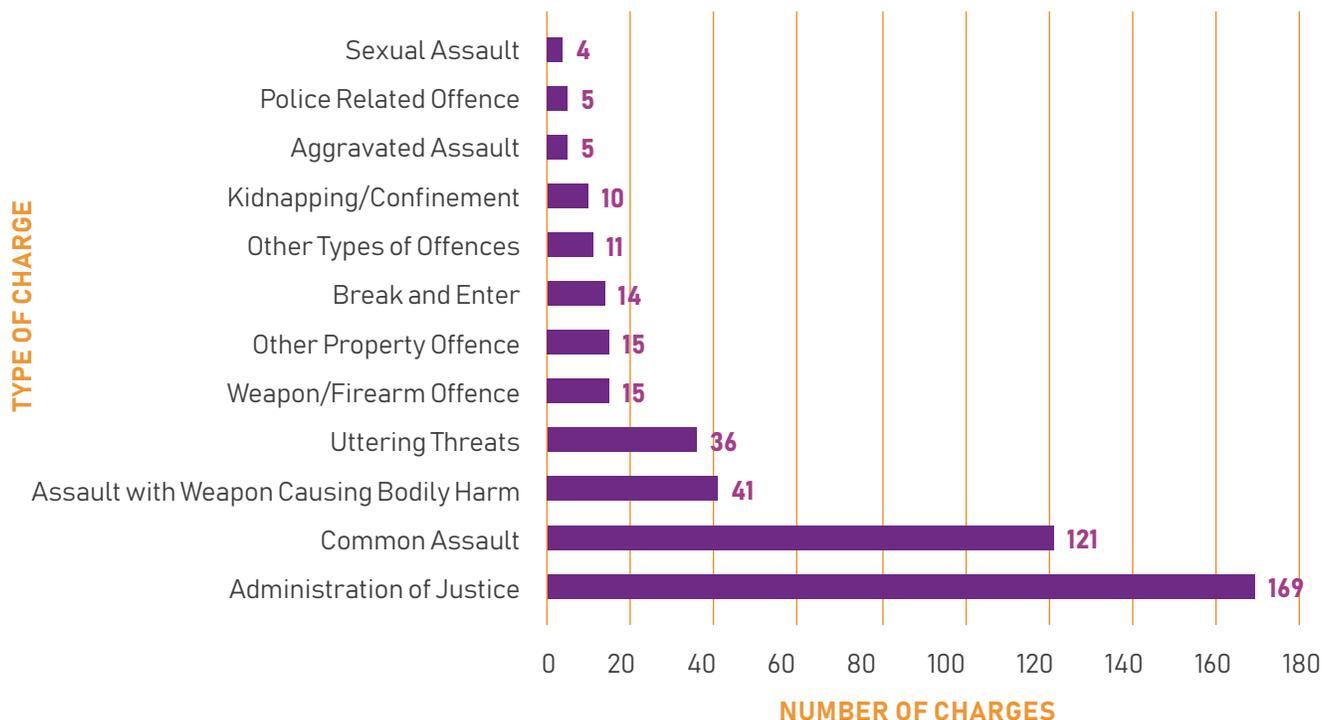
Max had many ideas of how to improve the lives for youth like her who are experiencing IPV. We have included them throughout this report. She also gave the following encouragement for youth:

**...You, yourself, are not your experiences.
It might play a huge part in your life, but it
doesn't define you completely who you are.
You still have so much to live for."**

The nature of police-reported incidents of IPV

In the 164 IPV cases in which children were present and charges were laid, a total of 446 criminal charges were laid against one or both intimate partners. The types of charges laid against the accused varied based on the severity of the incident and criminal history of the accused (Figure 6).

Figure 6. Frequency and types of criminal charges laid in the IPV cases where children present



Notes and definitions:

- Aggravated Assault, also known as Assault 3. Includes wounding, maiming, disfiguring or endangering the life of someone.
- Kidnapping/Confinement. Includes overcome resistance by attempting to choke, suffocate or strangle another person, forcible confinement, kidnapping, overcoming resistance.
- Other. Includes criminal harassment, disturb the peace, fail to provide the necessities of life-child or spouse, operation of conveyance while prohibited, operation of motor vehicle while impaired causing bodily harm.
- Weapon/Firearm offence. Possession of a weapon (for a dangerous purpose/pointing a firearm).
- Assault with Weapon Causing Bodily Harm, also known as Assault 2. Includes carrying, using, or threatening to use a weapon against someone or causing someone bodily harm.
- Common Assault, also known as Assault 1. This is the least serious form of assault and includes pushing, slapping, and punching.
- Administration of Justice. These charges relate to criminal behaviours that obstruct, pervert, or defeat the course of justice in some way. They include fail to comply with condition or recognizance by judge, disobey court order, fail to comply with probation order, and fail to attend court.

The Intimate Partners

Of the 342 IPV incidents reported to police from April 2019 in which children were present, there were 315 unique adult victims and 305 unique adult accused. Because some intimate partners were victims of more than one police-reported IPV incident in April 2019, the number of adult victims and accused perpetrators is smaller than the total number of cases.

Intimate partner adult victims

Where known, 266 (85%) of the adult victims of police-reported IPV from April 2019 in which children were present were female, and 48 (15%) were male. This finding is consistent with numerous studies (Burczycka, 2019; Dauvergne & Johnson, 2001; Joshi & Sorenson, 2010).

Intimate partner adult accused

Where known, 256 (84%) of the accused perpetrators of police-reported IPV from April 2019 in which children were present were male, and 49 (16%) were female (Figure 7). This ratio is seen in other studies (Burczycka, 2019; Joshi & Sorenson, 2010), and is similar to a study which found 86% of accused of IPV were male (Melton & Belknap, 2003).

Nature of IPV victimization

One hundred percent of adult victims (n = 315) experienced a psychological assault, including emotional and verbal abuse, many experienced physical assaults (136, 43%), and some experienced sexual assault (4, 1%). Adult female victims were more likely than adult male victims to experience violence of a physical or sexual nature, while adult male victims were more likely to experience psychological assaults (Figure 7).



Summary

Intimate partner violence is a serious and pervasive social issue in Manitoba. This section detailed the first-ever estimate of the number of children exposed to police-reported IPV incidents in the province. Based on findings from April 2019, we found that **every two hours in Manitoba a child is exposed to a police-reported incident of IPV**. This is likely an underestimate since it is based on police-reported incidents only and many more incidents go unreported. As rights holders, children are entitled to culturally- and linguistically-appropriate child-centred services to ensure they receive the support and assistance they need so cycles of violence can be broken and justice can happen for current and future generations.

Section 4:

THE CHILDREN

This section presents a descriptive profile of the Manitoba children and youth who were present during or directly exposed to incidents of police-reported intimate partner violence in April 2019.

Key Findings

- Over a period of one month in Manitoba, 671 unique children witnessed intimate partner violence, 6% of the children witnessed more than one incident that month.
- 81% of the children were Indigenous: 463 First Nations, 29 Metis, and five Inuit children.
- Nearly half of the children (45%) had an open file with a Child and Family Services agency at the time of the incident. The majority had past contact with child welfare (79%).



Demographics

Collectively, 671 unique children were identified as being present during or having been directly exposed to an IPV incident in the 342 cases identified by provincial police services. 630 of these children were exposed to a single IPV event,

while 41 children were exposed to more than one (Table 3). When counting those children who were exposed to more than one IPV incident in April 2019, the total number of police interactions with unique children in April 2019 rises to 721.

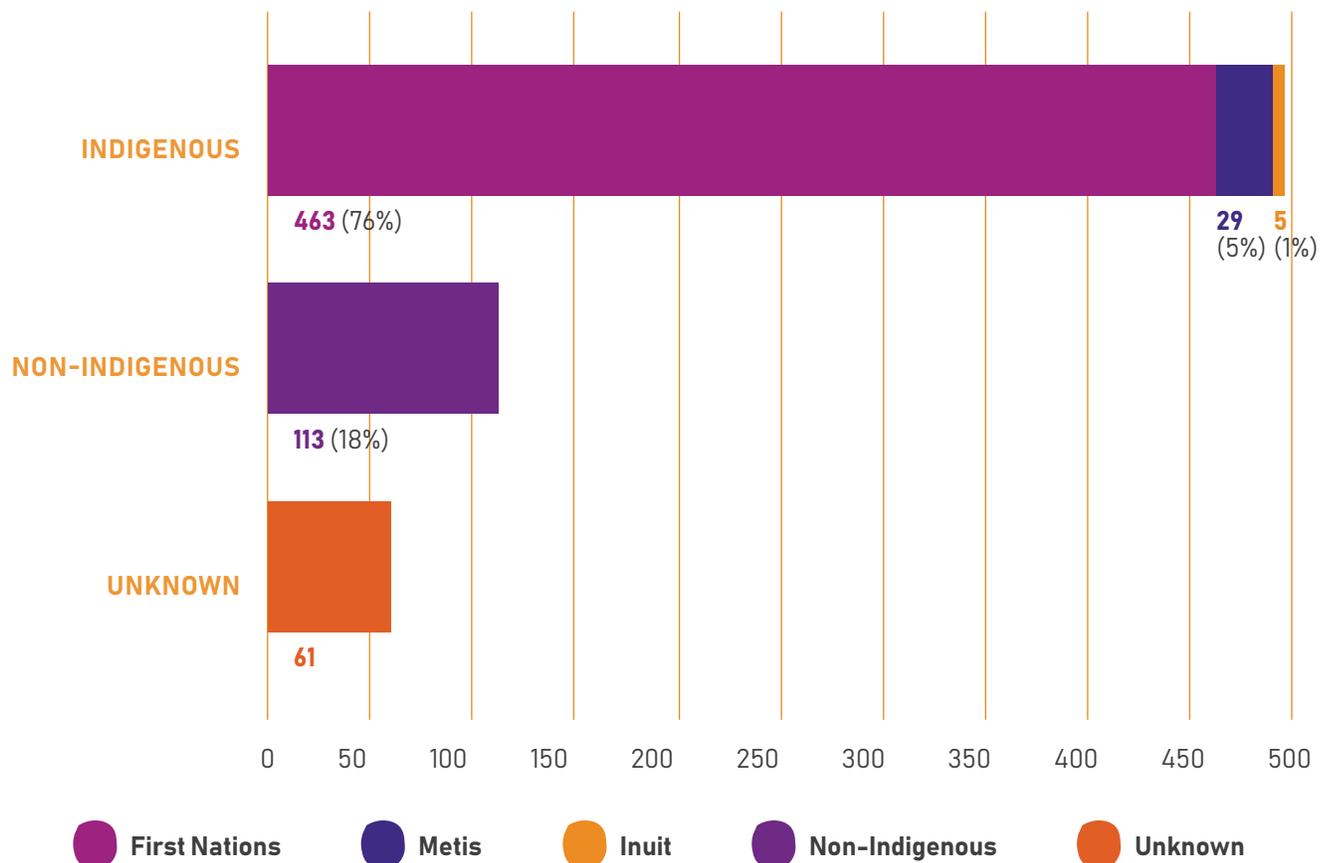
Table 3. Number of children exposed to IPV events, April 2019, Manitoba

Number of IPV incidents	Number of unique children	Total number of police interactions with unique children
1	630	630
2	34	68
3	5	15
4	2	8
Total	671	721

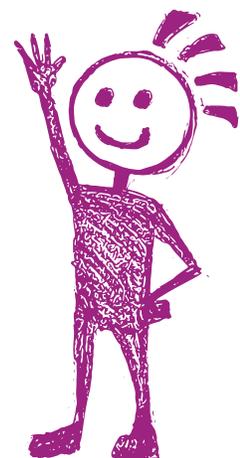
Sex and ancestry

Of the 619 children whose sex assigned at birth was noted in the documentation we received, 294 were female (47%), and 325 were male (53%). The ancestry of 610 children is also known: 497 (81%) of the children were Indigenous – including 463 First Nations children (76%), 29 Metis (5%), and five Inuit children (1%). Owing to rounding, the percentages for ancestry do not add up to 100%. The remaining 113 (19%) children who were exposed to IPV in April 2019 were non-Indigenous (Figure 8).

Figure 8. Number of unique children exposed to IPV by ancestry, April 2019, Manitoba



Historical trauma and violent oppression contribute to the increased risk for Indigenous women and their children to experience violence from intimate partners and by other perpetrators (The National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019). This study found that Indigenous children are overrepresented in the children who are exposed to IPV. As Louise explained (see Louise’s Story, below), this is tied to experiences in the residential school system, and can also lead to intergenerational experiences of intimate partner violence.





Louise's Story

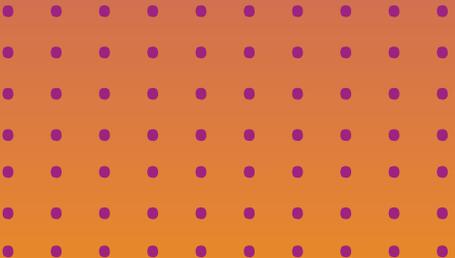
Louise is a First Nations young adult. She remembers first witnessing IPV between her parents when she was about five years old. She remembers her parents both being victims and perpetrators of physical abuse at different points in time, and that the abuse would be exacerbated by alcohol use.

Louise talked about systems failing to provide her parents with the help they needed, including anger management, counselling, and addictions supports to create a more positive family environment for her siblings and her to grow-up in: "Both my parents are very amazing people, just probably not meant for each other or just probably didn't have the services offered to them like we do now to fix themselves." Louise thought that there must be a connection between her father's residential day-school attendance and the unhealthy relationship tendencies and coping mechanisms he used to deal with life stressors.

Louise remembers that sometimes after IPV incidents, police would respond, both in Winnipeg and on the First Nations community where she lived for periods of her childhood. From what she remembers of those interactions with police, police did not acknowledge her and she felt scared to be taken away from her parents.

She stressed the importance of talking to trusted adults when she was younger, to cope with the IPV she witnessed.

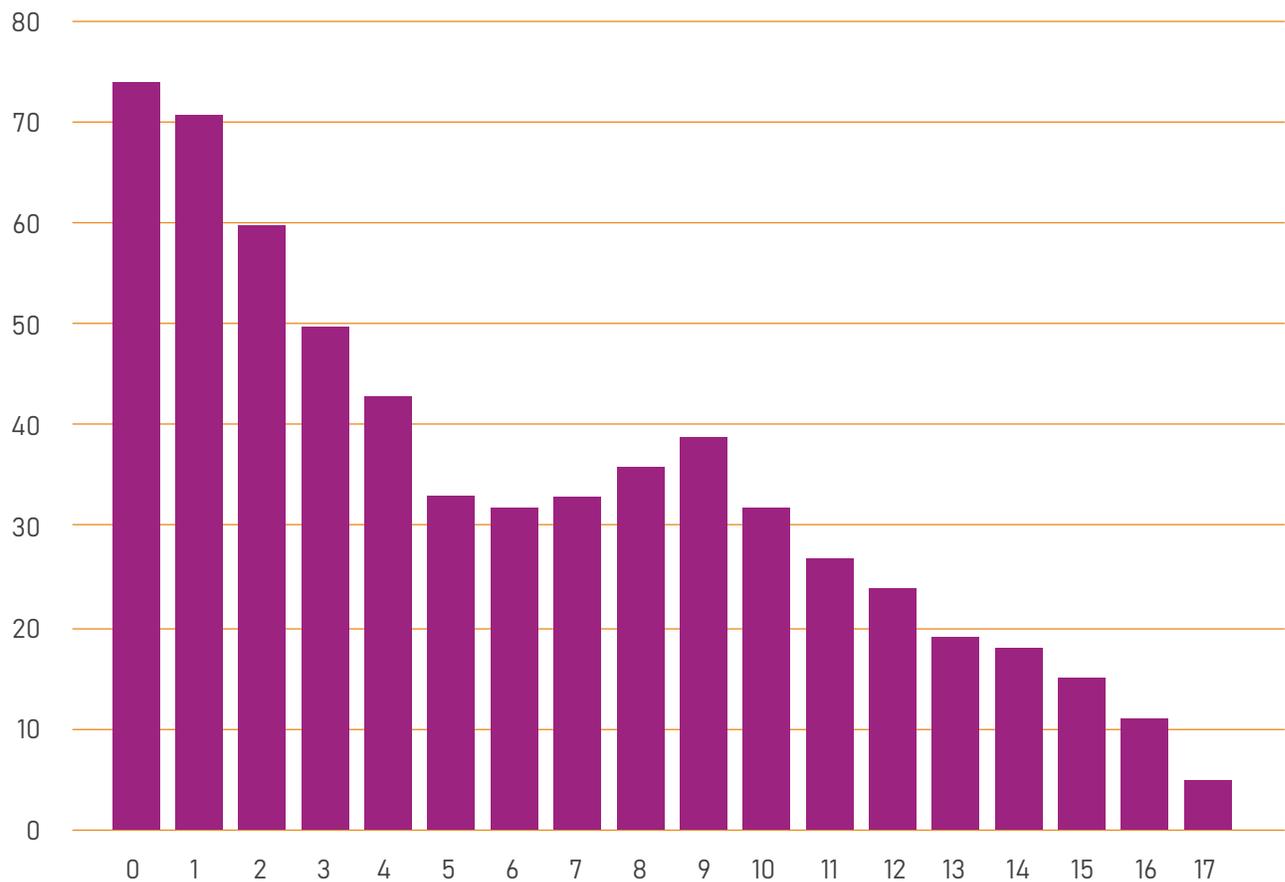
For example, she would confide in one of her school resource counsellors, and later when she became a child in care she eventually received mental health supports and counselling which she said helped her cope with what she had witnessed. These supports, however, were not put into place until she began to have significant behavioural challenges. Louise described intergenerational IPV: she not only witnessed it as a child, but was a survivor herself as a young adult.



Age of children when exposed to IPV

The age of 622 of the 671 unique children who were present for, or exposed to an IPV incident in April 2019, is known. The average (mean) age of the children was 5.8 years, and 53% of all children were under six years of age (Figure 9). The finding that younger children are overrepresented in cases involving exposure to IPV – consistent with other studies – may reflect the fact that IPV prevalence is highest among younger couples (18 to 24 years of age) compared to other age cohorts (Miller & McCaw, 2019). In other words, “younger parents are more likely to have younger children. Couples with young children also experience higher levels of stress than couples with no children or with older children” (Lawson, 2019, p.38). It also reflects the fact that older children and youth have the ability to leave the home and may be at home less.

Figure 9. Number of unique children exposed to IPV by age, April 2019, Manitoba



Average number of children present/exposed per police-reported IPV case involving children

Including children who were exposed to more than one incident, a total of 721 were present during or were directly exposed to an IPV incident in the 342 police-reported IPV cases in April 2019 (see Table 3). On average, there were 2.1 children exposed per incident.

Nature of the children's exposure to IPV

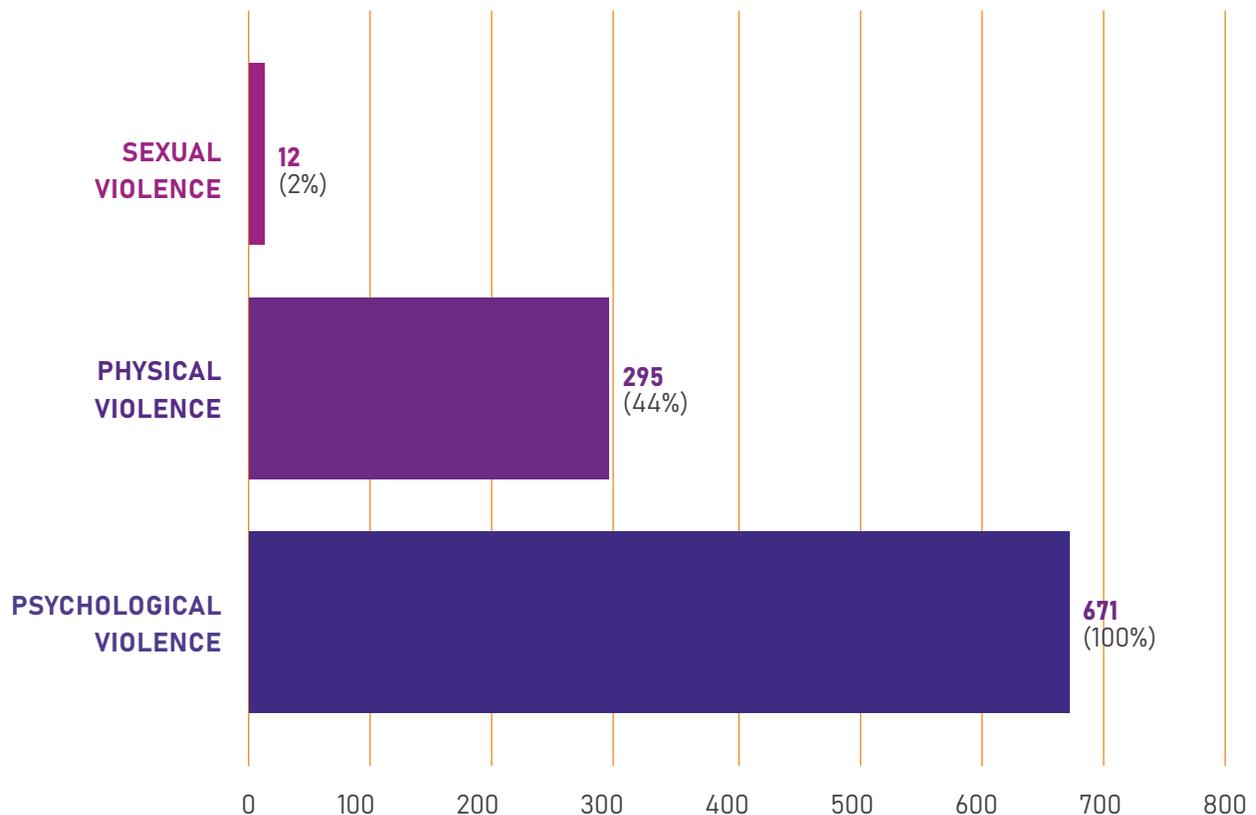
As outlined above in Section 1, there are numerous ways children are exposed to IPV, including: children seeing evidence of abuse on a parent or caregiver (e.g., bruises on a parent's body), seeing evidence in the residence where abuse occurred (e.g., broken items, furniture), directly witnessing physical aggression or incidents of violence, hearing the threats or violent altercations, witnessing police intervention, hearing stories about the violence, or by being a part of the violence (e.g., by coercion or force, intervening, or being assaulted) (Hjelm, 2015; Kitzmann et al., 2003).

Owing to incomplete information in police files, we cannot determine the nature of their exposure to the IPV incident for 370 of the 671 children (52%). Where we have detailed information, however, we know that for the remaining 301 children, 247 (82%) directly witnessed at least one incident; 286

(95%) heard the incident; 140 (46%) saw injuries on one of their parents or caregivers; and 177 (59%) witnessed signs in the residence in the aftermath of the IPV incident.

Behaviours of intimate partners could be categorized into physical, sexual, or psychological violence. Psychological violence encompassed situations of verbal and emotional abuse, name-calling, harassment, and jealousy. Physical violence includes assaults, such as being beaten, choked, and the use of weapons. Sexual violence encompassed incidents where the adult victim was forced or attempted to be forced to engage in sexual acts by the other adult, without consent. The most common form of violence exposure for children was psychological violence (100%), followed by physical violence (44%), and sexual violence (2%) (Figure 10).

Figure 10. Number of children exposed to violence, by type of violence



Relationship to the victim

For the majority of children, the adult victim of the IPV incident was their biological mother (79%), followed by their biological father (10%) (Figure 11).

Figure 11. Adult victim relationship to child n=671



Child welfare involvement of child or youth

The majority of the children had previous or current child welfare involvement (79%, n = 533). Of them, 300 (45%) had an open file with a child welfare agency at the time of the incident. Children exposed to intimate partner violence are likely to be known to child welfare due to the association between intimate partner violence and other child protection concerns including parental substance use disorders, and child abuse or neglect (Bidarra et al., 2016; Gracia et al., 2020).

Summary

Hundreds of children are exposed to psychological, physical, and/or sexual incidents of intimate partner violence in Manitoba each month. As we have seen, many of the children are young, with an average age of six years old.

First Nations, Metis, and Inuit children are overrepresented in the number of children experiencing IPV in Manitoba, which is an ongoing legacy of the colonial violence inflicted

upon Indigenous women and families through state policies such as residential schools, the Sixties Scoop, and the millennium scoop through child welfare. Breaking the cycles of violence by responding early to childhood trauma is essential for healing, for breaking the cycle of intergenerational violence, and to the fulfillment of every child's right to thrive and recover from their trauma (Article 39, UNCRC).

Section 5:

SERVICE RESPONSE

As stated previously, children exposed to intimate partner violence have the right to be protected from all forms of violence, abuse, neglect, and other forms of maltreatment by their parents or anyone else who looks after them (Article 19, UNCRC) and the right to receive special support to help them recover their health, dignity, self-respect, and social life from trauma (Article 39, UNCRC). This section evaluates the service response in Manitoba to children exposed to intimate partner violence in April 2019.

Key Findings

- Over half of children (58%) did not receive any direct services from either child welfare or Victim Services. In fact, 36% of children were never referred to either service.
- The vast majority of children (99%) whose family received a referral to Victim Services did not have direct services provided to them.
- Of the children who were referred to child welfare services, 50% had an existing open file and 20% had a new file opened.
- A total of 18 children from seven families were apprehended due to child protection issues in the home, which accounts for 6% of children referred to child welfare due to the IPV incident in April 2019.

System Fragmentation

One of the objectives of this special report is to understand who responds to children exposed to IPV and how those service streams respond. To achieve this objective, we tracked the cohort of 721 unique child interactions with police through Victim Services and Child and Family Services (Figure 12).

Police: First, 721 (100%) of children and youth had police involvement after reported IPV exposure.

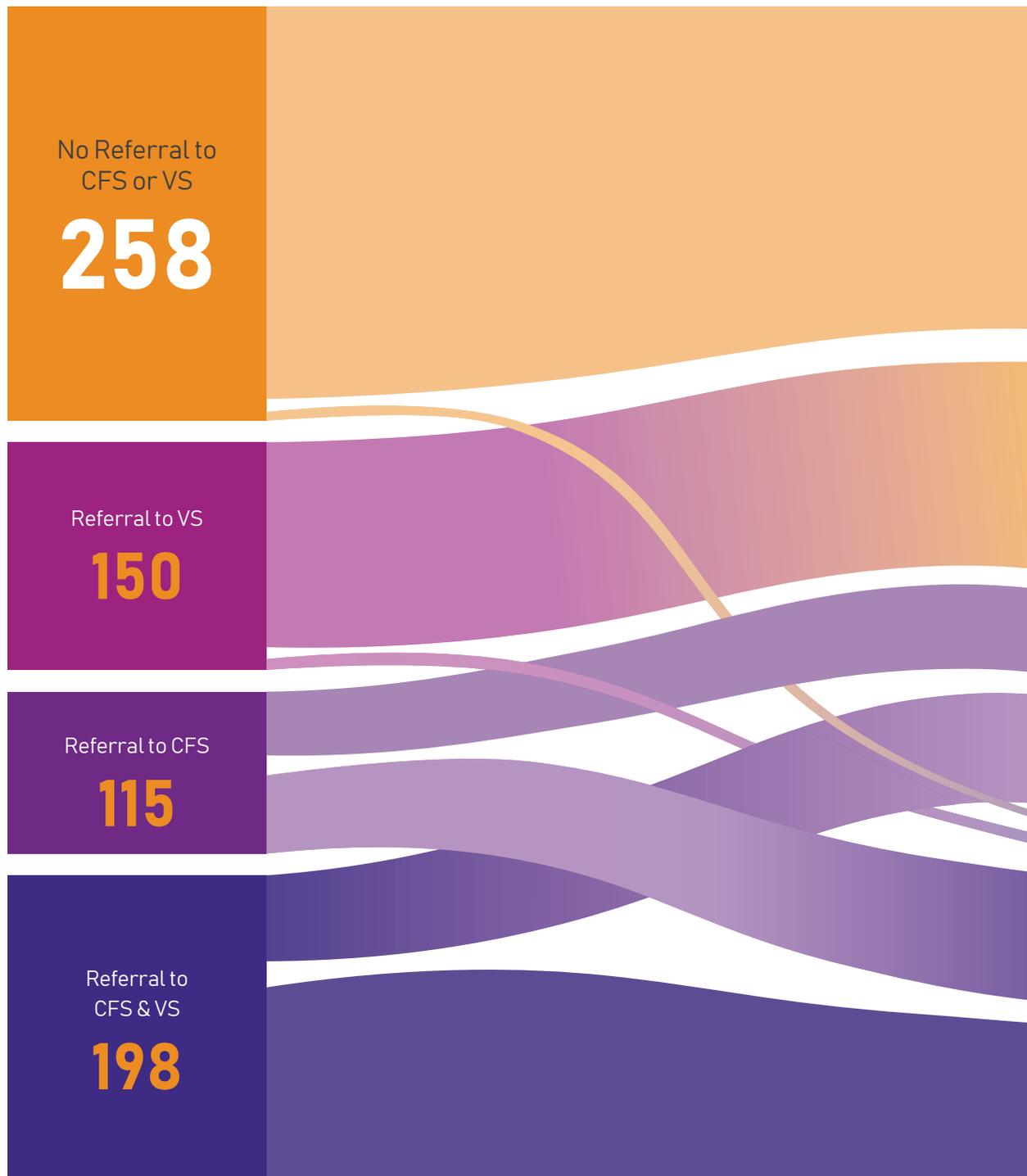
Referral(s): Of them, 258 (36%) did not receive a referral to either Victim Services or CFS, 150 (21%) received a referral to Victim Services, 115 (16%) received a referral to CFS, and 198 (27%) received referrals to both CFS and Victim Services.

Assessment: Next, there was no referral to CFS to trigger an assessment for 402 (56%), no CFS assessment recorded in CFSIS for 106 (15%), and a CFS assessment was carried out for 213 (29%).

Service Response(s): Lastly, 416 (58%) did not receive a service response from either system, 187 (25.9%) received a CFS response, 110 (15.3%) received a CFS referral, 3 (0.4%) received a CFS response and had contact with Victim Services, 2 (0.3%) had contact with Victim Services but no CFS service referral or response, 2 (0.3%) received a CFS service referral and service by Victim Services, and 1 (0.1%) received a CFS service and Victim Services contact.

721 Total Police-Reported IPV Exposures

Referral



Problematically, as Figure 12 above reveals, existing services for children exposed to IPV in Manitoba are fragmented. There is no established pathway for children exposed to IPV from contact with police to a child-centred and trauma-informed response. As demonstrated by each service response below, currently, children are not often recognized as victims even though, as rights holders, they are entitled to services they need to recover their health, dignity, self-respect, and social life (Article 39, UNCRC).

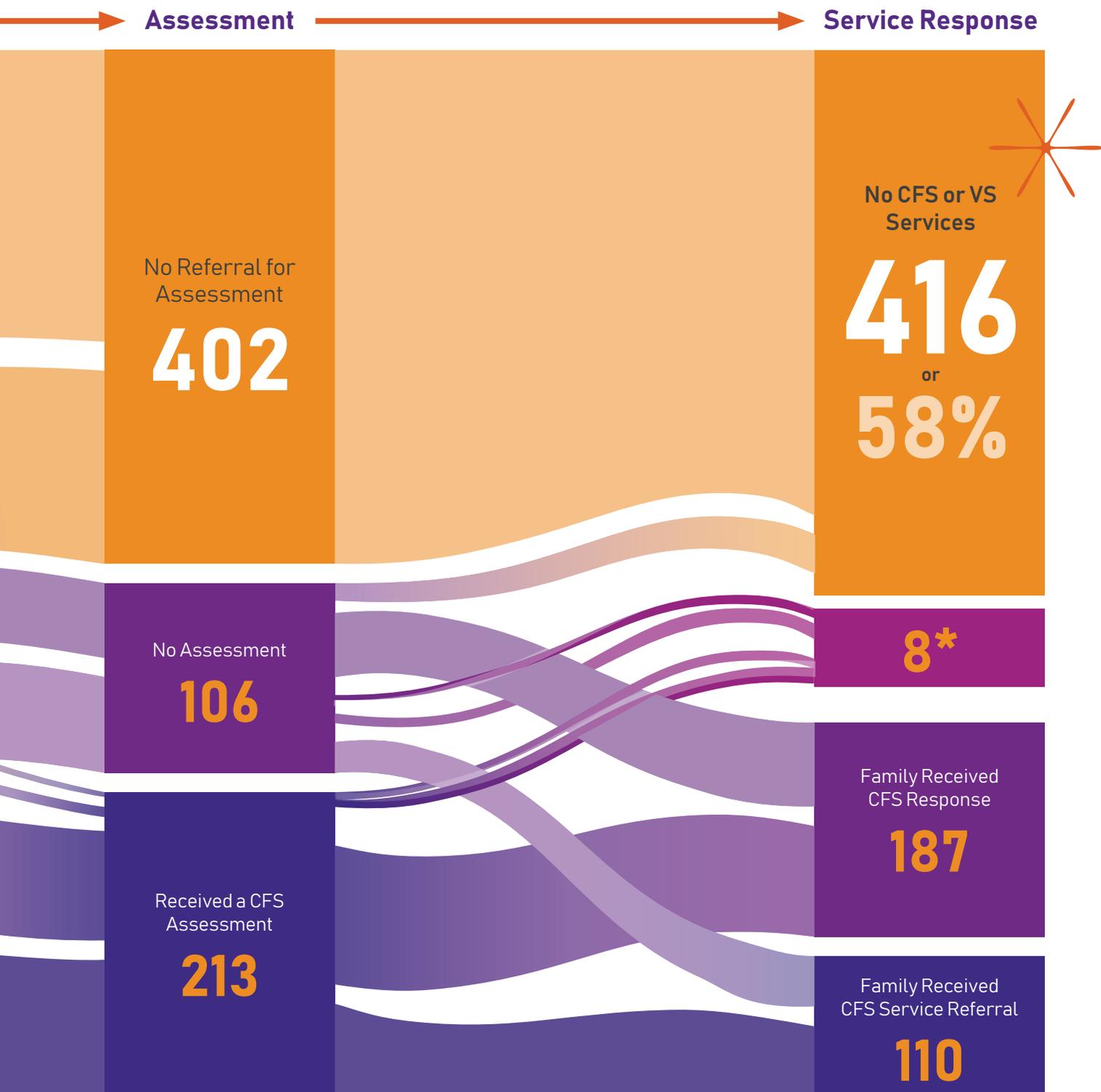


Figure 12. Sankey diagram illustrating service pathways for children exposed to IPV, April 2019

* Of the 8 children, 2: Had contact with VS but no CFS service referral or response. 3: Received CFS response and VS contact. 1: Received a CFS service and VS contact. 2: Received a CFS service referral and VS service.

CFS - Child and Family Services

VS - Victim Services

Police Involvement and Services Provided

Responding to IPV incidents

One of the main priorities for police when responding to any IPV incident is ensuring the immediate safety and well-being of the survivor and any children exposed to the incident. According to police policy, after ensuring the safety of those present and after medical needs have been attended to (if necessary), police interview the two adult parties separately, making every attempt to do this interview away from any children who are present (RCMP, 2018; Winnipeg Police Service, 2021). Survivors are encouraged to discuss details

1. Ensure children are safe and unhurt;
2. Introduce yourself and describe your role in simple terms;
3. Speak at the child's level by sitting or kneeling;
4. Acknowledge that something upsetting happened;
5. Try not to talk badly about either parent in front of the child;

Our review of all WPS incident notes that included children exposed to IPV could not confirm this practice as it was not often documented.

In addition, training WPS members go through includes general training on domestic violence and restorative justice (for new recruits), a week-long conference on IPV for all members (prior

of any abusive behaviour and to provide written and video statements about the IPV incident (Manitoba First Nations Police Service, 2020; RCMP, 2018; Winnipeg Police Service, 2021). Other witnesses to the alleged offenses are also interviewed, sometimes including children, and a written statement is obtained.

Considering the harmful effects of exposure to IPV, Winnipeg Police Service policy notes special care should be taken when speaking to children. For example, the following is to be observed by members per the WPS Procedure Manual (p. 9):

6. Do not say everything will be okay or make promises you cannot keep;
7. Reassure the child that the violence was not their fault;
8. Explain to the child why any use of force was necessary;
9. Before leaving, explain to the child what will happen next.

to COVID-19), committee webinars extended to domestic violence units, and opportunities to attend conferences nationally, with more training opportunities available to members of the Domestic Violence Intervention unit (WPS, Interview, Mar. 1, 2022). Responses by police to children exposed to IPV incidents are inconsistent.

Adult victim assistance

According to police policy, members are to offer immediate safety planning and resources such as a Domestic Violence/Intimate Partner Abuse pamphlet, crisis lines, and shelter information. If the survivor wants to leave the residence, police are directed to offer to escort or to arrange transportation to a place of safety of the survivor's choice (Manitoba First Nations Police Service, 2020; RCMP, 2018; Winnipeg Police Service, 2021). If a shelter is selected, police policy dictates they call the shelter first to make necessary arrangements to make sure space is available for them and their children in cases where children are involved (Manitoba First Nations Police Service, 2020; RCMP, 2018; Winnipeg Police Service, 2021). The information on police referrals to shelters is not systematically collected, however, MACY reviews of WPS incidents found evidence of referrals in the incident notes.

Referrals to Child and Family Services

If a child is present during a criminal or non-criminal IPV incident, and there are urgent concerns for the safety of that child, police must contact CFS immediately. RCMP, MFNPS, Brandon Police Service, and Morden Police Service policies state that CFS is to be contacted in all IPV cases (criminal and non-criminal) in which children were present or residing in the residence, even if there are no immediate concerns for the safety of that child (Manitoba First Nations Police Service, 2020; RCMP, 2018; Brandon Police Service, 2016; Morden Police Service, 2016). This is not the case for WPS or Winkler Police Service (Winkler Police Service, n.d.).

If WPS determines a child is not in immediate danger, they do not contact CFS. WPS only contacts CFS for cases in which charges are laid (WPS, Interview, Mar. 1, 2022). According to WPS procedures:

If a child is present (includes sleeping or in another room) during a non-criminal domestic incident and there is no immediate safety concerns for the child, document the demographic information in the Domestic Incident Referral Form. Domestic Violence Support Services will evaluate each and every incident and contact Child and Family Services if required. (Winnipeg Police Service, Procedure Manual, Domestic Violence, p. 12-13)

Winkler Police Service policies leave discretion of a referral to CFS or other services to the attending officers (Winkler Police Service, n.d.). Policies and practice responses to children exposed to IPV in Manitoba vary depending on the police service responding to the incident.

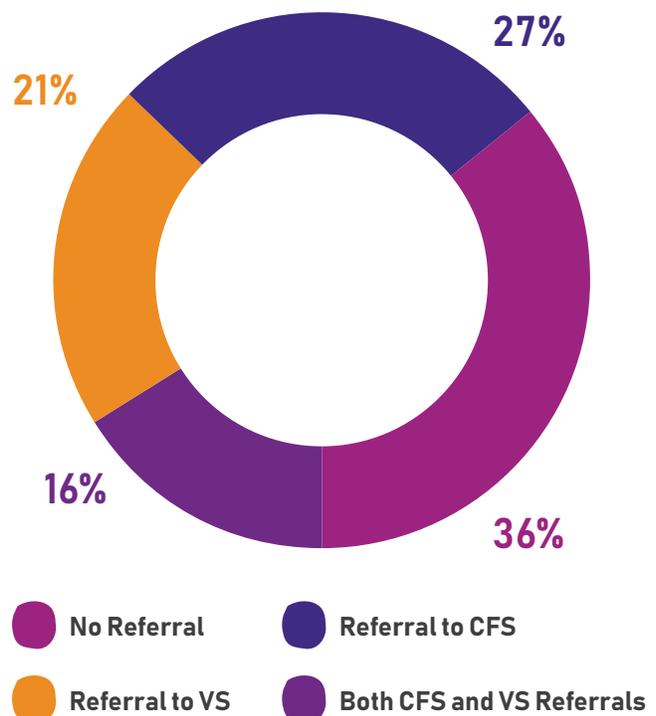
Referrals to Victim Services

In IPV cases in which charges are laid, the adult survivor must be referred to Victim Services. Police will inform Victim Services of any safety concerns before Victim Services contact the adult victim (Manitoba First Nations Police Service, 2020; RCMP, 2018; Winnipeg Police Service, 2021).

Police response

Following an IPV incident, we found that the majority of children received a referral to either CFS, Victim Services, or both (64%), however, more than one in three children (36%) did not receive any referrals to CFS or Victim Services (Figure 13). Children who received referrals to either CFS and/or Victim Services were significantly more likely to live outside of Winnipeg (p-value <0.0001) and to have witnessed a physical assault (p-value <0.0001) compared to children without referrals. This is likely because RCMP refers all cases of IPV to child welfare but, as noted above, WPS does not. As such, more children who live outside of Winnipeg are getting referrals. All children who witnessed a sexual assault were referred to CFS.

Figure 13. Referrals to services by police following IPV incident, April 2019, Manitoba



If an incident involved physical or sexual violence, those children were more likely to be referred to CFS than if the incident was psychological violence (Table 4).

Table 4. Referral to CFS by type of IPV incident

IPV Factor	CFS Notified			p-value
	Yes	No	Unknown	
Physical Violence	182 (58%)	81 (26%)	53 (16%)	<0.001
Psychological Violence*	126 (32%)	205 (51%)	68 (17%)	0.8446
Sexual Violence**	11 (92%)	0 (0%)	1 (8%)	not applicable

* Psychological violence includes verbal and emotional abuse, name-calling, harassment, and jealousy. This category only includes children who were not exposed to physical or sexual IPV (n = 399).

** Sexual assault does not meet cell size rules for statistical testing, so p-value is not reported.

Program Highlight:

Integrated Police and Social Service Response

In interviews with WPS, we were told about a pilot project which focuses on reaching people before they become victims of violence by providing support and intervention in non-urgent domestic calls for service. In 2021, a pilot project was initiated by Victim Services and WPS through which three Victim Services (Manitoba Justice) staff work at WPS headquarters to facilitate a more coordinated response to domestic violence incidents.

WPS and Manitoba Justice launched this pilot project based on calls in the community to provide a multi-agency response (WPS, Interview, Mar. 1, 2022). A WPS member is partnered with a Domestic Violence Support Services (DVSS) worker to go through calls in the lower priority spectrum waiting for service in the queue, and while doing the assessment, if there are no immediate safety concerns, they reach out to those callers and provide the opportunity to speak with both a police member and a DVSS worker (WPS, Interview, Mar. 1, 2022). As a result, they report the need for sending uniformed police officers/cruiser to attend homes has been reduced and the caller does not have to wait for another week or two for a DVSS worker to reach out to them (WPS, Interview, Mar. 1, 2022). According to interviews with the WPS, the incident is dealt with at the moment and this helps with further de-escalation.

WPS reports that this pilot has resulted in some positive changes and increased coordination (WPS, Interview, Mar. 1, 2022). For example, the WPS Domestic Incident Referral Form was amended to add some context specific to children being present to allow DVSS workers to make referrals (WPS, Interview, Mar. 1, 2022). According to WPS, it has been well-received in the community (WPS, Interview, Mar. 1, 2022). While promising, this response is only available in Winnipeg. During consultations, several police forces outside of Winnipeg were interested in implementing similar programs in their jurisdiction but lacked resources to do so (RCMP and BPS, Interview, May 2, 2022).

Victim Services Involvement and Services Provided

Victim Services, a branch of Manitoba Justice, is mandated to assist victims of crime when criminal charges have been laid, and, in the case of IPV, when charges are laid against the adult victim's partner. Cases of IPV are handled by the Domestic Violence Support Service (DVSS) of Victim Services. The primary goal of this program is to advise victims of their rights and responsibilities, and to offer them support while the charge(s) proceed(s) through court (Victim Services, n.d.).

As noted above, as part of the pilot project with WPS, DVSS also provides support to families who receive police services that do not result in

charges or arrests. Some of their services include connecting families to appropriate community resources (through referral, advocacy, and co-ordination), providing short-term emotional support and referral to counselling, creating a protection plan for safety, and offering information and help with orders of protection (Victim Services, n.d.). Deciding whether to receive support from Victim Services is optional and at the discretion of the survivor. In situations where an assault has taken place against a child or it is thought a child may be in danger, DVSS will contact CFS and inform an intake worker (Victim Services, n.d.; Winnipeg Police Service, 2021).

Adult victim assistance

DVSS will contact the IPV victim(s) by phone, letter, or in exceptional circumstances during home visits with Winnipeg Police Service officers (Victim Services, n.d.). DVSS explains their role, asks for information regarding the immediate safety needs of the adult victim(s), and invites them for an appointment to discuss their concerns. Together with safety planning, resource and referral information are also offered (Victim Services, n.d.).

When a protective order is requested, DVSS workers offer help and information about other community resources. Based on risk, likelihood of escalation, and call history to the police, DVSS may assess that a home visit is necessary or warranted (Victim Services, n.d.). If the initial contact happens during a home visit, the same introduction to the program (and its purpose) that is done during the phone interview is offered (Victim Services, n.d.). DVSS workers bring with them a variety of referral information such as pamphlets, forms, etc. DVSS seeks to tailor the nature of the intervention to meet the needs of a particular client (Victim Services, n.d.). Workers review the complainant's and accused's history of police involvement in order to get a better understanding of their counselling needs. They will discuss the cycle of violence and safety planning with the client(s), and will assess their readiness for community supports, providing relevant referrals (Victim Services, n.d.).

It should be noted that while some children may receive services indirectly through a parent/guardian victim (e.g., family counselling), in cases of police-reported IPV, **Victim Services does not usually provide direct support to children who were exposed to IPV unless they too were assaulted and/or they may be required to testify in court as a witness. In these cases, the child is referred to Child Victim Support Services (CVSS) for court preparation (Victim Services, Interview, Jan. 20, 2022).**

Child Victim Support Service (CVSS)

CVSS, a program of Victim Services under Manitoba Justice, focuses on the needs of children and youth – in most cases they are victims/witnesses of sexual and physical abuse or assault – who may be required to testify in criminal court. This program also provides services to adults who were victims of sexual abuse as children and other vulnerable individuals (Victim Services, n.d.). In these cases, CVSS acts as a liaison between victims, the police, the Crown attorney, and the court. Their role is to provide information, support, and assistance to help prepare children, youth, and their families for their participation in court proceedings (Victim Services, n.d.). This includes educating them about the court process, assisting them to develop coping skills for their appearance in court, and helping them familiarize themselves with court surroundings (Victim Services, n.d.).

Information sharing and service coordination

In Winnipeg, DVSS is notified of domestic violence incidents directly through a Winnipeg Police Service terminal in their office and/or Crown referrals. Outside of Winnipeg, Victim Service workers scan Criminal Courts Automated Information Network (CCAIN) and print dockets. They check the dockets and new Prosecutions Information and Scheduling Management (PRISM) files containing Victims Bill of Rights offenses (Victim Services, n.d.). They can also receive referrals from various sources, including CFS, women's shelters, Crown attorneys, defense lawyers, as well as by self-referrals (Victim Services, n.d.). Referrals specifically to the CVSS

program also occur from various sources, such as police, CFS, Probation Services, the Canadian Centre for Child Protection, Community Services, Indigenous organizations, schools, medical facilities, victims or their parents/guardians, and victim/witness assistance (Victim Services, n.d.). Referrals from other Victim Services offices across Canada are also accepted, to provide court preparation for children and youth who reside locally, but will testify outside the province (Victim Services, n.d.).

Child court preparation process

To ensure everyone hears the same information, the CVSS worker meets with both the child and the parents/guardians, either at the Victim Services worker's office or another suitable location (Victim Services, n.d.). CVSS workers describe the court process and its key participants. If a child were to disclose further information about the abuse, the Crown attorney would be notified for possible police follow-up. The CVSS worker identifies the child's developmental level, family concerns and dynamics, and any other child-related issues which may interfere with their ability to testify in order to facilitate any necessary accommodations (Victim Services, n.d.). Further, to make the experience

less intimidating, opportunity is given to children to try practice speaking and sitting in the chairs of various participants. There is also a designated child waiting room at the courthouse equipped with toys, books, art supplies, and video games. Prior to the Crown meeting the child and/or the parent(s)/guardian(s), the CVSS worker gives the Crown an overview with a brief assessment about the child's understanding of key court-related concepts, the child's ability to testify, and any other relevant information (Victim Services, n.d.).

Victim Services data

Of all cases of IPV that involved children in April 2019, 48% were referred to Victim Services (348/721).

The Manitoba Advocate requested data on all cases to better understand the types and extent of services provided by Victim Services. Upon review and discussion with employees at Victim Services it was identified that eight children of the 348 referred may have received direct services in the form of court preparation (Victim Services, interview, January 25, 2022). Further to this, MACY requested complete files of these children. Upon careful review of the files, it appears that only one child – who witnessed IPV and was also assaulted during the incident – appears to have testified after receiving court preparation. Documentation provided by Victim Services indicates that court preparation was provided the day before and the day of the testimony. Specifically, the Victim Services worker showed the child the courtroom and how the cameras/TV worked. The worker told the child that their interview with police was likely recorded and that they may have to watch it in the courtroom and answer some questions. The worker let the child know that the child's only responsibility was to listen carefully and tell the truth.

During the court preparation process for this one child, there is no indication in the documentation provided by Victim Services whether the child received mental health services or trauma care. Documentation provided by Victim Services indicates that the child's caregiver received an information guide and application form for the Compensation for Victims of Crime Program (CVCP).² The letter indicates this program could provide funding for counselling, and that the application can take two to four weeks to process. After a couple of months, the school notified Victim Services that the caregiver was interested in counselling for herself and the children, however, she needed to be resent the forms. The forms were resent, and an application was submitted and later approved with funding for counselling for \$2,000 per claim. The approval letter had an attached list of approved counsellors (20-page document). There is no indication that the child was able to access any of the counselling or therapy. A document relating to the child testifying at the court indicated the worker left a contact card after the child had testified in case the mother had questions or concerns about court or other issues like counselling or therapy.

"There's Victim Services, but Victim Services is, it's for families [not for the child]. And then...they're given phone numbers to call for therapy or for counselling. And you know, I myself was a victim and I never called any of those numbers. Because I didn't know who I was going to be getting on the other end. One of the biggest things that needs to be put into place is warm handoffs" (Community Organization Worker, Interview, Jan. 18, 2022).

As pointed out in the limitations section, it is important to stress that some of the children who were exposed to IPV may also have received funding for services from the CVCP in the months following the April 2019 incident for which data were received and analyzed. To be eligible for the CVCP, the IPV incident had to result in serious criminal charges (e.g., sexual assault, aggravated assault) and the child must have witnessed the IPV incident (Manitoba Justice, n.d.). Further, although in most cases, the application must be made within one year after the date of the event, minors (under 18) are able to apply for compensation until they turn 19 years old. Based on these criteria, there were ten children potentially eligible to receive funding from the CVCP. It is unknown from the documentation received by our office, however, whether any of these children applied for or received CVCP funding for their IPV exposure.

² The Compensation for Victims of Crime program provides compensation (up to \$2,000) to victims who suffer personal injury, hardships, or expenses as a result of certain serious crimes; those who personally witnessed a crime; or those whose family member was a victim who died in a crime. Only victims or witnesses of 'serious' crimes as outlined in the Victims' Rights Regulation of The Victims' Bill of Rights are eligible (Manitoba Justice, n.d.).

Child Welfare Involvement and Services Provided

Families typically come to the attention of Child and Family Services (CFS) through their Designated Intake Agency (DIA) (Figure 14). Intake services for CFS in Manitoba are divided by jurisdiction, so a DIA is responsible for providing intake services in their geographical area. These services include after-hours support and services to families who are not already receiving services from a CFS agency. The exception to this is Peguis CFS which operates under its own legislation and can provide both intake and ongoing services to its Nation's members, regardless of where they live in the province.³

Families come to the attention of CFS for many reasons. When a protection or service concern is reported about a child in Manitoba, including an IPV incident, the DIA will first complete a search on the Child and Family Services Information System (CFSIS), which is the provincial child welfare database, to see if the family is currently receiving services from a mandated CFS agency (CFS Standards 1.1.1, (Department of Families, 2010). If they are currently receiving services, one of two responses will occur:

1. If the DIA assesses there is a need for an immediate response, it contacts the ongoing CFS agency to provide information and facilitate a response.
2. If an immediate response is not required, the DIA will prepare a report of the concerns and forward this to the ongoing CFS agency. Should the family not have ongoing CFS support, the DIA will move forward with its assessment to determine whether a response is required.

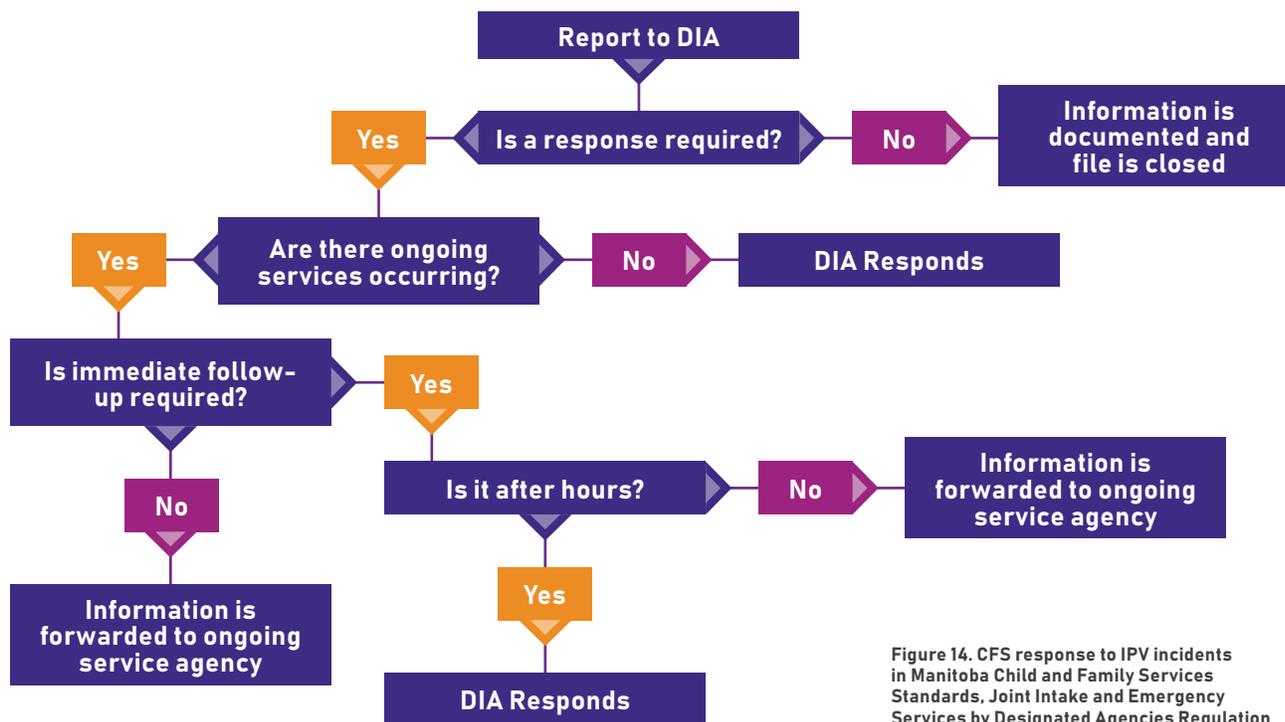


Figure 14. CFS response to IPV incidents in Manitoba Child and Family Services Standards, Joint Intake and Emergency Services by Designated Agencies Regulation

³ Peguis First Nation's *Honouring our Children, Families and Nation Act* came into effect on January 21, 2022 (<https://p.cdn-website.com/8a5c0cb0/files/uploaded/2021-11-16%2020-%20PFN%20HOCFNA%20283%29.pdf>).

Referrals

As noted above, when an IPV incident occurs in which children were exposed to the violence, CFS may receive referrals from a variety of sources. In the cases of IPV from April 2019, CFS received referrals from police (33% of cases), Victim Services (32%), the adult victim themselves (11%), a family member

(9%), or from another third party (15%). In rare cases, CFS may, in turn, make referrals to Victim Services and/or police. Once the referral is made, the intake response time is determined by the assessed level of risk to the child(ren).

Levels of risk to children

Child and Family Services agency workers and supervisors are expected to assess the level of risk to children throughout the case management process to determine the priority that should be given to the case. This begins with the Safety Assessment at intake when presenting issues indicate a child is at risk of suffering harm or injury and may be in immediate need of protection.

Response-time and client-contact standards are based on levels of risk to children as follows:

High Risk – A child is likely to be seriously harmed or injured, subjected to immediate and ongoing sexual abuse, or permanently disabled or die if left in his or her present circumstances without protective intervention.

Medium Risk – A child is likely to suffer some degree of harm if he or she remains in the home. Intervention is warranted. There is no evidence, however, that the child is at risk of imminent serious injury or death.

Low Risk – The home is safe for children but there are concerns about the potential for a child to be at risk if services are not provided to prevent the need for protective intervention.

No Risk – The home is safe for children and there are no indications of potential risk to a child.

Source: Child and Family Services Standards Manual, s.1.1.0.

IPV is usually categorized as family violence and is often deemed medium risk. Medium risk requires a 48-hour response by CFS as per the CFS Standards Manual. The majority of cases reviewed for this special report fell under the jurisdiction of the Southern CFS Authority which includes ANCR, the DIA for the Winnipeg region (Figure 15).

Figure 15. Authorities responsible for responding to IPV referrals from April 2019, Manitoba



Note: The Authority responsible for responding to IPV referrals is unknown for two police-reported incidents.

Victim assistance

When a response is required, the DIA will attend to the family home to complete an initial assessment, including an assessment of current safety. Manitoba does not require the use of a standardized safety assessment model, but staff are required to be trained in risk assessment via core-competency based training or a recognized equivalent (Department of Families, 2010). If risk is identified and the family has the ability to mitigate these risks, a safety plan may be explored (CFS

Standard 1.1.3, Department of Families, 2010). After risk assessments have been completed and if an agency determines that a child(ren) needs to be removed from their home, alternative care providers are explored with the family (CFS Standard 1.1.1, Department of Families, 2010). If there are no alternative care providers available, the agency will explore extended family and community member placements as first priority (CFS Standard 1.1.1, Department of Families, 2010).

Placement priorities

When deciding on a placement resource, the intake worker considers the following caregivers in order of priority (CFS Standard 1.1.0, Department of Families, 2010):

- immediate or extended family regardless of residence
- other families within the child's community of origin
- other families of the same region or tribal council as the child
- other families of the same racial, cultural or linguistic group as the child
- former caregivers
- a placement resource that facilitates contact with a parent or guardian
- alternatives that meet the child's needs

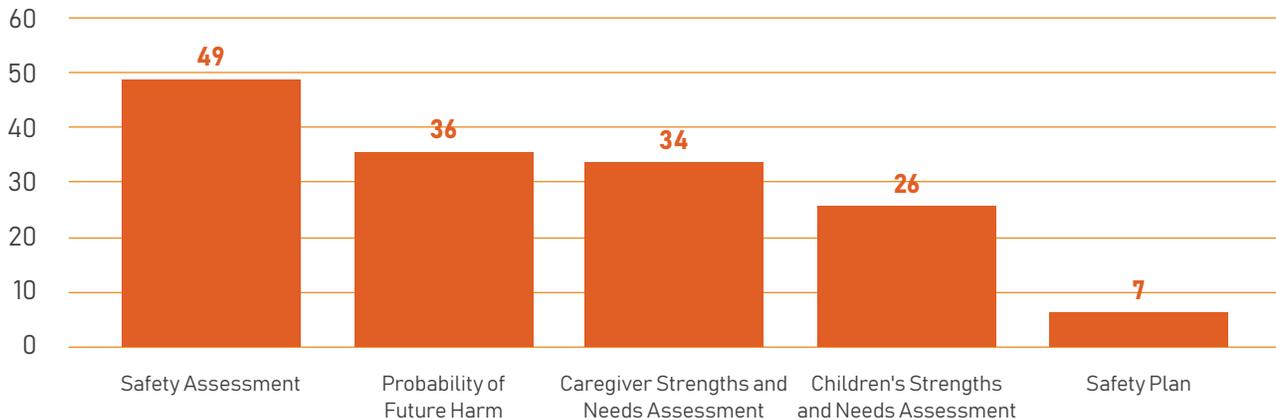
During the evaluation stage of case planning for a family, the DIA will assess the file for closure or transfer (CFS Standards 1.1.1, Department of Families, 2010). Families who are assessed as needing ongoing services and monitoring will see their files transferred to one of the CFS agencies in Manitoba based on the Authority of their choosing (Child and Family Services Authorities Regulation; CFS Standards 1.1.6, Department of Families, 2010). Families who are assessed for file closure will not receive any further services from CFS unless another report is received and follow-up is deemed necessary by their DIA.

CFS service response

Following the intake, a third of the April 2019 referrals resulted in no response by child welfare (34%, 106), whereas other children already had a CFS file open (50%, 155). A new CFS file was opened for 60 children who received a referral.

Of the 60 children for whom files were opened, 54 (90%) were children that had previous involvement with CFS, of whom 96% had previous IPV concerns noted in the file. The majority of new files resulted in a safety assessment being completed (97%, 58/60) (Figure 16). The majority of files opened (97%) were protection files, and the remainder were family enhancement files.

Figure 16. Type of assessments completed by CFS, n = 60



Notably, the CFS service response was focused on the adult survivor and/or alleged offender, not the children exposed to IPV. Service responses included opening family enhancement files (n = 26), referral or transport to a domestic violence shelter (n = 20), referral to offender program (n = 14), providing domestic violence resources to adult survivor (n = 12), counselling for adult or family (n = 10), addictions treatment referral for adult (n = 10), food vouchers (n = 10), support with housing (n = 9), referral to community organizations (n = 6), and other (including referrals to legal supports) (n = 9).

Child apprehensions as a result of the IPV Incident

There was a total of 18 children apprehended from seven families, following an incident of IPV in April 2019. The majority of children apprehended were First Nations (89%) and lived outside of Winnipeg (77%). Criminal charges were laid in 71% of incidents that resulted in apprehensions. MACY reviewed each case to better understand the circumstances surrounding the apprehensions. We know that:

- Six children were placed temporarily in informal arrangements with their grandparents, but were later apprehended due to issues of substance use disorders and mental health with their primary caregivers (victims/accused of the IPV incident).
- Five children were apprehended because the primary caregiver required medical attention following the incident of IPV. Three of these five children were reunified within two weeks, whereas two children remained in care for nearly a year before reunification.
- Five children were apprehended due to disclosures of physical and sexual abuse by the accused of the IPV incident. All children were returned to their primary caregiver (the adult victim of IPV) one month following the apprehension once the accused was no longer residing in the home.
- Two children were apprehended because available caregivers were intoxicated and deemed unable to care for the children at the time of the incident, however, there was minimal documentation regarding these apprehensions.

According to CFS data for April 2019, there were a total of 126 apprehensions and 3,281 intakes in Manitoba, a ratio of apprehensions to intakes of 4% (Child and Family Services Division, e-mail, May 2, 2022). The proportion of children who witnessed IPV in April 2019 and were referred to CFS and apprehended is 6%. This is consistent with the rate of apprehensions for all intakes, suggesting that IPV incidents are not more or less likely to result in apprehensions compared to other referrals to CFS.

The apprehensions reviewed demonstrate the interrelated issues of IPV and substance use. While CFS apprehension is a fear for many children who have been exposed to IPV (see Trysten’s story), we found them to be relatively rare. As detailed in Ajay’s Story (below), however, apprehensions can also happen later in life for children exposed to IPV as a result of behaviours associated with unresolved or complex trauma.

Program Highlight: Caring Dads™

Young adults emphasized the need for programs for dads who perpetrate IPV. To this end, the Caring Dads™ program was brought to our attention by several community organizations and service providers. Created in 2001 by a team of experts in collaboration with a wide range of community agencies, Caring Dads™ is a leading perpetrator-based program which focuses on the intersection between IPV and fatherhood (Caring Dads, 2021). It was designed based on the premise that IPV and violence against children are intertwined, hence they need to be addressed together (Child and Family Services of Western Manitoba, 2012). This 17-week group intervention program is for fathers (biological, step, and common-law) who have abused (physically and emotionally), neglected, or exposed their children to IPV (General Child and Family Services Authority, 2017). The program principles highlight the need to promote child-centred fathering, enhance men’s motivations, address men’s abilities to engage in non-abusive co-parenting, create awareness on the impact of a child’s experience of trauma, and work collaboratively with service providers to ensure there is a positive impact for children (no unintentional harm) as a result of participating in this intervention (General Child and Family Services Authority, 2017).

According to CFS of Western Manitoba, since the inception of the Caring Dads™ program, participants have reported positive outcomes such as being more child-centred, experiencing an improvement in their relationship, and having a better understanding of the impact of IPV on children (Child and Family Services of Western Manitoba, 2012). Similar results have been independently found in program evaluations of Caring Dads™ elsewhere in Canada, the United Kingdom, Australia, and the United States of America (Caring Dads, 2021).

Depending on adult survivors to provide services to children exposed to IPV

A pattern in the policies and practices of police, Victim Services, and CFS is that adult survivors are provided with information regarding services to access for their children, but rarely receive the warm hand-offs or support to access those services. This was explained by a Child and Family Services representative to be because adults have to consent to services for their children and that adult survivors might not be “ready” to access

supports (Child and Family Services division representative, interview, April 2022). In the case of Victim Services, adult survivors must apply for funding for their children or might be provided with a list of service providers to access. There is no follow-up or supports to understand or document if children received services. The burden to access services for children is placed on the adult survivor.

An Indigenous government representative commented on the effects that violence can have on a person, including psychological vulnerabilities and serious physical injuries that may prevent survivors from confidently navigating supports for themselves and their children. This representative described the practice of providing information only to adult survivors:

The system is built to prevent any kind of services to be provided to that child. If the system is built that way you have already taken the rights of the child away (Indigenous government representative, interview, April 29, 2022)

A representative from a domestic violence shelter spoke to our office about the need to overcome the barriers faced by women who are focused on surviving and are living in fear of accessing services for their children because of the violence they faced at home. They noted that these barriers require that someone build trusting relationships and support the survivor in navigating the services available to their children (Domestic violence shelter representative, interview, May 3, 2022).

Summary

As this section reveals, the current service response in Manitoba for children exposed to IPV is fragmented. It lacks coordination and integration of services. **Overall, 58% of children never received any services and 36% were never referred to either Victim Services or CFS.** This is a concerning finding that is supported by the stories of Ajay and Trysten (next page), among other survivors.

When a service response was recorded, it was usually from CFS. This response focused primarily on assessing whether the child needed protection. Relative to the number of cases referred to CFS, few resulted in protection files being opened, and fewer on an apprehension as a result of the IPV incident.

Currently, Victim Services for children are limited to children who are victims/witnesses of sexual and physical abuse or assault who may be required to testify in criminal court. Only 1% of children exposed to IPV in April 2019 received any form of contact or service from Victim Services.

Of note, with respect to CFS and Victim Services, it was not well documented whether children received trauma counselling or supports following IPV incidents. Most services were documented to be provided to the adults in the family.

The current service response to children exposed to IPV in Manitoba is also inconsistent with the rights of children to receive special supports and

care following a traumatic event as articulated in Article 39 of the UNCRC. It is also inconsistent with both TRC *Call to Action 36*, which calls on governments to work with Indigenous communities to provide culturally relevant services to people on the issue of family and domestic violence, and Article 22 of UNDRIP, which asserts Canada's responsibility to protect Indigenous women and children from all forms of violence. As victims of IPV and rights holders, children are entitled to child-centred services, including supports and referrals to culturally- and linguistically-appropriate specialized services that consider the individual child, their family, and community.



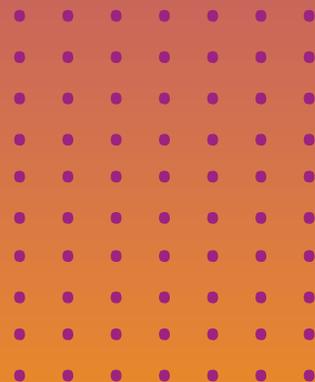
Trysten's Story

Trysten grew up in a household in a rural community where she witnessed emotional and financial abuse. Living in a town where everyone knew each other made it hard to get help due to the stigma associated with IPV: "Being so rural, it was kind of hard, like everyone knew everyone. So, it's kind of like when I went to school, all my teachers were friends with my parents and all my guidance counsellors were really good friends of my parents. So, it was kind of not the place where you wanted to bring that sort of thing up." She also had a fear that her siblings and she would "just get taken away [by CFS] out of nowhere if something came out wrong" if she shared her experiences with an adult.

Trysten did not end up receiving any formal supports as a child for the IPV she witnessed. There was a general lack of services due to where they lived, as well as a stigma for her father to receive the mental health support he needed. As young adults, Trysten and her siblings are now all accessing therapy to help cope with their childhood experiences.

Trysten talked with MACY

...because I know it would give me, if I was going through it all again, it would give me a better chance of having some better things [services] available to me."



Ajay's Story

Ajay is an Indigenous man in his early-twenties. During his interview, he described numerous exposures to IPV during his childhood between his mother and her partner as a major cause of his involvement with CFS and the mental health challenges he experienced as a teenager.

Ajay was about five years old when he first remembers witnessing IPV, though he didn't know what IPV meant at that time, or that it was wrong. His mother's partner would yell and physically hurt her while he was in their small apartment. After years of ongoing abuse, and one particularly violent incident, he and his mother left their apartment and sought refuge at a women's shelter.

Ajay described the shelter as the first time in his life that his family received support for IPV. He described the shelter staff as nice but that the shelter lacked privacy and he felt confused because no one explained why he was there or what would happen next. While at the shelter, Ajay was unable to attend school. Shelter staff assisted Ajay's mother in finding a new apartment. The new apartment, however, was in a different area of the city and he was unable to continue attending his previous school. Ajay shared with us that he lost his friends and did not have any adult support at his new school because no one knew what he had experienced.

Ajay explained that he began to act-out because he never received support to deal with the trauma he experienced from witnessing IPV. His mother became unable to care for him anymore, and Ajay became a child in care of CFS. He frequently moved between foster homes and school systems, and describes adults and other professionals in his life as not recognizing "...the real reason why I was having problems... They tried to do it the easiest way. [They] wanted to manage me...not find out why I was acting up." It wasn't until Ajay's mental health challenges escalated enough to receive intensive mental health treatment that he began to get the support he needed to process his adverse childhood experiences.

Ajay had many ideas of how to improve the lives of children like him who are currently experiencing IPV which are presented throughout this special report. He also gave the following advice for children and youth who are currently in a situation similar to his growing up.

Things will get better. Use what you know from those events, and apply it in life in a good way."



**Give them the
courage to share;
that is how
healing begins.”**

**Elder Fred Stevens,
Sapotaweyak Cree Nation**

Section 6:

VOICES OF YOUNG PEOPLE

This section summarizes the voices of eight young people who participated in in-depth interviews about their experiences in childhood as witnesses of intimate partner violence.

About the Young People

A total of eight participants, of whom seven self-identified as women and one as a man, took part in in-depth interviews. They ranged from 18 to 27 years old, however, they reported first witnessing IPV at the age of 5 to 11.

Participants lived in rural communities, First Nations communities, or in Winnipeg during their childhood. The majority of participants witnessed violence between their biological parents, or their parents and a partner. One participant described

witnessing violence between grandparents, who were the participant's guardian. Some participants were First Nations youth and others were from immigrant-settler and settler backgrounds.

All participants were offered supports before, during, and after from a Knowledge Keeper and were provided with free resources to access following the interview (details on the Ethics protocol can be found in Appendix A). All names are pseudonyms.

Findings: Their Experiences

INTERGENERATIONAL TRAUMA

A majority of young adults indicated that IPV was intergenerational in their families. Seventy-five percent of young adults specifically talked about their caregivers witnessing IPV themselves as children. This is tied with experiences of relatives in residential schools for First Nations participants.

"I remember my mom telling me that my grandma always got abuse from my grandpa and she would see that. They were both in residential school too."

- Louise

Participants told us that their parents' experiences in childhood with IPV affected their abilities to understand how to be in a healthy relationship, and they therefore continued the cycle of IPV.

"Because they grew up around that and it becomes almost, like, a normal thing. But then when you start to talk about it to other people, it's not normal in their eyes. So, I think just like, to keep in mind that it could be a generational thing, and that might not just end with that one relationship, that it can be carried forward by children and children's children and so on."

- Sarah

"They both come from what I assume are very violent pasts or very neglected certain areas, but they don't really talk about them."

- Lily

"Well, I know my grandma witnessed a lot of it, a tremendous amount."

- Ajay

Two participants also experienced IPV as adults, further illustrating the often cyclical and intergenerational nature of IPV.

CAREGIVER SUBSTANCE USE AND MENTAL HEALTH

Some participants contextualized the violence at home in the context of the struggles their caregivers were facing, including substance use disorders and mental health issues.

"Both my parents are very amazing people, just probably not meant for each other or just probably didn't have the services offered to them like we do now to fix themselves."

-Louise

Half of young adults discussed caregiver experiences with substance use, and how this aggravated or precipitated IPV events.

"They would drink and they would come back and they would be arguing and they were fighting. And it was really, like it was bad, like, what I seen him do to her."

-Dakota Rae

"And I just remember helping her like opening the cop car door and letting her out. And she was intoxicated and apparently she broke my dad's window."

- Louise

"I think dad knew that he shouldn't drink, so I think that's why he would hold himself [back] from drinking so much. Because typically when

he would get too much wine in his system or too much liquor, fights would happen."

- Lily

The majority of participants discussed suspecting their caregivers were living with mental health issues. Many reported their parents were not receiving help for those concerns, or not discussing it.

"They don't believe in mental health, really. They both struggle with it."

- Lily

"Nothing that was diagnosed. Like, I always kind of thought that there was something with my dad, especially with bipolar...he could range from being very angry and very self-deprecating at times [to]...being very outgoing and very friendly."

- Sarah

Overall, many participants spoke of their caregivers with empathy and reflected on their experiences as being tied to intergenerational trauma, substance use disorders, and untreated mental health concerns.

NORMALIZATION OF VIOLENCE

Young people did not know that what they were witnessing was not "normal", until later in life. All of the young adults we interviewed described witnessing IPV long before they knew it was IPV, or what they were witnessing was not normal and, in fact, that it was wrong. They told us this was due to the normalization of IPV behaviours, because they were young and had not seen other families who exhibited healthy relationships and because education in schools about healthy relationships was not provided to them when they were young.

"I guess growing up, there was always something that was, I guess, a present in my life. I think for me, knowing what it was, I think I was probably maybe 13-14 at the time when I started realizing that, OK, this is more than just parents, you know, arguing or having small disagreements, it's something more than that."

- Max

"I think I've known for a long time, so I think I've known since I was at a very young age that something was off between my parent's relationship. But I guess I really

only learnt what abuse and stuff like that and neglect is around grade six or seven?"

- Lily

"It probably wasn't until I was about the 12th grade [until I realized it wasn't normal]. I was kind of looking to go into a social work type degree just ... I went to a lot of human rights things.... The more I started researching about it, it was like, 'Oh, I kind of grew up in this situation.' So like, it wasn't until a career potentially was leading me that way that I figured it out."

- Trysten

FEAR OF SEEKING HELP

When describing their experiences, the majority described feelings of intense fear and uncertainty during incidents of IPV. Sometimes they received threats of violence themselves.

"I'm seeing a counsellor and I'm slowly, slowly getting, like opening up to her about that. Because it's been so long and I haven't. That's still stuck in my head when he said, 'If you tell anybody, I'll do this to you'. It still gets to me a lot, those words."

- Dakota Rae

Participants described fear of being separated from their families due to the risk of child welfare involvement resulting from the IPV incident; this prevented them from seeking help.

"But I am scared of CFS because of my childhood, and I know, for a fact, that my mom probably was scared of CFS too. So when it comes to getting help, it's really hard to get help too, because you have that subconscious fear of CFS being in your life. So when you do reach out for help, you're almost always feeling like you're walking on eggshells. Because of the fact that, simply by getting help for domestic violence, you could be in CFS's watch, if that makes sense. It almost makes you feel like your domestic violence was your fault

because CFS is now involved in your life because of your domestic violence."

- Sarah

"Well, I knew that if I said more in detail, [about] what was going on and everything was happening that most likely authorities would be called and maybe even CFS would have been involved too. And that wasn't something I was ready for..."

- Max

"...it was always a fear that we would just get taken away out of nowhere if something came out wrong."

- Trysten

In one case, however, the participant was so fearful they phoned the police themselves.

"I think I was around [preteen years old], when I had to call the police just to try, just to get my parents to stop fighting and to stop all the arguing and... escalating even more to something more drastic."

- Max

IMPACTS INTO ADULTHOOD

All the young adults who spoke with us described varying degrees of mental health struggles, including depression, anxiety, and difficulty coping.

"I think like a lot of that, the domestic violence...contributed to, like, [my] current mental health situations, and they didn't really teach me how to cope with any of that."

- Rachel

"I grew up with depression and anxiety and high-functioning autism. I have traits of BPD [borderline personality disorder]. I have PTSD from car crashes, and that stems from my fear of my grandparents."

- Sarah

The majority of participants accessed mental health counselling to address the childhood trauma associated with witnessing IPV in childhood. Although in some cases, participants had access

to supports during childhood, this was limited or short-term. Participants described that more intensive supports were only provided when in crisis. Most participants sought services out in their adulthoods to address their childhood trauma.

"I just went to, in CFS, like I went to the Behavioural Health Foundation, that's a rehab in Winnipeg. I went to Marymount locked down facilities."

- Louise

"That [counselling] really helped me understand the experiences I had and the feelings I was experiencing [and] everything that was happening in my life. I was starting to experience extreme depression and anxiety, and I knew that I couldn't live moving forward experiencing this. So I knew I had to change something."

- Max

FEELING INVISIBLE

Several youth talked about lack of communication to them directly about what was occurring; this was the case in interactions with police, schools, and domestic violence shelters. Participants described feelings of loneliness, fear, and confusion associated with interventions by police and other service providers.

"Police took him and he was gone for a couple days or so. And then he came back home and then I didn't really know what he was doing. So I kind of kept my distance from him a little bit during that time just because I didn't feel comfortable right away."

- Max

"I know they check on how you are, but just briefly, [and] they didn't really tell us what was going to happen next or where my dad was going to go or anything like that, and I felt like that was something I would have wanted to know. But even if they couldn't tell me

where exactly he was going, I was [hoping for] reassurance that he'll be in a good place. For now, he'll be somewhere safe. But you don't have to worry because as much as I didn't, we didn't feel safe with him being there. He's still my dad. I still would want to know that he's going to be somewhere safe like that."

- Max

One participant described their experience at a domestic violence shelter, explaining that, while people were nice, they felt confused about their relocation.

“That’s the thing: no one really talked to me about why I was there...For me, it was...like a new place that was OK. The people were nice to me [but] I didn’t really understand why I was there or why anyone else was really there...I didn’t really comprehend or [was] given a reason why by anyone. I didn’t understand.”

– Ajay

Some participants described the need for emotional support and empathetic contact with them from service providers.

“In that situation [when her mom was removed by police]...I just wanted reassurance, a hug and just, you know, reassurance that you’re not going to hurt my mom.”

– Louise

Findings: Improving Services

Participants were asked to consider what changes would have made a difference in their lives, and how public services can be improved for other children in similar situations.

DIRECT COMMUNICATION WITH CHILDREN

Overwhelmingly, participants spoke about the importance of service providers acknowledging children and speaking to them directly about what is happening when responding to IPV incidents.

One participant spoke about their fear of police as a child and the need for contact to consider the perspective of children in the way police look and behave towards them.

“The police scared the crap out of me when I was a kid... I used to have nightmares of them taking me away from my grandparents. Obviously, officers are there to keep everyone safe.”

– Sarah

One participant described delays in the time between a call and the response to police, hoping for more responsive services.

“Sometimes when you would call the police, they wouldn’t show up right away. And I guess, faster services for people who are dealing with that kind of crisis...What if you call the police and they don’t show up until like two hours later and it’s already too late?”

– Dakota Rae

Youth Takeaways for Police:

- Acknowledge children as victims at the time of the incident
- Be friendly – they are frightened by what they experienced
- Provide age-appropriate explanations about what is going to happen to them and their caregivers
- Despite safety concerns, children love their caregivers and want them to be okay

IMMEDIATE AND LONG-TERM CHILD-CENTRED SUPPORTS

Participants spoke about the need for both immediate and long-term supports that are child-centred and delivered by professionals.

"I guess just having someone immediately. Someone they can talk to after the incidents happen, after a police call was involved. [If service providers] knew that there were children involved in this situation, maybe having support staff checking in with the kids [to] see how they are doing. [This would give] them a chance to possibly heal. And as much as kids might not express it or show it, they're definitely affected by it in some way. Having people who are trained to work with kids and have trauma-informed care practices in place would be great."

- Max

Participants also described barriers to access long-term therapeutic supports that address their feelings and provide young people with healthy coping skills.

"But yeah, the sessions were pretty short and focused on how we felt about the situation, but not coping with it. I think it would have been helpful if they introduced some forms of coping because I remember as a kid just not knowing how to deal with it. I didn't want to talk about it with anyone. I didn't really trust anyone. I knew that my feelings were validated, but at the same time, I didn't know how to actually experience my feelings in a healthy way."

- Rachel

Participants described how these barriers continue into adulthood, including the cost of therapy and also location. Participants in small rural or remote communities were hesitant to share information from fear of being identified.

Youth Takeaways for Mental Health:

- Provide immediate supports following an incident by trauma-informed child specialists
- Provide long-term supports focused on coping mechanisms
- Do not limit the number of sessions
- Tailor texting/phone and apps services for children and youth

"I think therapy should be way more accessible. Right now good therapy is really the only [option]. When you're an adult, it seems like you have to pay for good therapy, but [you need to be] really screwed up in their head to get like sustained, long-term therapy. I think everyone should have the right to access thorough and proper treatment. I think therapy would be helpful."

- Ajay

"I think just having more of an availability for anonymity during services [would be helpful]."

- Trysten

24/7 TEXTING CALL LINE OR APP

Nearly all participants mentioned the need for a safe person to be available via text and/or phone, especially to call during an IPV event. Participants did not see police as this support. They also described supports needing to be available beyond 8:30am-4:30pm as things happen outside of business hours. Participants described the importance of being able to speak to a person and not a 'robot'.

"I think [supports should be] more abuse-specific...[for] children of abused parents [we need] helplines and supports."

- Trysten

"I think they need a solid help line. And I think that can actually be [available and provide] 24- hour support for these victims."

- Louise

you could text to for help, rather than just calling or going in."

- Sarah

"Once we were in high school and had cell phones, [it would have been useful] to have some form of hotline number to text or call to talk about what's going on and ask 'what do you recommend?'"

- Rachel

Participants who lived in rural or First Nations communities described phone or text as an accessible way to receive supports.

"I wish I had more services available by phone, services you could call into, because I lived in a community where I couldn't just walk to a building to go get help. [But] I had my phone so I wish there were services that

Some participants described needing more resources about where to go for help.

"[Having] cards that had important phone numbers that kids can carry around with them [and could] call in case they are in situations like this or any other crisis situation."

- Max

MORE SUPPORT AND EDUCATION IN SCHOOLS

Most participants described schools as safe spaces and discussed how schools can better support young people exposed to IPV.

EMPOWERING CHILDREN

Participants described the importance of educating children on healthy relationships and what unhealthy or abusive relationships look like. They explained this would help them identify them and also teach them how to respond.

"There could be more awareness in schools at a younger age for kids who go through violence. They're just not too sure what to do or where to go because they love their parents so much."

- Louise

Youth Takeaways for Schools:

- Teach children about healthy/unhealthy relationships early
- Teach children what to do if they witness intimate partner violence and where to go for help
- Train teachers to see the indicators of children who witness IPV
- Train teachers on responding to IPV

"I wish people back in school had made that point more clear: that emotional and mental abuse can be just as harsh as physical. I wish people had taught me that earlier in life."

- Lily

"...in a school setting, getting kids and teenagers aware that these services exist and so maybe having presentations delivered to them in person to make them aware that these exist."

- Max

RESOURCING TEACHERS

Many participants wished that teachers would have recognized the signs of what they were experiencing and responded earlier.

"I wish there were people at school that were trained to watch out for signs of emotional neglect and of emotional abuse: [people who] were able to watch people's body language and the way they were acting."

- Sarah

One participant explained that the signs might sometimes be subtle.

"Early response in schools, I think, would help a lot. Finding the kids [when there's] obviously something going on at home. Instead of just giving them an extra smile or something...[having] a group of people that are going to try to support them and find out what's going on at home and find the best course of action."

- Ajay

"[My teacher] tried supporting me and my family in the process, but it wasn't anything else aside from that. We kind of kept it more down below where no one really knew about it. [It] was only just me and the teacher that kind of talked about it there."

- Max

Some participants described not feeling sufficiently supported at school, where their experience might not be acknowledged.

"And then once I left there [a domestic violence shelter], I went back to that school and I remember no one not even the principal, the teachers, no one, even said anything to me. They [were] just kind of like business as usual. That school didn't say anything or do anything."

- Ajay

Teachers have a duty to report known or suspected child abuse. IPV is considered a form of emotional abuse. In Manitoba, to constitute child abuse, the impact of emotional abuse must be thought to be of a potentially permanent nature (Government of Manitoba & Provincial Advisory Committee on Child Abuse, 2013, p.22). One participant described that following a disclosure, the school brought in CFS. This was described by other participants as their biggest fear.

"I just remember being called to the office, walking in, and I saw this random person sitting at a table and then my guidance counsellor told me that it was her duty to call CFS. So when I was older, I did understand it. But in the moment, I'm just like, what's happening? What did I just do? Dad's going to kill me. Dad's going to kill me. I was freaking out."

- Lily

"I think there's just so much fear about the worst possible situation [being apprehended by CFS]. So being able to somehow educate that that's not always the case or figure that kind of thing out."

- Trysten

Summary

The testimonies of young adults who generously shared their lived experiences is consistent with the findings from the administrative data above. Children are largely not perceived to be victims in need of or entitled to supports. Many young adults spoke of feelings of shame, fear, and of feeling invisible during service responses. They also spoke of feeling hopeful for change and better services for future generations.

We need to contextualize violence for the youth. That trauma is not theirs, even though it happens around them. They don't need to own that, it doesn't belong to them. They feel lost and they feel they are to blame."

**Elder Albert McLeod,
Nisichawayasihk Cree Nation
and Norway House**

Section 7:

COMMUNITY VOICES

This section explores the main themes identified in our interviews with community organizations about the strengths, gaps, and challenges facing children in Manitoba exposed to IPV.

About the Community Organizations

In order to further inform data-driven recommendations to improve the effectiveness and responsiveness of public services for young people in Manitoba, MACY conducted semi-structured interviews with 16 representatives from 12 different community organizations that work with children and families affected by IPV. The types of organizations include:

- Women's resource centres
- Indigenous healing and crisis support centres
- Indigenous child and family support centres
- Family reunification/CFS navigation centres
- Supervised visitation centres

- Women's shelters
- Centres for street entrenched and other youth

Based on their past experience and current roles, representatives of these organizations were asked to share what they have learned working with children and youth exposed to IPV and the impact such exposure has had on the lives of these young people. Further, we were interested in learning more about the different types of services available (or needed) for children exposed to IPV, whether the services available are meeting their needs, and if there are any barriers to those services facing children. Below is a summary of the main reoccurring themes identified in these interviews.

Findings: Experiences

PSYCHOLOGICAL IMPACT

All of the participants have experience working with families affected by IPV and specifically, with the children and youth exposed to it. Too often, it appears that children exposed to IPV are not seen as victims. One service provider said, "they are the unseen victims in intimate partner violence. They're the voiceless in intimate partner violence" (Community Organization Worker, Interview, Jan. 27, 2022). Another service provider held a similar opinion, noting, "the way I see it, all, everybody involved in that household is a victim of IPV" (Community Organization Worker, Interview, Jan. 18, 2022).

"The impact of intimate partner violence on children is...complex trauma...there's a lot of PTSD. And I find that children who are impacted are living in that situation for long periods of time and are impacted as much as if they were being abused themselves."

**– Community Organization Worker,
Interview, Jan. 31, 2022**

When asked what they have observed about the impacts of exposure to IPV in their work with children and youth, service providers noted a range

of conditions, including complex trauma, PTSD, addiction, cognitive impairment, developmental delay, violent tendencies, other behavioural problems, and trust issues. Indeed, as observed by one service provider, “you can definitely tell when a child has been subjected to violence just the way they are when you meet them for the first time” (Community Organization Worker, Interview, Feb. 3, 2022).

INTERGENERATIONAL TRAUMA

While most service providers identified trauma as an overarching consequence, several were more specific, noting the issue of intergenerational trauma: “I’ve met the grandma and I’ve met the mom and I’ve met the kids, so I’ve seen three generations. I have another 10 years to work. I’ll probably see four generations” (Community Organization Worker, Interview, Feb. 10, 2022).

For many Indigenous children and youth, the origin of this intergenerational trauma can be traced to colonialism and systemic racism resulting in the Sixties Scoop and residential school system. As noted by one service provider, “I have said this so many times that the residential schools, the Indian day schools, the Sixties Scoop, the millennial

scoop, child welfare, they’re all the same... They’re all different chapters of the same book” (Community Organization Worker, Interview, Jan. 18, 2022).

“We’re seeing the generations, we are seeing the names. I’m seeing the names of boys that I met here as children, as now listed as the abuser. And I’m seeing the names of the girls and I’m seeing the girls in shelter. So definitely that perpetuating that cycle of violence, like if you need a model, there has to be some type of an intervention, a point of intervention to break this.”

**– Community Organization Worker,
Interview, Feb. 10, 2022**

NORMALIZATION OF VIOLENCE

Another common theme identified in these interviews is the role unhealthy relationships – which normalize the use of violence – play in perpetuating the cycle of abuse. Service providers noted that when children grow up witnessing a parent or caregiver being abused, they can perceive such violence to be a normal part of an intimate relationship.

“Kids are like sponges, you know, and when they see violence and they grow up around it, the parents don’t understand how much it affects the children.”

**– Community Organization Worker,
Interview, Feb. 4, 2022**

According to service providers, when these children grow up and become parents themselves, they may perpetuate the violence they experienced, expose their own children to IPV, and thus continue the cycle of abuse. One service provider noted having

observed “young boys abuse their girlfriends, or girlfriends abuse their boyfriends, or seek out relationships like that so that they’re replaying their relationship that they saw growing up” (Community Organization Worker, Interview, Feb. 7, 2022).

Similarly, community workers stressed that when children are exposed to IPV and see it as normal, they may also grow up and seek out high-risk, abusive relationships. One service provider believed that in these instances victims are equating fear and anxiety with love. They explained:

“When there isn’t somebody who is abusive or who is then putting you through that emotional circle, the circle of abuse, then you think it’s boring. You don’t think it’s a love, you think there’s something wrong.”

**– Community Organization Worker,
Interview, Feb. 7, 2022**

HIDING ABUSE BECAUSE OF FEAR OF SYSTEMS

One of the most troubling themes identified in the interviews is the distrust – and even fear – that many adult victims of IPV have of police, CFS, the courts, and Victim Services. One specifically frequent fear is the belief that coming into contact with CFS by reporting IPV will result in the apprehension of children or the violent partner gaining custody of children.

“I think the biggest [barrier] is really overcoming the fear of Child and Family Services being the kiddie snatchers.”

**– Community Organization Worker,
Interview, Feb. 14, 2022.**

In fact, one service provider stated, “most [IPV] is hidden...I think they try to hide it more from us... Because they don't want their kids taken away” (Community Organization Worker, Interview, Feb. 11, 2022). Other service providers observed that the adult victims of IPV with whom they work “have no trust at all” (Community Organization Worker, Interview, Feb. 4, 2022) and are hesitant to report out of “fear of total apprehension” (Community Organization Worker, Interview, Feb. 14, 2022), noting, “if we need to call ANCR for something, they're terrified” (Community Organization Worker, Interview, Feb. 7, 2022).

Sadly, it is not just adult victims of IPV who fear involvement with CFS, but also their children who are exposed to it. We heard that children too, “are scared to say anything because, you know, they're being told, if you say anything, you'll be taken away” (Community Organization Worker, Interview, Feb. 7, 2022). If adults and children are afraid to report the abuse, the violence may continue and they are unlikely to receive the services they need and to which they are entitled.

“And there's also a huge mistrust with the police as well” (Community Organization Worker, Interview, Feb. 7, 2022).

“You had to hide it, or you were too scared to tell anyone because of what might happen if you told someone and CFS got involved. And then there you go, you're in a CFS system.”

**– Community Organization Worker,
Interview, Feb. 7, 2022**

“There's a lot of mistrust against a lot of the systems that [families ask] if I call here, will you call CFS?”

**– Community Organization Worker,
Interview, Feb. 7, 2022**

Findings: Improving Services

LEARNING ABOUT HEALTHY RELATIONSHIPS

Service providers were consistent in their belief that one of the greatest tools their organizations employ to help stop the cycle of abuse is teaching children what healthy, violence-free relationships look like. After all, children “need to be taught how to be healthy. When you haven't grown up with it, [they] don't know it, right?” (Community Organization Worker, Interview, Jan. 31, 2022). Recalling a youth they worked with, one service provider recalled the youth “had opened her eyes” after learning about healthy, violence-free relationships in one of their programs. Having grown up witnessing IPV, the youth “never thought that was not healthy. It's just because that was her world. That was her lens, that was her normal” (Community Organization Worker, Interview, Feb. 1, 2022). While most of the organizations represented in the interviews incorporate some programming on healthy relationships, many would also like to see schools take a more active role in teaching children about the topic.

“[Children are] so used to family violence in their home that they think it's normal...if they get more programs and more awareness of...what is family violence, what is intimate relation abuse or whatever... I think that they would try it, they could recognize that this is not normal.”

**- Community Organization Worker,
Interview, Jan. 27, 2022**

“The majority of our work should be invested in creating these healthy families for people to grow up in. And whether that's with your partner, whether it's individually, whatever it is that it looks like, offering support to people who are struggling.”

**- Community Organization Worker,
Interview, Jan. 28, 2022**

MORE SERVICES FOR CHILDREN AND YOUTH

When service providers were asked about the services available for children who have been exposed to IPV, many of the responses were similar. We heard versions of, “I really don't know. I don't know any resources” (Community Organization Worker, Interview, Feb. 11, 2022) or “I don't think there's any. Not that I can refer to anyway” (Community Organization Worker, Interview, Feb. 3, 2022). One participant noted that they:

“...have to really look far and wide in in the community to find these services. And it's usually in the form of counselling or therapy. There's really not a lot that I can find out there for children and youth who are going through this.”

**- Community Organization Worker,
Interview, Jan. 18, 2022**

Another service provider shared, “If you ask me today, you know where to refer a child, no, uh. I'd have to phone around and see what might be out there” (Community Organization Worker, Interview, Jan. 28, 2022).

It is clear that one crucial service specifically that is in short-supply is child-centred counselling. As noted by one service provider, “we need more services available for children and youth...Children are victims just as well as the mother is, or as the father is” (Community Organization Worker, Interview, Jan. 18, 2022). Further, several service providers believed that the children fortunate enough to receive some form of counselling receive too few sessions to address the trauma they have experienced. After all, healing “is like a lifelong process when you're dealing with

complex trauma...band-aid solutions don't work" (Community Organization Worker, Interview, Jan. 31, 2022). This also was a concern shared by the youth we spoke with.

"They need to have specific counselling for children who are victims of intimate partner violence because that abuse that they're witnessing impacts them in many different ways. It's physiologically,

physically, socially, emotionally, you know, their whole being is affected by that... they need to have family counselling and therapy, they need to have specific therapy geared towards children and youth who are victims of intimate partner violence and understand that this impacts children as much as it impacts the [adult] victims."

**- Community Organization Worker,
Interview, Jan. 18, 2022**

INDIGENOUS-LED WRAP-AROUND FAMILY SUPPORTS

More available child-centred therapy is just part of the solution, however, and many of the service providers interviewed believe what is really needed are culturally-appropriate, wrap-around supports involving the whole family. If "all of these systems [were] more connected... there can be a team created to best help the child in this situation. It's wrap-around services, circle of support" (Community Organization Worker, Interview, Jan. 31, 2022).

"I think having those community wrap-around programs. For very complex families like families that are involved in multiple arenas and multiple helpers... When you have a team of people that you have chosen that this person is going to help me take care of my driver's license and this person over here is going to help me work out my issues with my taxes. It's not all on one agency and everybody knows who's doing what part, and it really, I think, just gives that person [confidence]. They still have ownership of the process, but they also feel it, can feel confident, and they know who is helping me with what."

**- Community Organization Worker,
Interview, Feb. 10, 2022**

"Often we're told or asked that they wish that there was programs that worked with the family as a whole."

**- Community Organization Worker,
Interview, Feb. 1, 2022**

Service providers identified Indigenous-led programs, including ceremonies and Elder supports as an essential part of healing and breaking the cycles of violence.

"How do we prevent this cycle from continuing? This is a battle... It's going to take a long time. But that's the key right is to be working with everyone, dealing with the intergenerational trauma in a culturally-appropriate and non-judgmental way."

**- Community Organization Worker,
Interview, Jan. 31, 2022**

"I find with many of our Indigenous participants that are successful...are able to, able to combat and be resilient. It's a result of being connected to a really good Elder in community and, you know, becoming, learning about their culture, reconnecting, attending ceremony, developing, you know, a family and a healthy family, meeting folks that are healthy."

**- Community Organization Worker,
Interview, Jan. 31, 2022**

Program Highlight:

Red Road to Healing and Traditional Teachings

In addition to programs and supports for children and youth, it is important to have programs and supports for caregivers who survive IPV. The Red Road to Healing program is an example of an Indigenous-led family support program in Manitoba that was highlighted by several service providers we interviewed. Created in 2010, the Red Road to Healing program is a 10-week program to help people who have experienced violence move forward in their healing journey. In order to counteract the messages of violence and to empower women to make healthier choices for themselves and their families, the program combines culturally-appropriate and traditional teachings through informational and healing sessions. Elders present traditional teachings, including sharing circles, prayers, closing circles, sweat lodges, and drumming. The program has three components: weekly group meetings for 10 weeks consisting of sharing circles, education, support and ceremonies; referrals to treatment programs; and one to one support and counselling. Success is measured based upon the participant's personal growth and their ability to effect positive change in their lives. No evaluation has been completed (Government of Canada, 2012). In Manitoba, this program is offered by the North Point Douglas Women's Centre, the West Central Women's Resource Centre, and the First Nations Family Advocate Office.

BUILDING TRUST

In their experience, many respondents think establishing people's trust in systems requires relationship building, better communication (including more follow ups), as well as an increased community presence. For example, one service provider noted, "I feel like if [police and Victims Services] were to actually come and involve themselves in the community and involve themselves with the parents and the children, you know, kind of build that relationship, I feel like that would be phenomenal. It would really help" (Community Organization Worker, Interview, Feb. 4, 2022). Similarly, "there needs to be more long-term follow up, as challenging as that sometimes can be...A critical piece of the puzzle is that relationship building and long-term connection" (Community Organization Worker, Interview, Jan. 31, 2022).

"I feel like they...Victim Services themselves, they could get more involved, they can come down to different organizations and see what's going on and show the people that they really do care. You know that they want to help them because a lot of the times a lot of our parents, they're angry at them. They don't trust them and they don't want to believe them because half of the people that come to our programming are involved with, like CFS and the police. And they don't trust anybody."

**- Community Organization Worker,
Interview, Feb. 4, 2022**

Program Highlight:

Infinity Women Secretariat

As noted, resources and recovery programs are needed for female caregivers of children who survive IPV, including for Indigenous women and the 2SLGBTQ+ community. To this end, work being done by the Infinity Women's Secretariat was brought to our attention. The Infinity Women Secretariat (IWS) works with hundreds of Metis women, girls, and 2SLGBTQ+ individuals, providing information and connecting them to Metis-specific programs, services, supports, and resources. IWS fosters cultural, social, and economic programs, community engagement, advocacy, leadership, and governance development (Infinity Women Secretariat, n.d.-a).

Family Violence and Human Trafficking Prevention Program:

In partnership with the Manitoba Metis Federation (MMF) and the Ma-Mow-We-Tak Friendship Centre (Thompson), IWS works to address gender-based violence against women through the creation of preventive, supportive, and accessible resources and programs. The goal of IWS is to educate, support and promote Metis communities in Northern Manitoba as they address the lack of knowledge, resources, and recovery options available to women, 2SLGBTQ+ women-identifying individuals, and youth (Infinity Women Secretariat, n.d.-b).

MORE SUPPORTS FOR MEN

"A lot of men are very damaged right now. And that's what keeps the cycle going. So supporting the men is, you know, is a critical piece."

**- Community Organization Worker,
Interview, Jan. 31, 2022**

Another frequent theme observed in the interviews with community organizations was the lack of supports and services for men. It is becoming increasingly recognized that "getting men to be more involved with the parenting and understanding of how their actions are impacting on the children" (Community Organization Worker, Interview, Feb. 14, 2022) are integral parts of a whole family approach. Accordingly, many of the community organizations interviewed either have or are in the process of developing such supports.

"I mean, we don't even have a men's shelter...I've had to turn away five men in one year looking for a place of safety. And they were the primary caregivers and they

didn't have access to their family allowance and stuff like that. So a lot of people think IPV's more where the woman is abused, which [in the] majority of the time, it is that situation. But there is a lot of times where our men are being beaten and hit and scratched and slapped...and things like that...A lot of those men are stay-at-home dads or they're the primary caregivers. So, my hope is that there's awareness around that and also the funding that we need."

**- Community Organization Worker,
Interview, Jan. 21, 2022**

And for many families, these supports are badly needed to help break the cycle of abuse by teaching men "how to live without violence, without the kind of lifestyle that they, that most of them had grown up with" (Community Organization Worker, Interview, Jan. 31, 2022). Unfortunately, however, the demand still seems to be exceeding what is available. For example, one of the organizations continue to have "a lot of men calling and asking for programs

and saying, you know, everywhere they call, they don't offer any services to the men" (Community Organization Worker, Interview, Feb. 4, 2022).

"There needs to be more programming to support men, healthy groups for men who have grown up with domestic violence. And that's how they see being the head

of the household: being a strong male presence also involves inappropriate behaviours that they've grown up with. And so there needs to be more services for men."

**- Community Organization Worker,
Interview, Jan. 31, 2022**

MORE SUPPORTS FOR NEWCOMERS

"She has no family here...So she feels very isolated and with her culture, it's a very male dominant world...she wants to leave. But she doesn't know how to if she doesn't know how to use the bus, she doesn't know where to go because there is no family here for her."

**- Community Organization Worker,
Interview, Feb. 7, 2022**

Newcomers are another diverse group for which accessibility to IPV-related support services can be a challenge. This group can be especially vulnerable, facing challenges including language and cultural barriers, isolation (if family is back home), and even financial difficulties (if they are unable to work right away). In other words, "there's a lot of hardships for newcomers, because who do they go talk to, right? They don't have a community" (Community Organization Worker, Interview, Feb. 7, 2022).

An additional challenge is the fact that some newcomers arrive from countries where IPV is normalized and not discussed. While all of these challenges can make it difficult for newcomers to find and access available services and supports, the language barrier was frequently mentioned in our interviews. One participant working with newcomers has observed that too often police and Victim Services will "get very frustrated with newcomers if they can't speak English" (Community Organization Worker, Interview, Feb. 7, 2022). Participants suggest what is needed is

more cultural training, understanding, and "more people speaking the languages that are able to communicate with somebody who is going through domestic violence" (Community Organization Worker, Interview, Feb. 7, 2022).

"The newcomer population, the cases that we have seen, are extremely complex, like complex to the point where the person doesn't have the paperwork that's required to be in Canada necessarily. So if they're in shelter, they don't have any type of paperwork that lets them be in shelter because the shelters are essentially provincially-funded. So that also means they wouldn't be able to apply for any of the services that a woman would need to apply for to be self-sufficient."

**- Community Organization Worker,
Interview, Feb. 10, 2022**

Participants spoke about the need for training to understand cultural barriers and perspectives that can improve services for newcomer children and their families.

"One of the Winnipeg police departments should have more training within more awareness, especially for different cultures like not just Indigenous people, but like different cultures and understanding the way their cultures work."

**- Community Organization Worker,
Interview, Feb. 11, 2022**

Summary

The semi-structured interviews with community organizations who gifted us with their wisdom and knowledge revealed key gaps and challenges faced by children in Manitoba exposed to IPV. Problematically, while the psychological and emotional impacts for children exposed to IPV are significant, the children are often not perceived as victims entitled to supports. Several service providers emphasized the issue of intergenerational trauma. They also spoke about the role of unhealthy relationships in normalizing violence and perpetuating the cycle of abuse, emphasizing the need for education about healthy relationships and Indigenous-led, child-centred, wrap-around supports that go beyond short-term counselling and therapy. They highlighted that many IPV survivors and their children do not ask for help due to distrust of the police, CFS, the courts, and Victim Services. Survivors are fearful that their children might be apprehended by CFS.

Participants from community organizations consistently emphasized that more resources and supports are needed, outside of the CFS system, for children and families to break the cycle of violence.



Programs that are self-confidence building...youth who don't feel good about being native, what are we going to do? We have to teach about the culture and the history...but a history taught from our perspective...that is really important for confidence and self-esteem. Traditional items are what they need to help them – sewing ribbon skirts, star blankets, land-based education...get them doing things from a native perspective, be able to walk into the streets of Winnipeg proud of being Anishinaabe. You need to feed their spirits.”

**Elder Lynn Courchene,
Sagkeeng First Nation**

Section 8:

RECOMMENDATIONS

A key responsibility of the Manitoba Advocate for Children and Youth is to develop recommendations that increase the effectiveness and responsiveness of provincial services, issued to Ministers responsible for those services and/or other public bodies or persons that the Advocate considers appropriate (ACYA, s.31(1), s.31(2)). This section outlines recommendations the Manitoba Advocate is issuing to the Government of Manitoba and other public bodies with the goal of increasing the responsiveness and effectiveness of services for children exposed to IPV and their families in this province.



Children and youth are rights holders, as recognized by the international agreement, the *United Nations Convention on the Rights of the Child* (UNCRC), and are thus entitled to the highest standards of care and special supports (Articles 24 and 39, UNCRC), and protection from all forms of violence (Article 19, UNCRC). Governments and service providers have the responsibility, as duty-bearers, to ensure children's rights are respected and realized, through the provision of services that ensure the best interests of the child are prioritized (Article 3, UNCRC).

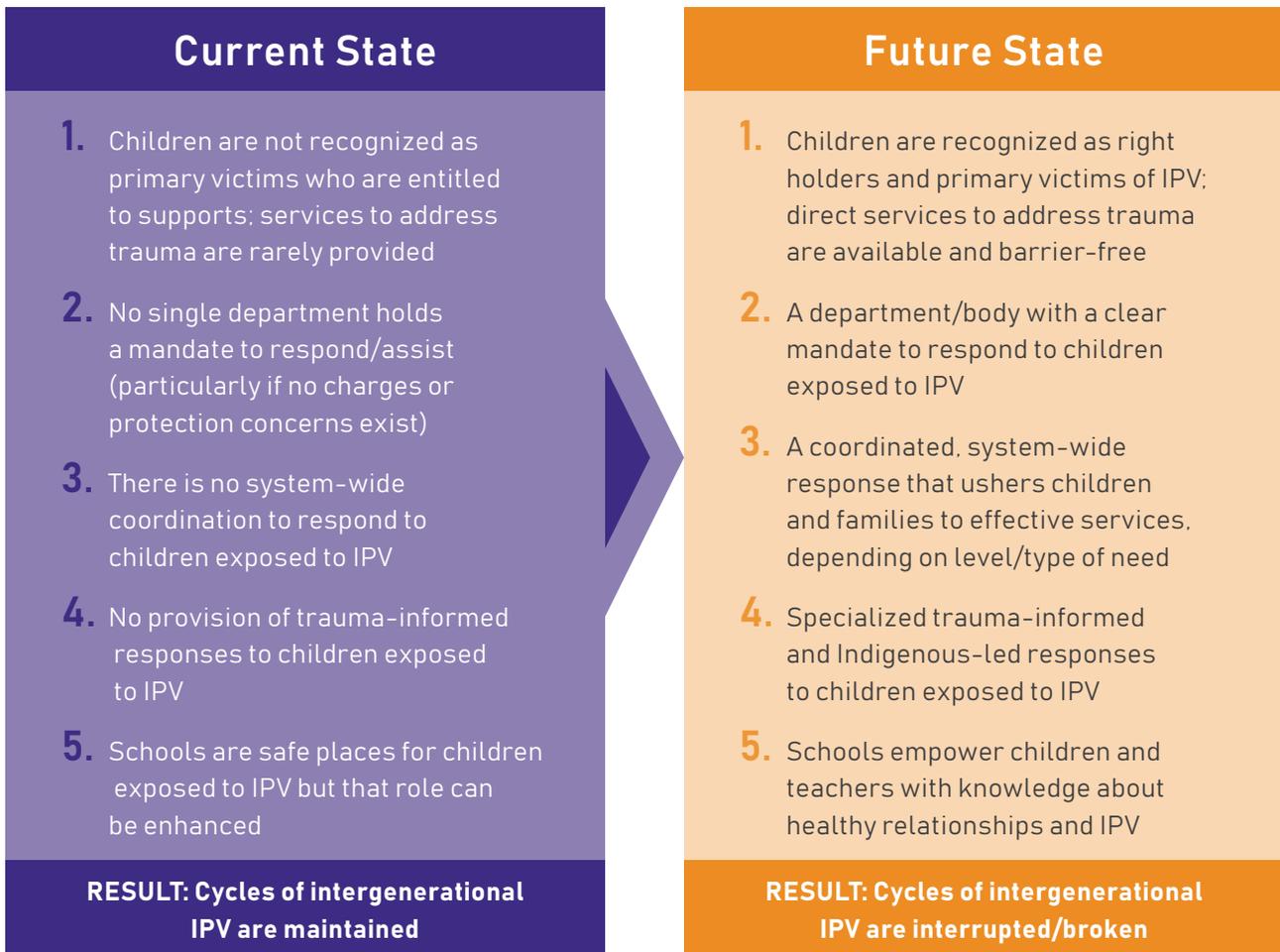
Fundamentally, the findings from this special report lead to the inescapable conclusion that Manitoba children are not recognized as victims when exposed to intimate partner violence. When their exposure to such violence is not acknowledged wholly, they are not seen as entitled to the same range of victim services as their adult caregivers. This is further compounded by the lack of specialized victim services for children who are exposed to IPV, as most counselling available is tailored to adults (individually or together), excluding the minor dependents in a household.

As part of the recommendation development process, the Manitoba Advocate presented preliminary findings and recommendation areas in April 2022 to representatives from Government of Manitoba departments, police services, and First Nations and Metis governments. The Manitoba Advocate met individually with Deputy Ministers in May and June. Following consultations, drafts of recommendations were shared with the public bodies to which recommendations were addressed. We received verbal and written feedback in June. In some cases, where determined to be appropriate, revisions were made to ensure clarity and feasibility.

The recommendations listed in this section provide public bodies with a roadmap that recognizes children as centrally-impacted by IPV, enhances immediate responses, increases IPV service navigation and coordination, develops therapeutic supports, and increases awareness and education about IPV. Centering Indigenous-led responses, recommendations aim to break intergenerational cycles of violence and promote healing among children and families.



From Current to Future State



Recognize Children as Right-holders and Primary Victims of IPV

Finding

Service providers, system experts, and young adults with lived experience who were interviewed for this report frequently noted that too often children exposed to IPV are not perceived as victims of IPV. Data analysis confirms that the majority of children exposed to IPV (58%) did not receive a service response, and when delivered, the service response was aimed at the adult victim and/or accused. Recognizing the rights of children and their entitlements is an essential first step to the provision of effective and responsive services that look holistically at the family by including children.

What's happening in Manitoba?

Over the last few years, the Government of Manitoba has released a number of strategic priorities that speak to the need for a whole-of-government response to complex social problems facing our communities. *The Manitoba's Framework: Addressing Gender-Based Violence* (2020), while mentioning children and youth, stops short of identifying them as primary right-holders and developing objectives and measurable metrics for action. The first step in developing a coordinated and systems-wide response is in recognizing that as primary victims of IPV, children exposed to IPV have rights and governments have a duty to provide supports.

RECOMMENDATION ONE:

The Manitoba Advocate for Children and Youth recommends that the Ministers of the Gender-Based Violence Committee of Cabinet publicly recognize children exposed to intimate partner violence (IPV) as primary victims and rights-holders under the *United Nations Convention on the Rights of the Child* who are entitled to supports.

Details:

- The public recognition should articulate steps the government will take towards the realization of the right of children exposed to IPV to receive supports to heal from trauma (article 39. UNCRC)
- Address the gap in *Manitoba's Framework: Addressing Gender-Based Violence* regarding services to children and youth exposed to IPV in Manitoba.

Enhance the Immediate Response for Children Exposed to IPV

Finding

As many as 36% of children exposed to IPV that came into contact with police did not receive a referral to follow-up services. The likelihood of a referral is dependent on where the child resides and the policies of that police service. Young people interviewed explained the need for trauma-informed and child-centred immediate responses to address the needs of children and connect them to longer-term services. Pilot programs exist that better integrate police with social service specialists that can build trust and provide trauma-informed responses.

RECOMMENDATION TWO:

The Manitoba Advocate for Children and Youth recommends that the Minister of Justice develop a consolidated policing standards framework for investigating intimate partner violence (IPV) that includes best practices for responding to children exposed to IPV in Manitoba, consistent with recommendations 3 and 4 of the Independent Review of the Manitoba Police Services Act, 2009 Final Report.

Details:

- Recognize children as right-holders under the *United Nations Convention on the Rights of the Child*.
- Include clear language that designates children exposed to IPV as victims.
- Clearly define children exposed to IPV and when a child is considered 'present' in the residence.
- Document the presence of children in the residence at the time and the immediate effects of IPV on the child.
- Establish age-appropriate, trauma-informed, and culturally/linguistically appropriate standards for speaking to children who are present during an IPV incident.
- If there is an immediate protection concern, CFS should be contacted. Establish mandatory referrals to appropriate services and supports by officers when children are identified in IPV incident but are not referred to CFS.
- Include a requirement to document referrals and reasons for referrals.
- Include information sharing practices that connect police forces to Victim Services to ensure follow-up for all cases, similar to the existing arrangements between WPS and Victim Services.
- Consider provisions for officers attending to the scene of IPV incidents be partnered with civilians who have an expertise in IPV and trauma-informed practices in interviewing children (e.g., social workers, Victim Service workers), where appropriate.
- Align with the *Calls to Action* 36 and 40 of the TRC and the *Calls for Justice* 1.1 to 1.13 of the MMIWG Inquiry.

RECOMMENDATION THREE:

The Manitoba Advocate for Children and Youth recommends that the Minister of Justice conduct an independent outcome evaluation of the Winnipeg Police Service and Manitoba Justice's Domestic Violence Support Service (DVSS) Pilot program that provides an integrated response to incidents of intimate partner violence (IPV).

Details:

- Elicit feedback from relevant stakeholders including Indigenous-led community agencies, mental health services, child welfare, and the families and young people impacted by the program.
- Include a formative evaluation that considers expansion of the program or other culturally-safe integrated responses to jurisdictions outside of Winnipeg, following consultations with Indigenous governments.
- Make the results of the evaluation publicly available.

Develop a Coordinated and Consistent Response

Finding

No single government department holds the responsibility to assist and support children exposed to IPV. Current mandates limit service responses for the majority (58%) of children exposed to IPV. Most cases did not present immediate child protection concerns, yet the majority of service responses were led by Child and Family Services.

RECOMMENDATION FOUR:

The Manitoba Advocate for Children and Youth recommends that the Deputy Ministers responsible for the Manitoba Advocate for Children and Youth Recommendations Action Planning (MACY-RAP) Committee lead the development of a whole-of-government response plan to address the coordination gaps for children exposed to intimate partner violence (IPV), with the goal of ensuring a child-centered, culturally safe, and trauma-informed service response for all children known to be exposed to IPV in Manitoba.

Details

- Service response and coordination needs include: centralized assessment of referrals for children exposed to IPV and their families, family navigation services with warm referrals and follow-up supports.
- This coordinated response should support referrals from community agencies, police, child welfare, and other stakeholders that have contact with children exposed to IPV and their families and develop a response appropriate to the level of need.
- Consider the development of child/youth-centred and specialized

Family Guide/Navigator position(s) to ensure IPV survivors and their children are connected to available services at the earliest opportunity.

- Consult with Indigenous-led organizations, Indigenous governments, newcomer serving agencies, and other community stakeholders in the development of this response.
- Ensure low-barrier access by allowing self-referrals and through a broad eligibility criteria that is not based on whether criminal charges are laid.

Develop Therapeutic Supports for Children Exposed to IPV

Finding

Documented service responses, where present, were focused on the adult survivor or perpetrator. Community service providers and family violence shelters identified a gap in specialized services for children exposed to IPV resulting in a gap in the response to children’s trauma and associated behavioural and mental health needs. This gap is inconsistent with Article 39 of the UNCRC and the principles and goals of the MMIWG Inquiry to address the intergenerational cycles of violence.

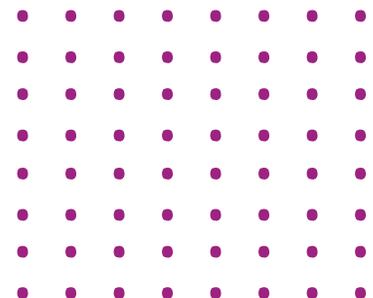
RECOMMENDATION FIVE:

The Manitoba Advocate for Children and Youth recommends that the Minister of Health, in collaboration with the Ministers of Mental Health and Community Wellness, Families, and Justice, fund specialized resource(s) that provide culturally-safe therapeutic supports for children exposed to intimate partner violence (IPV) to address their trauma and support their journey to healing, consistent with Article 39 of the *United Nations Convention on the Rights of the Child*.

Details:

- Resource development should follow meaningful consultation with First Nations, Metis and Inuit governments and community leadership.
- Resource(s) may be funded/located in a community-based organization.
- Resource(s) will act as a point of referral for community agencies, Victim Services, CFS, and domestic violence shelters to provide specialized care to children exposed to IPV.
- Include a continuum of supports that address various levels of acuity and consider both immediate and long-term supports.

- Services include funding to Indigenous healing practices, including Elders and Knowledge Keepers, as well as programs that support Indigenous young people through land-based learning and healing.
- Access should be barrier-free and avoid time limitations for children and youth who were exposed to IPV in their earlier child/youth years.
- Enhance specialized programming for male-identifying youth and young adults to address violence normalization and intergenerational violence.
- Promote services with specific outreach responses to newcomer families and the 2SLGBTQ+ community.
- Funding for services must be sustainable and any contracts/agreements with service providers should be multi-year and renewable to ensure consistency of services for young people.



Finding

Family violence shelters interact with children who are exposed to intimate partner violence regularly. In rural communities they are resource centres for general information and supports. A review of service purchase agreements, recent funding announcements, and consultation with the Manitoba Association of Women's Shelters, highlight the need for specialized and qualified professionals at each shelter who focus on assessing and responding to children and their trauma.

RECOMMENDATION SIX:

The Manitoba Advocate for Children and Youth recommends that the Minister responsible for the Manitoba Status of Women Secretariat, enhance funding to each of the ten family violence shelters in Manitoba to ensure employment of a child-focused trauma specialist.

Details:

- This position would support children in shelter and connect them to resources and services.
- Conduct community outreach to enhance understanding of IPV and healthy relationships for children and young people, particularly in rural communities.
- Conduct training in the community and for local professionals about the impact of exposure to IPV on children and youth.
- Work with the Manitoba Association of Women's Shelters to develop a province-wide standard to respond to children exposed to IPV in shelters with trauma-informed, culturally-safe, and child-centered approaches.

Promote Healthy Relationships In Schools

Finding

Young people and service providers spoke about the normalization of violence and the need to inform children and families about the impacts of violence as well as the resources available to them. Children growing up around IPV must be given the opportunity to learn about healthy relationships to better understand that such violence is not normal and what they are experiencing is not their fault. While healthy relationships are included in the Manitoba curriculum, teachers, school clinicians, and other school staff need to be empowered to teach, and talk about healthy relationships, and the effects of IPV on children and youth.

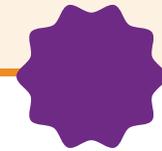


RECOMMENDATION SEVEN:

The Manitoba Advocate for Children and Youth recommends that Manitoba Education develop and distribute learning resources for teachers, school clinicians, and other school staff on teaching healthy relationships for each grade-level, and understanding the effect of IPV exposure on children and youth.

Details:

- In collaboration with other Departments, a resource list of 24/7 phone lines available in Manitoba including Kids Help Phone, the Family Violence Prevention Hotlines, and others should be created and posted in all Manitoba K-12 schools.
- Learning resources to include access to training, tips for integration into health curriculum, and information to support teachable moments within any classroom.
- Learning resources to be developed through consultation with IPV experts, including experiential children/youth, newcomer organizations, and Indigenous leadership/organizations.
- Learning resources should not only support the dissemination of the provincial health curriculum, but be able to provide all teachers, clinicians, and other school staff with an understanding of healthy relationships, IPV, and the effects of IPV on children.
- Learning resources are made available to all Manitoba Educators through a system such as MAPLE (Manitoba Professional Learning Environment).



Conclusion

Children exposed to IPV and their families in Manitoba are entitled to services that protect them from further violence and support their healing. The personal stories of young people included in this special report offered a window into the unique experiences of hundreds, and likely thousands, of children across Manitoba.

This special report, the first of its kind reviewing services for children exposed to IPV in Manitoba, outlines the enormous scope of the problem and

important service gaps in the areas of immediate supports, service navigation, specialized therapeutic responses, and education. The recommendations included describe a pathway that could transform the collective response to children who are exposed to IPV and offer a way towards addressing intergenerational cycles of violence.

It is our collective responsibility as Manitobans to ensure we listen to the voices of young people that have gone unheard for far too long.

GLOSSARY OF TERMS

Calls to Action: are recommendations made by the Truth and Reconciliation Commission of Canada (TRC) to redress the legacy of residential schools and advance the process of Canadian reconciliation.

CFS Authority: manages and oversees services, disperses funds, and ensures that culturally-appropriate services are delivered by their respective CFS Agencies consistent with relevant legislation. In Manitoba, there are four Child and Family Services Authorities: the First Nations of Northern Manitoba Child and Family Services, the General Child and Family Services Authority, Metis Child and Family Services Authority, and Southern First Nations Network of Care.

CFS Agency: is the service delivery part of the CFS system. Once a family chooses one of the four Authorities, the Authority assigns an agency to work with them.

Child and Family Services (CFS): helps to ensure that families and communities provide for the safety and well-being of their children. There are a number of provincial laws that are in place to accomplish this goal.

Domestic Violence: see Family Violence.

Duty to Report: as outlined in the *Child and Family Services Act* (18.1), in Manitoba it is everyone's legal responsibility to report a child believed to be in need of protection.

Exposure/Witnessing Intimate Partner Violence: occurs when children are aware of adults' violence toward each other, including when children witness physical aggression or incidents of violence, see evidence of abuse, hear threats or violent altercations, observe police intervention, hear stories about the violence, or are part of the violence.

Family Violence: includes actual or threatened physical, sexual, emotional, or financial abuse directed toward any family member.

including but not limited to those between intimate partners.

Intimate Partner Violence (IPV): is the physical, sexual, emotional, financial, and/or psychological violence or coercion between current or former intimate partners.

Period Prevalence: refers to the proportion or frequency of a specific condition measured over a period of time; in the case of this study, it refers to the proportion of police-reported cases of IPV in which children were exposed or present and which occurred during the 30 days between April 1 and April 30, 2019.

Police-Reported Intimate Partner Violence: refers to known incidents of intimate partner violence which have been reported to one of the province's police services.

Provincial Police Services: refers to all police services operating in the province of Manitoba, including Altona, Brandon, Manitoba First Nations Police Service (MFNPS), Morden, the Royal Canadian Mounted Police (RCMP), Rivers, Sainte-Anne, Winkler, and Winnipeg Police Services.

United Nations Convention on the Rights of the Child (UNCRC): is a legally-binding international agreement setting out the civil, political, economic, social and cultural rights of every child, regardless of their race, religion or abilities. The UNCRC was ratified by the Canadian government in 1991.

United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP): is an international document recognizing the basic human rights of Indigenous Peoples along with their rights to self-determination. In 2016, Canada announced its full support of the declaration.

Victim Services: provide assistance to victims of serious crime (including IPV) by providing emotional support, information about victim rights, help navigating the legal system, and referrals to appropriate agencies. Throughout the province, services are provided by Manitoba Justice's Victim Services Branch, while Brandon, Altona, Morden, Winkler, and Winnipeg Police Services also have their own Victim Service branches.

Women's Resource Centres: offer community-based programs and services which support and empower women to make informed decisions in their lives. Services include crisis prevention and intervention, individual and/or group counselling, information and referral, children's services, and public education/awareness.

Women's Shelters: provide short-term emergency accommodation, protection, and a full range of resources and support services for abused women and their children on a 24 hour basis, seven days a week.

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Appendix A:

METHODS

This appendix describes in more detail, some of the qualitative and quantitative research methods employed in this special report as described in Section 3.

Data collection and review of police-reported IPV incidents for April 2019

The starting point for this study was a one-month 'snapshot' (population-based retrospective review) of all police-reported incidents of IPV in Manitoba during April 2019 in which children were exposed to or present at the time of the incident.

The *Advocate for Children and Youth Act* (ACYA) outlines the responsibilities of the Manitoba Advocate, including the responsibility to conduct research and publish special reports in order to increase the effectiveness and responsiveness of public services (Section 11(1)(b) and Section 31). In order to fulfill this responsibility the Manitoba Advocate has the right to information (Section 17(1)). In turn, public bodies have a duty to provide information and assistance (Section 17(2)).

Accordingly, in July 2020, the Manitoba Advocate requested information from Altona, Brandon, Morden, Rivers, Winkler, and Winnipeg Police Service, as well as RCMP and Manitoba First Nations Police Service. Specifically, the Manitoba Advocate requested the number of total IPV incidents between April 1, 2019 and April 30, 2019 and in how many of these were a child/youth (ages 0-17) present. Combined, information received from all provincial police services revealed there were 1,943 IPV incidents in April 2019, including 342

incidents identified by police in which children/youth were documented to have been present at the time of the event. Copies of the case files for 255 incidents of the 342 police-reported incidents (i.e., all non-RCMP involved cases) were received by the Manitoba Advocate.

A comprehensive literature review informed the development of the database used to collect demographic and service-delivery-related information in each case of police-reported IPV involving children. Data were collected from a review of the 255 cases received and entered into the database by researchers at MACY. Data on the 87 RCMP cases were collected, reviewed, and entered into the database by an RCMP analyst after which a copy was sent to MACY. The database, including the 255 cases reviewed by MACY and the 87 cases reviewed by the RCMP were merged into a single database. A data collection protocol and code book were developed to ensure reliability and consistency between abstractors. When necessary, MACY staff consulted the Child and Family Services Information System (CFSIS) to find any demographic information that was missing from the police files (e.g., children's names, sibling information, ancestry, date of birth, etc.).

Linkage to Child and Family Services (CFS) data

The database created using the police case file information included a list of unique children documented to have been present at the time of the IPV incident in April 2019. These children were manually cross-referenced in CFSIS by three MACY staff to determine their history of involvement with CFS (if any). The history of the child's involvement with CFS, particularly as it related to service-delivery as a result of the April 2019 IPV incident, was incorporated into the database.

Linkage to Victim Services data

In order to get a more complete understanding of the intersecting systems of support for children exposed to IPV, in October 2021, the Manitoba Advocate requested information about the services they received or did not receive from Victim Services. To that end, MACY staff prepared an Excel document listing the IPV cases referred to Victim Services in the records provided to our office by provincial law enforcement agencies. The document included the variables Victim Services told our office were required to ensure all relevant data could be provided, including the police incident numbers, the names of the adult victims, and the names of the children and youth noted to have been

present. After confirmation from Victim Services that it could indeed provide the data MACY needed, MACY requested the following information for each child: whether Victim Services referred the cases to CFS; whether Victim Services contacted the affected children and how; what services or referrals were offered to the child exposed to IPV; in which of these services did the children partake (if known); and was there any follow up with the children about services offered. To get a better understanding of the information included in the Victim Services case files, in February 2022, MACY requested hard copies for 13 randomly selected case files for the children exposed to IPV in April 2019.

Review of policies and procedures

Internal policies and procedures relating to responding to IPV incidents were requested and received from provincial police services and from Victim Services. This information, in addition to interviews with representatives from police, Victim Services, CFS, and community organizations, was used to increase our understanding of the current state of the services, systems, gaps, and responses provided by these systems.

Consultation and engagement with young adults

An essential component of this special report was including the voices of young people via interviews. To this end, in January and February 2022, MACY Researchers conducted eight semi-structured virtual interviews with young adults (ages 18–27 years old) who had been exposed to IPV in childhood. Young adults were asked how they perceived their experiences, how service providers impacted their lives (positively and/or negatively), and what they recommend to improve services for children and youth exposed to IPV. Young adults were recruited via a poster promoted through youth-serving community organizations and through social media (Twitter, Facebook, and Instagram). All young adults received \$40 in the form of a gift card for their participation.

An interview protocol handbook outlining ethical considerations was developed which addressed the following:

- **Anonymity and Confidentiality.** Study participation was voluntary and confidential. Young adults were informed of their right to confidentiality, their right to refuse to answer questions, and right to withdraw their participation at any time. Participants were reminded that their participation would not negatively affect their ability to access MACY services or other services. The limits of confidentiality were communicated, including situations where there are disclosures of abuse. During the analysis and writing of the report pseudonyms were used and efforts were made to remove any identifying information.
- **Informed Consent.** A written consent form (fillable PDF) was provided and submitted by participant prior to the start of the interview. Two young adults who were not able to provide written consent due to technology limitations, provided verbal consent after the interviewer reviewed the consent form with

them. Verbal consent was recorded as part of the interview recording. The consent form described the purpose of MACY's research and a description of risk informing the participant that the sensitive nature of the topic may be upsetting as they reflect on their personal experiences. It also stated that at any time during the interview, the young adult can stop the interview and the interviewer will refer them to an appropriate, free counselling service. Finally, the consent form included information about the use of recording devices, the issue of anonymity and confidentiality, and the participant's remuneration. The form provided young adults the opportunity to create their own pseudonyms, and to receive feedback about the report's findings.

Data analysis

Data cleaning, as well as descriptive and statistical analyses were completed using R and SAS. Files received by police were reviewed to exclude a number of records identified by police to have included children, but upon closer review of files it was deemed no children were present. Duplicate entries were also excluded. There are some instances where records with missing or unique data were excluded from specific statistical analyses. For instance, there were eight police-reported IPV incidents where both adult intimate partners involved were deemed to be victims and accused perpetrators of violence, and were therefore excluded from analyses specific to victims and accused perpetrators as the nature of violence and system response may be different than incidents with only one victim.

Unique incident, child, victim, and accused perpetrator identifiers were assigned to all records, and all identifiable information (e.g., names and addresses) were then deleted from the

Privacy/security safeguards

As noted above, in order to conduct research, public bodies have a duty to provide information and assistance (ACYA, s.17(2)). Much of the information received for this special report is of a highly personal nature and the office of the Manitoba Advocate's temporary role as custodians of such information is a responsibility taken very seriously. Accordingly, the Manitoba Advocate developed a series of privacy and security safeguards surrounding the transfer, storage, and protection of the data.

- **Available Support Services.** Young adult participants were supported by the Manitoba Advocate's Knowledge Keeper who, at the request of the young adult, was present during interviews and/or provided supports, before, during, and after the interviews. A list of free counselling services was also made available for all young adults participating in the interviews. Attempts were made to follow-up with each participant within a week of their interview to see if they had any questions or required help to be connected with other resources, including the Knowledge Keeper.

datasets used for analysis. A master list of names and addresses associated with each IPV incident is stored within MACY's password protected server in an encrypted spreadsheet only accessible to select MACY staff directly involved in the review of original records.

Unique identifiers were utilized to merge datasets of manually recorded data saved in excel spreadsheets in R and SAS. Statistical testing included summary statistics, chi-square tests, and linear and logistic regression. A statistical testing result was deemed significant if there was a $p\text{-value} \leq 0.05$.

For the qualitative data – including interviews with community organizations, service providers, and young adults – both the transcription and the subsequent thematic analyses of the interviews with community organizations, systems experts, and young adults was performed using NVivo 12 software.

Transfer of data

- All electronic copies of WPS police files as well as policies and procedures were delivered on CDs to our office by registered couriers. A small number of police files were sent in hard copies to our office via regular mail.
- MACY did not receive any hard or electronic copies of RCMP case files. Instead, at the request of the RCMP and to facilitate data collection, MACY agreed to develop and provide the RCMP with a password-protected database to enter information requested (see data collection section above). The password-protected database was hand-delivered to the RCMP on an encrypted data stick. The password to the database and data stick were provided over the phone. Once RCMP completed the case review and data input in their office, they password-protected the completed database and transferred it to a data stick. MACY staff collected the data stick in person at which point the password was provided.

Storage of data

- Upon receipt, the electronic police files as well as policies and procedures received on the CD from WPS were transferred and stored in a password-protected folder on MACY's internal government server. Only senior management and one Researcher had access to these files.
- All hard copies of police files as well as policies and procedures were stored in locked cabinets in offices requiring key-codes to access.
- The password-protected database completed by the RCMP was transferred and stored in a password-protected folder on MACY's internal government server, after which the original database on the data stick was erased and the data stick formatted.

Protection of data

- Data collected was not anonymized in order to be able to connect administrative databases such as CFSIS (child welfare) and Victim Services to understand the services children who are exposed to intimate partner violence received.
- Once data collection was complete, the database was anonymized – all identifying information (i.e., names of victims, perpetrators, and children) was removed and each case was replaced with a random number.
- A separate, password-protected spreadsheet was created linking the identifying information to the random number and stored on our secure server (see above).



About The Cover

The cover art features a stylized illustration of prairie crocus flowers. This resilient plant survives the harshest winter conditions, and its flowers are one of the first to emerge in the spring, bringing hope that warmer, brighter days are ahead. Their fuzzy covering shields the stems, buds, and leaves, and they grow low and close together for protection from the wind. Their symbolism mirrors the fortitude of the children and youth who witness intimate partner violence.

The crocus is a blessing that demonstrates life will go on.



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