

Submission to

THE RIGHT HONOURABLE DOUGLAS FORD

Premier of Ontario

By



**THE BUSINESS & PROFESSIONAL
WOMEN OF ONTARIO**

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**Working towards improving economic, political, social,
and employment conditions for women in Ontario**

“Stepping Forward”

Member of:

The Canadian Federation of Business and Professional Women (BPW Canada)

The International Federation of Business and Professional Women (BPW International)

September 2024

INTRODUCTION

The Business and Professional Women of Ontario (BPW Ontario) is a non-partisan and non-sectarian organization which represents dedicated working women across Ontario. Our members represent a diverse group of women working in public and private sector, industry, and the professions.

Our members meet monthly to discuss issues relevant to women. Being part of BPW Ontario means each member also enjoys the privilege of membership in the Canadian Federation of Business and Professional Women (BPW Canada) and the International Federation of Business and Professional Women (IFBPW) which were both founded in 1930. The International Federation of Business and Professional Women has members in over 100 countries around the world and maintains Consultative Status in the United Nations Economic and Social Council (ECOSOC).

Since 2016, BPW Ontario continues to use the United Nations' Sustainable Development Goals to empower women. We continue to work in collaboration with BPW International, BPW Canada, the United Nations, and other likeminded organizations across the province seeking gender equality.

Since 1910, BPW Ontario has promoted the interests of working women by making submissions to government regarding issues such as closing the gender wage gap, employment equity, childcare, health issues, and other areas of concern to women. BPW Ontario promotes equality as a basic human right.

This year at the BPW Ontario annual general meeting, we identified the following issues women need the government to address: declare intimate partner violence an epidemic and implement all the 2022 Renfrew County Coroners recommendations to combat intimate partner violence (IPV) in Ontario; provide a viable options to support intimate partner survivors such as mobile tracking devices, funding bail notification systems protect the victims, and supporting newcomers who are victims of sexual assault; expand access to community mental health support and services; create a free prescription contraceptive plan; and address the gender pay gap in medicine.

BPW Ontario looks forward to discussing the resolutions in this brief and working collaboratively with you to positively impact the lives of women in Ontario. Please contact Heather Ellis, Resolutions Chair at resolutions@bpwontario.com to arrange a convenient time to meet.

Respectfully submitted,

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Business and Professional Women of Ontario

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Resolutions presented at the Business & Professional Women Ontario Annual General Meeting, June 2024

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RESOLUTION 2024-01: Expansion of Funding to Increase Options for Women who are Victims of Gender-Based Violence to Live Safely in Their Community

THEREFORE BE IT RESOLVED THAT the Business and Professional Women of Ontario (BPW Ontario) strongly urges the Government of Ontario, specifically the Attorney General, the Minister of Children, Community, and Social Services, and the Associate Minister of Women's Social and Economic Opportunity to establish core funding to expand programs similar to Project Guardian, a pilot program in the Region of Peel, across the province to improve women's safety and reduce the impact of gender-based violence.

Rationale

Emergency response systems have existed in Peel for those who are at high risk of violence for many years. In 2016, Victim Services Peel and Peel Regional Police collaboratively changed their system from a home alarm system to a mobile GPS tracking device, 'Project Guardian'. Variations of this project exist in many regions in Ontario. Project Guardian functions to improve the safety of those at risk of violence from assaults, human trafficking, hate crimes, and domestic violence. The project consists of extensive safety planning, maintaining contact with the Victim Services Coordinator, and supporting individuals living in Brampton or Mississauga who have reported the violence or threat of violence to the police, do not reside with the accused, and seek out and utilize other safety measures (e.g., peace bonds, restraining orders, or no contact orders). At the time of this resolution, nine (9) GPS trackers exist for Brampton/Mississauga, a population of over one million people, all of which have been allocated to individuals, and a waitlist exists. GPS trackers are provided to individual victims of violence who wish to remain living safely in their own residences after the perpetrator has left or been removed (Peel Police Services Board, 2018; Victim Services of Peel, 2020).

In 2018, 44% of women in Canada (or about 6.2 million) reported experiencing some form of intimate partner violence (IPV). It is estimated that IPV costs the economy \$7.4B annually and sexual violence \$4.8B (Government of Canada, 2023). Women who experience domestic violence are frequently referred to as victims of violence against women in shelters. Of those who seek emergency shelter, 60% are women. Of those women, 40% attend shelters with their children. In Ontario, 42% of shelters were at capacity, and shelters being at capacity was the reason women were turned away in 82% of situations (Moreau, 2019). A woman or girl dies every 2 days; 800 women and girls have been killed since 2018 (Canadian Women's Foundation, 2023). Between 2011 and 2021, police reported 1,125 gender-related homicides of women and girls. Of these, 2/3 (66%) were perpetrated by intimate partners, 28% by family members, 5% by a friend/acquaintance, and 1% by strangers. There has been a 14% increase in gender-based violence (GBV) between 2020 and 2021, the highest rate recorded since 2017 (Sutton, 2023). Between 2011 and 2021, police reported 1,847 women and girls who died by homicide; of the cleared (solved) homicides, almost 9 in 10 (88%) involved a male accused (Sutton, 2023).

Due to shelter overcrowding, women and children often have to go to shelters outside of their regions resulting in job loss due to transportation issues, and their children either do not get to school or end up switching schools, adding to their current trauma. The use of the GPS tracker alleviates the need for reliance on shelters and provides some sense of normalcy as victims can safely stay in their homes, maintain their jobs, and remain in their home schools. Despite women utilizing all currently available safety resources (e.g., restraining order, custody order, police), leaving an abusive relationship remains the most dangerous time; pending or actual separation was present in 67% of homicides investigated by the Domestic Violence Death Review Committee between 2003-2018 (Office of the Chief Coroner, 2019). This report also identified additional high risks such as a current or history of domestic violence by the perpetrator (71%), victims having an intuitive sense of fear (43%), prior threats to kill the victim (36%) and the perpetrator having failed to comply with authority (28%). 'Project Guardian' provides individuals safety through immediate, informed intervention to reduce the risk of violence, including homicide, and helps to increase autonomy, independence, and stability (Peel et al. (2018). In 2009, 15% of female victims of spousal violence obtained a protection order (e.g., restraining order, no contact, peace bond), and 32% of these orders were breached; 65% of which were reported to police (Sutton, 2023).

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RESOLUTION 2024-02: Funding Programs on Preventing and Dealing with Gender-Based Violence for the Newcomer Community

THEREFORE BE IT RESOLVED THAT the Business and Professional Women of Ontario (BPW Ontario) strongly urges the Government of Ontario, specifically the Attorney General, the Minister of Children, Community and Social Services, the Minister of Citizenship and Multiculturalism, the Minister of Education, the Minister of Health, the Minister of Finance, and the Associate Minister of Women's Social and Economic Opportunity to provide additional funds available to social agencies working with newcomer women to provide education in their first language for the prevention and handling of domestic abuse;

FURTHER BE IT RESOLVED THAT the Business and Professional Women of Ontario (BPW Ontario) strongly urges the Minister of Education which controls the curriculum to include content that addresses cultural abuse in newcomer communities and ensure school boards include the subject of gender-based violence in appropriate curricula for students and in the professional development of staff;

AND FURTHER BE IT RESOLVED THAT the Business and Professional Women of Ontario (BPW Ontario) strongly urges the Minister of Children, Community and Social Services, the Minister of Citizenship and Multiculturalism, the Minister of Health, the Minister of Finance, and the Associate Minister of Women's Social and Economic Opportunity to develop outreach, prevention, and support programs for working with newcomer women, develop educational training and information sessions for relevant sectors, and increase access to these services for newcomer families.

Rationale

Newcomers include immigrants, refugees, and those with temporary visas. Just over 1.3 million newcomers settled permanently in Canada from 2016 to 2021, the highest number of recent newcomers recorded in the Canadian census (Government of Canada, 2022). Newcomer women make up a significant part of Canada's population (Chui, 2011). Newcomer women continue to make up a significant part of Canada's workforce and, therefore, contribute important economic contributions (Tabibi et al., 2018). Therefore, it is even more imperative for this group to have access to services. According to the 2006 Census by Statistics Canada, one in five women are born outside of Canada and 3,222,795 women in Canada are immigrants. This number is expected to progress upwards in the future. The number of newcomer women who are also visible minorities continues to increase. In 2006, 76% of newcomer women were members of visible minorities (Chui, 2011).

Sexual assault is a widespread and serious problem in our society that disproportionately affects women. Yet, instead of delivering justice, the criminal justice system is too often a source of further distress for victims of sexual assault (Haskell and Randall, 2019). It is well known that many victims choose not to report the crimes of sexual violence committed against them. Newcomer victims of partner abuse remain mute because they

lack knowledge of the provinces' health, social service, and judicial systems. Religion and culture are often used to justify and excuse violence and keep women oppressed within newcomer communities (Tabibi, Ahmad, Baker, & Lalonde, 2018).

With family and gender-based violence increasing, it has been calculated that the cost of violence against women and girls in Canada for healthcare, criminal justice, social services, productivity, and lost wages is \$4.2 billion per year. In 2006, 1.7 million, or 55.8% of newcomer women aged 15 and over, were in the labor force (Chui, 2011). In 2019, Ontario recorded more than 30,000 incidents of intimate partner violence (Statista, 2019). Sixty-two women and children were killed through gender-based violence between November 26, 2022, and November 25, 2023 (OAITH, 2023).

English often is the second language for newcomers, women making it difficult to navigate the bureaucracy that may help them. The proportion of women who have a first language other than English or French has continued to increase. In 2001 and 2006, 80% of recent newcomer women identified a non-official language as their first language (Chui, 2011). In addition, not all support workers are educated in handling cultural problems. Outreach, prevention, and support programs are needed. Educational and information sessions need to be developed for both the victims and those assisting them (Tabibi et al, 2018).

“Increasing women’s participation in the economy is critical to their financial independence, their family’s prosperity, and Ontario’s economic growth. Because when women succeed, Ontario succeeds.” (Government of Ontario, para 5, 2023).

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RESOLUTION 2024-03: Funding Bail Court Notifications to Victim Services Agencies

THEREFORE BE IT RESOLVED THAT the Business and Professional Women of Ontario (BPW Ontario) strongly urges the Government of Ontario, specifically the Attorney General, the Minister of Children, Community and Social Services, the Minister of Education, the Minister of Finance, the Minister of Employment, the Minister of Health, the Minister of Red Tape Reduction, and the Associate Minister of Women's Social and Economic Opportunity to:

- a) Implement and fund a consistent bail court notification model throughout Ontario leveraging court staff and police services staff to ensure accurate and timely bail court notifications are provided to all local victim services agencies; and
- b) Ensure sustainable funding for bail court notification programs to all victim services agencies where Victim Witness and Assistance Program (VWAP) programs are unavailable to protect victims' lives.

Rationale

The *Canadian Victims Bill of Rights* SC 2015, c 13 s 2 states that victims have the right to information regarding the location, time, progress, and outcome of the proceedings related to the offense (Government of Canada, 2015). The *Victims' Bill of Rights 1995*, SO 1995, c 6 s 41 states that victims have the right to information regarding their role in the prosecution (Government of Ontario, 2024). Of the 117,093 victims of police-reported intimate partner violence in 2022, almost 8 in 10 (78%) were women and girls (Government of Canada, 2023).

The Bail Court Notification Program operates seven days a week throughout Ontario including statutory holidays. In municipalities and most jurisdictions throughout Ontario, bail court programs are operated by government employees in a program called Victim Witness and Assistance Program (VWAP) under the auspices of the Ministry of Attorney General. VWAP has several offices in Ontario where 1 or 2 qualified workers attend all bail court hearings and provide notifications to various victim services agencies. However, the VWAP agency does not provide notifications to all agencies. For example, the VWAP office in Peel provides “court support” to victims after the bail hearing stage, however, it does not provide bail notifications to assist in the aftermath (Ontario Court of Justice, 2023).

Throughout Ontario, municipalities have different approaches to funding, administering, and staffing the bail court notification process. For example, The City of Brant services 2,000 clients a year and raises money through the United Way to fund bail court notifications for their local victim services agencies. In Peterborough, bail notifications are completed by a special constable of Peterborough Police Service. This includes weekend/statutory holiday (WASH) court. For the City of Waterloo, the police-based victim services unit provides all bail release notifications for their local victim services agencies. However, during weekends and statutory holidays (WASH) court, the responsibility is shifted to the Central Division (Kitchener) Front Duty Desk Officer. For

the City of Toronto, The Victim Witness Assistance Program confirmed they do not attend bail hearings. The bail court notifications are completed by the Toronto Police Service.

For the Regional Municipality of Peel, *bail court hearings are attended by Victim Services of Peel staff and volunteers*. This includes weekends and statutory holidays. In the 2018/2019 fiscal year, Victim Services of Peel (VSOP) volunteers attended **5,015** bail hearings. Since April 1, 2023, the VSOP agency has already attended **5,085** bail hearings. VSOP is anticipating attending over **7,000** bail hearings by March 31, 2024, which is a **40%** increase since 2018/2019 (Rogers, 2023). Once bail court notifications are received by VSOP, Crisis Intervention Counsellors contact victims on the morning of the set bail hearings to gather safety concerns and then advocate to Crown Attorneys on the victims' behalf regarding the setting of bail conditions for violent offenders. Crisis Intervention Counsellors notify victims of bail conditions after each hearing and provide comprehensive safety planning. Where there are high-risk incidents victim services agencies expedite additional support such as emergency lock change, emergency hotel accommodations, and mobile tracking alarms (Rogers, 2023).

Providing accurate and timely bail court information to victim services agencies saves the lives of victims of violent crimes (Ontario Court of Justice, 2023).

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RESOLUTION 2024-04: Declaring Intimate Partner Violence an Epidemic

THEREFORE BE IT RESOLVED THAT the Business and Professional Women of Ontario (BPW Ontario) strongly urges the Government of Ontario, specifically the Attorney General, the Minister of Children, Community and Social Services, the Minister of Citizenship and Multiculturalism, the Minister of Intergovernmental Affairs, the Minister of Labour, Immigration, Training and Skills Development, the Minister of Municipal Affairs and Housing, the Minister of Northern Development, the Minister of Public and Business Service Delivery and Procurement, the Minister of Seniors and Accessibility, the Solicitor General, and the Associate Minister of Women's Social and Economic Opportunity to move Bill 173 Intimate Partner Violence Epidemic Act, 2024 from Standing Committee status to royal ascent in a timely manner.

Rationale

On December 6, 2023, more than 100 organizations wrote an open letter to Premier Ford requesting that the Ontario government declare Gender-Based Violence (GBV) and Intimate Partner Violence (IPV) an epidemic. The organizations included service providers that advocate for survivors, provide shelter and other services to survivors of both IPV and GBV. A statistic of 62 femicides to the date of the letter for 2023 alone was quoted (YMCA Toronto, 2023).

IPV is a historical, detrimental, and on-going issue that has been studied closely for the past decade and statistics on its effect on families, children and communities have been well documented. IPV is normally used to reference many different types of violence in an intimate relationship against a woman, a man, or a child, however, research and statistics prove that IPV happens more often to women and is committed mostly by men (Ontario Association for Family Medication, 2022).

The issue of IPV made headlines in the news in September 2015 when three women in Renfrew County were murdered by a man with whom they had a previous relationship. In 2019, the Province of Ontario conducted an inquest into the murders and the Verdict of the Coroner's Jury, which was issued on June 28, 2022. The verdict includes 86 recommendations, 68 of which were directed to the province. The very first of the recommendations to the province was to "formally declare intimate partner violence an epidemic" (Luke's Place, 2023, para 5).

The Province of Ontario's response to the verdict was to invest \$4 million in September 2023 into supporting victims and survivors of IPV, domestic violence, human trafficking, and child exploitation through funding various police services across the province through the *Victim Support Grant (VSG) Program*. The VSG supplements \$307 million invested in various anti-human trafficking programs since 2021 and \$18.4 million to approximately 400 gender-based violence service providers to increase support to women and children (Government of Ontario, September 2023; Government of Ontario, December 2023).

In response to the inquest's verdict, up to December 2023, more than 75 municipalities

have declared IPV an epidemic. The words used to conclude the open letter to the Premier explain why so many municipalities, cities, organizations, agencies, and individuals feel a declaration of IPV as an epidemic is important: “By taking action today and naming this violence for what it is, an epidemic, you would not only be acknowledging the gravity of this violence, but also demonstrating leadership that can save lives across the province” (YWCA Toronto, 2023).

It is time for the Province of Ontario to fulfill the first recommendation made by its own inquest into the IPV deaths it investigated.

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Cross, P. (2021). Making systemic change through an inquest (Part two). Retrieved from <https://lukesplace.ca/making-systemic-change-through-an-inquest-part-two/>

RESOLUTION 2024-05: Expanding Access to Community Mental Health Support and Services in Ontario

THEREFORE BE IT RESOLVED THAT the Business and Professional Women of Ontario (BPW Ontario) strongly urges the Government of Ontario, specifically the Minister of Children, Community and Social Services, the Minister of Health, the Minister of Labour, Immigration, Training and Skills Development, the Minister of Seniors and Accessibilities, and the Associate Minister of Women's Social and Economic Opportunity to establish:

- a) permanent, ongoing funding to expand the delivery of high-quality, accessible, and free mental health services, using the principles of universality and accessibility; and
- b) program standards to provide Ontarians with mental health services that are timely, universal, and culturally competent in all areas in order to allow all areas of the province to focus on solving critical backlogs in services and helping individuals in accordance with their unique needs.

FURTHER BE IT RESOLVED THAT the Business and Professional Women of Ontario (BPW Ontario) strongly urges the Government of Ontario, and specifically the Minister of Children, Community and Social Services, the Minister of Health, the Minister of Labour, Immigration, Training and Skills Development, the Minister of Seniors and Accessibilities, and the Associate Minister of Women's Social and Economic Opportunity to:

- a) undertake a comprehensive review of the criteria for access to the Ontario Works, Ontario Disability Support Program, and other provincial benefits programs to ensure mental health benefits are available to individuals experiencing mental health challenges;
- b) include mental health as a specific element of the *Ontario Occupational Health and Safety Act* and require provincially regulated employers to take preventative steps to address the mental health of employees and their families; and
- c) add specific defined leave to the list of other items in the *Employment Standards Act* ("ESA") for individuals suffering from mental health issues and to any ESA defined caregiver providing support to that individual.

Rationale

There is a mental health crisis in our country, especially among the youth. Although identified prior to the COVID pandemic crisis, mental health illness has increased during the COVID years and is affecting about one in five Canadians as of 2021. Seventy percent of people living with mental illnesses initially show symptoms during their adolescent years and it was estimated in mid-2021 that in Canada approximately 1.2 million pre-18-year-olds are affected by a mental disorder (Canadian Mental Health Association National, 2021).

Over 2.0 million Ontarians in 2022, of which almost 1.2 million are women, perceived themselves as experiencing fair/poor mental health. From 2021 to 2022, the increase of

perceived fair/poor mental health for all age groups overall increased from 11% to 13.3% for males and 14.2% to 18% for females (Statistics Canada, 2023).

The most recent information in the Province of Ontario *Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addiction System* ("Roadmap") includes a letter from both Premier Doug Ford and previous Minister of Health, Christine Elliott acknowledging that there is a mental health crisis, and it is being taken seriously. In the introduction to their Roadmap, the following key challenges are identified: long wait times, uneven services between providers and regions, fragmentation and poor coordination, lack of evidence-based funding, and absence of data (Government of Ontario, 2020). The statistics quoted above show that there has been no improvement since that Roadmap was introduced.

Both *Ontario Works* and the *Ontario Disability Support Program* include health benefits, but access to these programs require an application as well as approval and neither program includes benefits directly related to mental health issues, other than some prescription drugs and if approved, transportation to medical appointments with approved health practitioners (Government of Ontario, 2022).

Under the *Ontario Occupational Health and Safety Act* ("OHS") provincially regulated employers "must prepare and review at least annually a written occupational health and safety policy and must develop and maintain a program to implement that policy". A list of elements to ensure employee protection is included in both the OHS and a guide provided for policy writing assistance, but mental health issues are not listed (Government of Ontario, 2013).

The *Employment Standards Act, 2000* ("ESA") does not list mental health separately in its legislation. The ability to take leave for mental health issues can be done if it is covered under one of the circumstances listed. It is doubtful that the three unpaid sick days that are allowed would be sufficient to address a significant mental health issue. Many private and unionized companies have increased coverage for their employees, but coverage under the ESA is not realistic for those who do not have access to extra benefits. The only other option for an employee is to be considered disabled in order to qualify for a lengthier unpaid leave, or they can apply for benefit programs including those listed above, which may create new stresses and difficulties (Ertl Lawyers, 2022 and Achkar Law, 2023).

The Ontario government has the ability to put supports in place to help families manage these situations with more success and less stress.

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RESOLUTION 2024-06: Moving to a Free Prescription Contraceptive Plan in Ontario

THEREFORE BE IT RESOLVED THAT the Business and Professional Women of Ontario (BPW Ontario) strongly urges the Government of Ontario, specifically the Minister of Children, Community and Social Services, the Minister of Health, and the Associate Minister of Women's Social and Economic Opportunity to work closely with the Government of Canada on its national universal pharmacare so that free prescription contraceptives will be available to all women of reproductive age in Ontario.

Rationale

Currently in Ontario, OHIP provides free contraceptives as well as other drugs to individuals under the age of 25 if they are not covered by a private plan (OHIP+). Many of the drugs covered are limited and may only include generic not brand name drugs. A prescription by the individual's doctor for a no or minimal-cost type is very important if finances are an issue. Once the individual turns 25 years of age, they must cover the full cost or apply for subsidized funding of the drugs they require, resulting in increased financial challenges (Teen Health Source, 2019).

Public Health Units, located in many centres in Ontario, also attempt to assist those struggling with birth control costs or because of social income programs or disability income programs (if they qualify) by filling medical prescriptions by a physician from their Birth Control Clinics or from an individual's personal practitioner (Middlesex Public Health Unit, n.d.).

Without access to the programs outlined above or without a private medical plan, many women cannot afford a contraceptive regime (Government of Canada, 2024a).

On February 29, 2024, Bill C-64 was introduced in the Canadian parliament by the Minister of Health. Bill C-64 "proposes the foundational principles for first phase of national universal pharmacare in Canada and describes the Government of Canada's intent to work with provinces and territories to provide universal single-payer coverage for a number of contraception and diabetes medications" (Government of Canada, 2024). In the announcement of the legislation, the federal government outlined that cost has been the single most important barrier, and that improved access to contraceptives improves equality. Many types of contraceptives, not just oral contraceptives, will be included (Government of Canada, 2024a).

Ontario has not commented officially about Bill C-64, except in the media, to indicate they will wait to see more details. All women of Ontario capable of reproducing have a need for a free prescription contraceptive program. The Government of Ontario needs to work with the Government of Canada to enable pharmacare to be implemented in Ontario at the earliest opportunity.

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RESOLUTION 2024-07: Implement All 2022 Renfrew County Coroners Recommendations to Combat Intimate Partner Violence (IPV) in Ontario

THEREFORE BE IT RESOLVED THAT the Business and Professional Women of Ontario (BPW Ontario) strongly urges the Government of Ontario, specifically the Attorney General, the Minister of Children, Community and Social Services, the Minister of Finance, and the Associate Minister of Women's Social and Economic Opportunity to adopt all 86 recommendations of the Renfrew County Coroner's Report issued on June 28, 2022, on a triple murder;

FURTHER BE IT RESOLVED THAT the Business and Professional Women of Ontario (BPW Ontario) strongly urges the Government of Ontario to give the Minister of Children, Community and Social Services in coordination with the Attorney General, the Minister of Finance, and the Associate Minister of Women's Social and Economic Opportunity the power to create and fund services for further of these Coroner recommendations, including the creation of an implementation committee to:

- a) ensure the inquest recommendations are comprehensively considered and any responses are fully reported and published;
- b) study judges' decisions in intimate partner violence (IPV) cases and tracking in longitudinal studies for recidivism, violence escalation, and future victims;
- c) establish an independent IPV Commission dedicated to eradicating intimate partner violence and acting as a voice that speaks on behalf of survivors and victims' families, raising public awareness, and ensuring the transparency and accountability of government and other organizations in addressing IPV in all its forms; and
- d) create a Survivor Advocate group to advocate on behalf of (IPV) survivors regarding their experience in the justice system.

Rationale

On average a woman is killed by an intimate partner every six days in Canada. With attempted murder included, the figure becomes one almost every other day. Established in response to the UN Special Rapporteur on Violence against Women (ACUNS 2017) call for all countries to establish watches to document sex/gender related killings of women and girls. Between 2018 and 2022, the Canadian Femicide observatory for Justice and Accountability has tracked 850 killings of women or girls including 19% indigenous women. The number of women and girls killed involving male accused in 2022 represents a 27 percent increase compared to those numbers in 2019, pre-COVID (Canadian Femicide Observatory for Justice and Accountability, n.d.).

Due to its widespread prevalence and its far-ranging immediate and long-term consequences for victims, their families, and for communities as a whole, Intimate Partner Violence (IPV) is considered a major public health problem ([World Health Organization, 2017](#)). In addition to the direct impacts on victims, IPV also has broader economic consequences where it was reported. In 2012, an estimated 26% of U.S. women and 10% of men reported their lives had been impacted (e.g., missed work or post-traumatic

stress disorder [PTSD] symptoms) by contact sexual violence, physical violence, or stalking by an intimate partner ([Peterson et al., 2018](#)). Between 2011 and 2021, police reported of 1,125 gender-related homicides of women and girls in Canada of which two-thirds (66%) were perpetrated by an intimate partner (Sutton, 2023).

Though most instances of IPV do not come to the attention of police, women comprise the majority of victims in cases that are reported ([Conroy, 2021](#)). Furthermore, homicide data have consistently shown that women victims of homicide in Canada are more likely to be killed by an intimate partner than by any other type of perpetrator ([Roy and Marcellus, 2019](#)).

On June 28, 2022, the jury for The Renfrew County Coroner's Inquest into a triple homicide of three women, made 86 recommendations (Office of the Chief Coroner Province of Ontario, 2018). This was only the latest in a series of documented domestic violence homicide cases reviewed by the office of the Chief Coroner in the Province of Ontario since 2003. As of January 2024, 67 Ontario municipalities including Renfrew County, have declared IPV as an epidemic (Lee, 2023). The resolution to formally declare intimate partner violence an epidemic in Ontario has been submitted under separate cover by BPW Ontario and is reiterated herein as a prelude to the balance of other major recommendations of the Renfrew County Coroner's inquest which were rejected by the Ontario Government as follows:

- Instituting an implementation committee to ensure the inquest recommendations are comprehensively considered, and any responses are fully reported and published.
- Studying judges' decisions in IPV cases and tracking in longitudinal studies for recidivism, violence escalation, and future victims.
- Establishing an independent IPV Commission dedicated to eradicating intimate partner violence and acting as a voice that speaks on behalf of survivors and victims' families, raising public awareness, and ensuring the transparency and accountability of government and other organizations in addressing IPV in all its forms.
- Creating a Survivor Advocate to advocate on behalf of survivors regarding their experience in the justice system (Office of the Chief Coroner Province of Ontario, 2018).

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Additional Resources

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RESOLUTION 2024-08: Support to Address the Gender Pay Gap in Medicine

THEREFORE BE IT RESOLVED THAT the Business and Professional Women of Ontario (BPW Ontario) strongly urges the Government of Ontario specifically the Minister of Colleges and Universities, the Minister of Education, the Minister of Labour, Immigration, and Training and Skills Development, and the Associate The Minister of Women's Social and Economic Opportunity to undertake a comprehensive analysis of the drivers of gender-based earning disparities between male and female physicians and surgeons including referral patterns, and highlight the need for systems-level solutions;

FURTHER BE IT RESOLVED THAT the Business and Professional Women of Ontario (BPW Ontario) strongly urges the Government of Ontario and the Minister of Colleges and Universities, the Minister of Education, the Minister of Labour, Immigration, and Training and Skills Development, and the Associate Minister of Women's Social and Economic Opportunity to undertake an analysis of root causes of the gender-based disparities within the OHIP-based fee-for-service compensation of physicians in Ontario;

AND FURTHER BE IT RESOLVED THAT the Business and Professional Women of Ontario (BPW Ontario) strongly urges the Government of Ontario to:

- a) put policies in place designed to ensure male and female physicians and surgeons are enumerated equitably; and
- b) ensure that transfer payments for surgical procedures to healthcare organizations address equity issues within each organization.

Rationale

Women currently represent 44 per cent of the country's physicians and more than half of all medical school students are women (Canadian Institute for Health Information, 2020). For two decades, the number of male and female first-year medical residents has been more or less equal (Caper, 2001; Pickel and Sivachandran, 2024).

Studies have shown that even though OHIP pays the same rate for services a pay gap of 22.5% exists for female doctors. They get less referrals for surgery and female surgeons receive less operating room time (Ontario Medical Association, 2020). Dossa et al (2019) found a gender distribution in surgical cases to be the major driver of pay inequity between male and female surgeons. Female surgeons disproportionately operate on women, and these procedures are often remunerated at a lower level (Cohen & Kiran, 2020).

The Ontario Medical Association examined data on fee-for-service billings and non-fee-for-service payments for **31,481** physicians in Ontario over a one-year period from April 1, 2017, to March 31, 2018, covering almost all active physicians practicing in Ontario (Cohen & Kiran, 2020). An analysis of that data showed that, on average, male family physicians earn 30% more and male specialists earn 40% more than their female counterparts (Steffler, Chami, Hill, et al., 2021). Moreover, men earn more than women within every specialty. A more sophisticated cross-sectional analysis of billing data showed that female surgeons were paid less than male surgeons in Ontario even after

adjustment for age, years in practice, patient factors, and surgical specialty (Cohen & Kiran, 2020).

On average, women physicians in Ontario were paid **32.8%** less during the year of the study. Part of this pay gap was explained by differences in number of days worked, since on average, women billed for services provided on 12.5% fewer days. However, the largest part of the annual gap was attributed to differences in daily pay. **On average, women earned 22.5% less than men each workday.** Or to put it another way, women earned less than 78 cents for each dollar paid to men on a daily basis (Steffler et al., 2021).

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