ONTARIO NURSES' ASSOCIATION

SUBMISSION ON

Intimate Partner Violence

TO

Standing Committee on Justice Policy

August 12, 2024

Summary of ONA's Recommendations to the Standing Committee on Justice Policy

Recommendation 1: Enact Bill 173, *The Intimate Partner Violence Epidemic Act, 2024* into law.

Recommendation 2: Develop a Framework to End Violence Against Women, aligned with the 2007 report by the Ontario Native Women's Association and the Ontario Federation of Indian Friendship Centres as mandated by the National Inquiry into Missing and Murdered Indigenous Women and Girls report.

Recommendation 3: Implement recommendations to Ontario from the Renfrew County Coroner's Inquest into the deaths of Carol Culleton, Anastasia Kuzyk and Nathalie Warmerdam into legislation when developing a provincial strategy to address IPV.

Recommendation 4: Implement 32 recommendations from the Renfrew County Coroner's Inquest into the deaths of Gladys Helen Ryan and William Thomas into legislation when developing a provincial strategy to address IPV.

Recommendation 5: Fully adopt 26 recommendations from the Coroner's Inquest in the death of Lori Dupont targeting provincial ministries, Hotel-Dieu Grace Hospital, the Crown attorney's office and several other public organizations when developing a provincial strategy to address IPV.

Recommendation 6: Amend Section 32.0.4 of the *Occupational Health and Safety Act* to be more proactive rather than reactive and include minimum actions that employers must take as part of reasonable precautions.

Recommendation 7: Mandate employers to develop and implement comprehensive safety plans, accommodating workers' needs.

Recommendation 8: Expand the legislative framework under the *Occupational Health and Safety Act* to define the due diligence required by employers to protect workers working from home.

Recommendation 9: Adopt the recommendations from the 2017 Violence Leadership Table discussions.

Recommendation 10: Expand the Violence, Aggression & Responsive Behaviours Toolkit to address IPV for work-from-home employees with the inclusion of measures recommended by the Centre for Research & Education on Violence Against Women & Children at Western University.

Recommendation 11: Implement province-wide security standards to ensure consistent protection of workers across all workplaces.

Recommendation 12: Implement changes to the Employment Standards Act to improve access to paid leave for employees dealing with IPV.

Recommendation 13: Provide additional funding to support the expansion of the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres and hire more sexual assault nurse examiners.

Recommendation 14: Expand access to primary care and allow registered nurses to make referrals to specialty services.

Recommendation 15: Improve timely access to counseling and mental health support for survivors.

Recommendation 16: Provide funding to expand safe and supportive housing and shelter beds for those escaping abuse.

Recommendation 17: Waive hospital fees for sexual assault patients without health insurance.

Introduction

The Ontario Nurses' Association (ONA) represents over 68,000 registered nurses (RNs), health-care professionals, and over 18,000 nursing student affiliates. Our members provide care in hospitals, long-term care (LTC) facilities, public health units, the community, clinics, and industry.

ONA applauds the Standing Committee on Justice Policy's (SCJP) Subcommittee for undertaking a meticulous approach to studying intimate partner violence (IPV). ONA is also grateful for the opportunity to share feedback on this topic with a focus on supporting Bill 173, *Intimate Partner Violence Epidemic Act, 2024*[1], IPV in the workplace and enhancing protections for workers and our members' role in supporting victims and survivors of IPV. ONA's membership includes social workers and sexual assault nurse examiners who provide specialized care to these victims/survivors.

Various organizations define IPV in multiple ways, reflecting its complexity and evolving nature. According to Statistics Canada, IPV includes "violent offences between current and former partners," regardless of cohabitation.[2] The Survey of Safety in Public and Private Spaces defines IPV as any harmful act or behaviour committed by a current or former intimate partner, irrespective of cohabitation status.[3] These definitions collectively highlight the various visible and invisible dimensions of IPV, encompassing physical, sexual, psychological, and financial abuse. IPV's deep-rooted prevalence has consequences not just for the victims and survivors but also for families, workplaces, and our communities.

[1] Bill 173, Intimate Partner Violence Epidemic Act, 2024 - Legislative Assembly of Ontario (ola.org)
[2] Intimate partner violence in Canada, 2018: An overview (statcan.gc.ca)
[3] Ibid.

The World Health Organization (WHO) recognizes IPV and sexual violence against women as major public health concerns.[4] WHO estimates that one in three women worldwide will experience physical or sexual IPV or non-partner sexual violence in their lifetime—equivalent to one billion women and girls globally.[5] IPV is one of the most widespread and pervasive violations of women's human rights worldwide, and Ontario is not immune. The numbers are staggering in Canada. Over four in ten women have experienced some form of IPV in their lifetime.[6] Women are more likely to face fear, anxiety, and feelings of being controlled or trapped due to IPV.[7]

ONA has a long history of fighting to end all forms of gender-based violence, including IPV. In 2007, we were active participants in the Coroner's Inquest following the femicide of Lori Dupont, an ONA member who was killed by a coworker and former intimate partner while working in the hospital recovery room at Windsor's Hotel-Dieu Grace Hospital. ONA was amongst advocates who fought for recognition in legislation that domestic violence is a predictable source of workplace violence and to increase workplace protections. – but there is still so much more work left to do.

Nurses feel the urgency of this epidemic of IPV every day in their workplaces. They are often the first member of the health-care team to contact victims and survivors of violence. Further, as a women-dominated profession, nurses themselves are victims and survivors of IPV. As a union, we know that the workplace can be one of the most dangerous places for workers experiencing IPV because it is the only predictable place where abusers can locate their ex-partners. We are committed to ensuring safety, security, and justice for our members and all workers.

We urge all Members of the SCJP and Members of the Provincial Parliament to not only join the 95 municipalities across this province in recognizing that IPV is an epidemic but also to recognize that an epidemic demands urgent action. Now more than ever, we need to enact the systemic changes that advocates have long been calling for to end IPV – lives are at stake, and there is no time to waste.

Bill 173, The Intimate Partner Violence Epidemic Act, 2024

ONA unequivocally supports Bill 173, *The Intimate Partner Violence Epidemic Act 2024*, which requires the government to recognize IPV as an epidemic in Ontario.[8] This was the number one recommendation from the Renfrew Inquest directed at the provincial government.

[4] Ibid.
[5] Violence against women (who.int)
[6] Intimate partner violence in Canada, 2018: An overview (statcan.gc.ca)
[7] Ibid.
[8] Bill 173, Intimate Partner Violence Epidemic Act, 2024 - Legislative Assembly of Ontario (ola.org)

IPV cases in Ontario increased from 30,492 in 2019 to 33,804 in 2022, representing an approximate 10.8 per cent increase.[9] Peel Police had the highest number of calls for service related to IPV in 2022.[10] Of the charges laid in 2022 for IPV-related incidents, 79 per cent of the victims/survivors were women.[11] The SCJP must consider this evidence in its deliberations and immediately declare IPV as an epidemic in Ontario.

Using the term "epidemic" in public discourse will enhance survivors' recognition of their experiences and push for policy measures to achieve safety, support, and justice. It will provide a framework to analyze the impact of systemic inadequacies that result in consistent adverse outcomes for IPV victims and survivors. Establishing a precedent and cementing a process that guarantees support for IPV victims and survivors when they need it is essential.

ONA recommends that Bill 173 be accompanied by comprehensive legislative action and investment in services and supports to ensure that IPV is recognized and addressed with the urgency it demands. Prevention, support services, access to housing, education, good jobs and policy changes are crucial to mitigate IPV and effectively support victims and survivors. Collaborative efforts across various sectors, including health care, law enforcement, social services, and community organizations, are essential to creating a safer environment for all Ontarians.

Indigenous women, 2SLGBTQI individuals, women with disabilities, racialized women, young women, trans women and gender-diverse people all face higher rates of IPV. Indigenous women are five to seven times more likely to be killed compared to non-Indigenous women.[12]

The committee must incorporate the recommendations made by the National Inquiry into Missing and Murdered Indigenous Women and Girls (the National Inquiry). The National Inquiry's final report identified the inaction of various levels of government, law enforcement agencies across the country and social institutions as contributing factors to the ongoing violence against Indigenous women and girls. The SCJP must address the risks and outcomes of colonial violence, genocide and contemporary assimilation practices Indigenous women and girls face and back it up with meaningful action. This includes developing a Framework to End Violence Against Women, aligned with the 2007 report by the Ontario Native Women's Association and the Ontario Federation of Indian Friendship Centres as mandated by the National Inquiry's final report.[13]

According to Ontario's Domestic Violence Death Review Committee, 71 per cent of all

[9] Intimate partner and non-intimate partner victims of police-reported violent crime and traffic offences causing bodily harm or death, by age and gender of victim (statcan.gc.ca)
[10] Family intimate partner violence- Region of Peel (peelregion.ca)
[11] Ibid.
[12] Court outcomes in homicides of Indigenous women and girls, 2009 to 2021 (statcan.gc.ca)
[13] National-Inquiry-Master-List-of-Report-Recommendations-Organized-By-Theme-and-Jurisdiction-2018-EN-FINAL.pdf (mmiwg-ffada.ca)

cases that it reviewed from 2003-2020 involved a couple with a history of domestic violence.[14] More importantly, 66 per cent of the cases involved a couple with an actual or pending separation, making it crucial to understand that leaving an IPV situation is the most dangerous time for victims and survivors of violence.[15] In 2022, the Renfrew County Coroner's Inquest into the deaths of Carol Culleton, Anastasia Kuzyk and Nathalie Warmerdam examined the IPV murders of these three women. The inquest's jury produced 86 recommendations and called on the provincial and federal governments to adopt them. These recommendations span various topics, including oversight and accountability, funding for education and training, measures addressing perpetrators of IPV, and intervention and safety.[16] Additionally, an inquest into the deaths of Gladys Helen Ryan and William Thomas produced 32 recommendations for various institutions to consider when dealing with IPV.[17] ONA urges recommendations from both the inquests to be fully incorporated into legislation when developing a provincial strategy to address IPV.

Recommendation 1: Enact Bill 173, *The Intimate Partner Violence Epidemic Act, 2024* into law.

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ONA's Advocacy for Workplace Protections for Victims/Survivors of IPV

[14] Executive summary | Domestic Violence Death Review Committee: 2019–2020 Annual Report | ontario.ca
[15] Ibid.
[16] CKW-Inquest-Verdict-Recommendations-SIGNED_Redacted.pdf (lukesplace.ca)
[17] Ryan-Inquest-Verdict-Redacted-Final-Signed.pdf (oaith.ca)

As a union, ONA has long been focused on protecting workers from IPV. We know that the workplace is often the only predictable place where perpetrators can locate their ex-partners; this is primarily a concern for workplaces like hospitals, which are accessible to members of the public. Workplace violence and abuse manifest in various ways, including disruptive phone calls, harassing emails, threats, inappropriate visits from abusers, and violent confrontations. This type of violence significantly impacts work performance, with 81.9 per cent of survivors reporting adverse effects such as psychological distress and economic consequences related to absenteeism.[18]

The phenomenon of physician harassment has been a longstanding issue for nurses and health-care professionals. Although behaviour of this type is limited to a very small proportion of the medical profession, it has been a serious and life-threatening cause of concern for nurses in the situations in which it has occurred. It was not, however, until the tragic murder of nurse Lori Dupont in 2005 at the hands of anesthesiologist Marc Daniel at the Hotel Dieu Grace Hospital in Windsor that the spotlight was placed on this issue.

ONA played an important role in ensuring that the scope of the Coroner's Inquest with respect to the femicide of Lori Dupont included a systemic examination of the role of the Ministry of Labour in addressing risks of workplace violence under *the Occupational Health and Safety Act* (OHSA) to prevent similar future deaths. ONA also provided important evidence of risk factors identified by nurse colleagues prior to the murder of Lori Dupont.

The verdict of the Coroner's Jury included 26 recommendations targeting provincial ministries, Hotel-Dieu Grace Hospital, the Crown attorney's office and several other public organizations.[19] ONA recommended the full adoption of these recommendations.

As a result of the inquest into Lori Dupont's death, ONA was successful in having several measures put in place to address the issues. These included revisions in hospital by-laws to address issues of physician abuse mandatory reporting to the College of Physicians and Surgeons of the suspension restriction or revocation of physicians' privileges; production by the College of Physicians and Surgeons of a policy on disruptive physician behaviour and the setting of codes of conduct with the appropriate discipline.

Perhaps the most important change, however, was the passage of Bill 168 which incorporated obligations on employers regarding workplace violence and harassment and required these issues to be dealt with through an occupational health and safety lens.

[18] Domestic violence at work resource centre | Canadian Labour Congress
[19] Coroners-Jury-Recommendations-Dupont.pdf (oaith.ca)

In addition, ONA took a lead role in the Ministry of Labour consultations on Bill 168 - *An Act to amend the Occupation Health and Safety Act with respect to violence and harassment in the workplace and other matters*. Bill 168 created new obligations for employers regarding violence and harassment in the workplace. This included more stringent requirements regarding "workplace violence" which is limited to physical violence. Employers, supervisors and workers are required by the Act, to protect workers from workplace violence, just as they must protect workers from other occupational hazards.

Following the first reading of Bill 168 in April 2009, ONA proposed amendments to the Bill 168 to clearly require consultation with the Joint Health and Safety Committee in relation to the development and implementation of workplace violence and harassment policies. ONA's objective was to ensure that Bill 168 clearly recognized the internal responsibility system within the OHSA and that Joint Health and Safety Committees (JHSC) would continue to play a key consultation role in the development of procedures, measures, education and training addressing workplace violence and harassment.

Following the recommendations of the Dupont Inquest and passage of Bill 168, ONA has continued to advocate for other nurses facing harassment and threats to their psychological and physical safety and of intimate partner violence.

In *Gupta v William Osler Health System*, 2017 ONSC 1294, the Ontario Superior Court upheld the revocation of a physician's privileges following his harassment of and threats to a nurse colleague. The Court affirmed that the nurse had a right to a safe working environment, free from harassment and threats of violence, and that revoking the physician's privileges in the circumstances of his conduct furthered the public interest in maintaining public confidence in public institutions and the Hospital's right to expect its professional staff to follow its policies and professional responsibilities.[20]

Building on Protections for Workers Experiencing IPV

Strengthening Employer Obligations Under OHSA

Employers in Ontario are currently obligated under OHSA Section 32.0.4 to have a plan in place to minimize the impact of domestic violence once they become aware, or ought reasonably to be aware, that it may enter the workplace.

Section 32.0.4 of the Act states: "If an employer becomes aware, or ought reasonably to be aware, that domestic violence that would likely expose a worker to physical

[20] *Gupta v William Osler Health System*, 2017 ONSC 1294. Para 65

injury may occur in the workplace, the employer shall take every precaution reasonable in the circumstances for the protection of the worker."[21]

ONA recommends that this section be amended to be more proactive rather than reactive and in addition to the direction to take reasonable precautions, include some minimum actions that employers ought to take such as training, policies or procedures, and safety plans. Section 32.0.4 should be expanded to include obligations for employers to provide training and orientation sessions for management and staff to help them recognize the signs of domestic violence and enact proactive measures to enable employers to effectively identify and address IPV risks.

Many employers lack pre-existing policies or procedures to manage IPV risks before a worker, JHSC, or union brings the hazard to their attention. To protect workers, employers must adopt a safety plan checklist addressing components of domestic/intimate partner violence. The checklist must include:

- Increased security measures for the victim while at work or travelling to and from work (e.g., panic buttons, caller identification, door security, code words, supplying a photo of the abuser to security and escorts to cars or public transportation).
- Emergency contact information if the employer is unable to reach the worker.
- Alternative work arrangements to adjust the worker's schedule or location to enhance safety.
- Other accommodation measures as appropriate for each situation.

Through OHSA, employers must develop and implement comprehensive safety plans, accommodating workers' needs creatively. Employers' reluctance to issue warnings about the perpetrator, due to privacy legislation exacerbates this issue, hindering effective communication about IPV risks to staff. Additionally, some members may work from home and may be at increased risk of intimate partner violence. The current OHSA legislation for domestic violence does not clearly define the due diligence required by employers to protect workers working from home. Expanding the legislative framework to address these gaps will ensure comprehensive protection for all workers, regardless of their work environment.

Expanding the Violence, Aggression & Responsive Behaviours (VARB) Toolkit to include work-from-home employees

[21] Occupational Health and Safety Act, R.S.O. 1990, c. O.1 (ontario.ca)

ONA strongly advocates for using the VARB toolkit as a best practice resource for employers to address IPV in the workplace. In 2017, the Project Secretariat of the Ministry of Labour and the then Ministry of Health and Long-Term Care released their recommendations from the Violence Leadership Table recommendations to protect workers. ONA was a key participant in the 2017 Violence Leadership Table discussions, where the recommendations were unfortunately abandoned when the government changed in 2018. We stress the importance of the following recommendation from the report:

- Recommendation 10: "Promote the use of all existing and future Public Service Health and Safety Association (PSHSA) Violence, Aggression, and Responsive Behaviour tools in all Ontario hospitals."

This VARB toolkit includes a detailed workplace violence risk assessment template that considers the risk of domestic violence and provides a guide on flagging perpetrators, including intimate partners.

Finally, it's important to note that the VARB toolkit, created before the COVID-19 pandemic, does not address the IPV risk for employees working from home. We encourage the provincial government to look to a document produced by the Centre for Research & Education on Violence Against Women & Children at Western University for recommended measures gathered from evidence-based best practices to address IPV for work-from-home employees.

Implementing province-wide security standards

There is a higher risk of IPV for those in workplaces like hospitals, which are easily accessible to members of the public. For this reason, we urge the provincial government to implement province-wide security standards to ensure consistent protection across all workplaces.

One example Ontario could look to is the province of British Columbia, which has established a relational security model in 26 health-care settings as a pilot project.[22] Relational security refers to specialized training that officers must receive that incorporates workplace violence, mental health and trauma-informed practice. The model focuses on integrating three key security aspects, including:

- the knowledge of patients, the environment and appropriate responses
- physical security, such as personal alarms, fences, and secure rooms
- procedural security, which are policies to maintain safety.

[22] 320 protection services officers will support safer workplaces for health-care workers | BC Gov News

ONA strongly recommends implementing province-wide security standards to ensure consistent protection of workers across workplaces.

Improving Domestic or sexual violence leave

Workers urgently require dedicated paid time off to address IPV-related issues, which are currently generalized under family matters. They often have to use sick, vacation, or family leave to make significant life changes, such as attending court dates or securing alternate housing. The current provincial policy, while providing some support, is limited. Employees can take up to 10 days and 15 weeks of leave for domestic violence. The first five days taken in a calendar year are paid, but only the basic hourly wages are covered, not shift premiums. To be eligible for the leave, an employee must have worked for the same employer for at least 13 consecutive weeks. The 15-week leave can be used throughout the year, but any single day off counts as a whole week.

ONA recommends changes to the Employment Standards Act to improve paid leave for employees dealing with intimate partner violence (IPV). These recommendations include:

- Extend paid leave from five to ten days for the 10-day leave period and consider more paid time for the 15-week leave.
- Include shift premiums and holiday pay in the paid leave.
- For the 15-week leave, base it on the days needed (75 days total) instead of weeks, so taking a single day off doesn't count as a whole week.
- Reduce the eligibility requirement to two consecutive weeks of employment instead of 13. This is important because victims might need to change jobs to escape their abusers and require leave within the first 13 weeks of their new job.

These changes are necessary for employees dealing with IPV, allowing them time to address their situation without the added stress of financial insecurity.

Recommendation 6: Amend Section 32.0.4 of the *Occupational Health and Safety Act* to be more proactive rather than reactive and include minimum actions that employers must take as part of reasonable precautions.

Recommendation 7: Mandate employers to develop and implement comprehensive safety plans, accommodating workers' needs.

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Recommendation 12: Implement changes to the Employment Standards Act to improve access to paid leave for employees dealing with IPV.

Registered Nurses' Role in Supporting Victims/Survivors of IPV

Nurses and health-care professionals provide front-line support to victims and survivors of IPV. ONA's membership includes social workers and sexual assault nurse examiners (SANEs) who provide specialize care to survivors of sexual assault and domestic abuse. In particular, SANEs are RNs who work in hospitals and sexual assault/domestic violence treatment centres (SA/DV treatment centres), providing specialized trauma-informed care and crisis intervention to survivors. Moreover, they are trained to document and collect evidence that may be needed in future court proceedings. This includes proper injury documentation and forensic photography.

SANEs provide care plans for patients on a case-by-case basis. For cases that involve sexual assault, nurses offer sexual assault evidence kit collection as well as other medical treatment such as STI testing, toxicology testing, and emergency contraceptive options. On average, supporting victims/survivors of sexual assault requires four hours of nurse care for each patient case since details must be documented thoroughly for potential future court evidence.

Nurses who work at some SA/DV treatment centres also provide care to patients who have experienced domestic violence. In these instances, nurses provide a broader scope of care such as providing emotional support, documenting assault history, assessing and documenting injuries, and connecting patients to community resources such as trauma counselling and shelter supports. In addition to providing care, SANEs also testify in court regularly. Some SANEs testify as many as ten times per year.

ONA recommends that the Ontario government provide additional funding to support the expansion of the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres and hiring more SANEs. Significant gaps in access to service exist, including in northern, rural, and remote communities. In addition, ONA recommends that the

Ministry of Colleges and Universities eliminate the fee to enroll in the specialized course to receive the SANE certification.

Secondly, ONA recommends expansion of the RN scope of practice so that they can make referrals to improve their patient's access to primary care. As is the norm across Ontario, many survivors do not have access to a primary care provider. As a result, survivors do not receive the ongoing health care they require. For instance, survivors sometimes require a referral for speciality services such as gynecology and psychiatry or speciality mental health services such as Trauma Therapy. Allowing SANEs to make referrals in these instances will mean survivors can access support they need. Overall, much more must be done to improve access to non-profit primary care.

Thirdly, ONA recommends additional government funding to improve timely access to counseling and mental health support for survivors. Currently, there are substantial wait times to access hospital based mental health services and post-assault counseling through SA/DV treatment centres. While some programs have a three-month waiting period, other programs have waiting periods upwards of a year. ONA also recommends extending OHIP coverage to psychotherapy and counselling services, so they are more accessible.

ONA recommends that the province allocate the funding required to expand safe and supportive housing and shelter beds which are essential for victims/survivors of IPV. When victim/survivor of IPV is trying to escape an abusive situation and looking for a place to go, a safe shelter bed must be immediately available in their region. In particular, there must be more funding for shelter spaces specifically for women – including trans women – and gender non-binary individuals as well as their children. We urge the government to reverse past housing cuts and invest in more shelter beds and permanent housing for these at-risk populations.

Lastly, ONA recommends waiving hospital fees for patients without health insurance. Undocumented patients and patients without insurance who receive hospital care following a sexual assault are billed for the hospital visit. All emergency departments should waive hospital fees at registration for patients without health insurance who are seeking access to SA/DV care. Survivors who are faced with having to pay out of pocket are deterred from accessing the care they need. This violates their right to access justice.

Recommendation 13: Provide additional funding to support the expansion of the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres and hire more sexual assault nurse examiners.

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make referrals to specialty services.

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Conclusion

Addressing IPV is a complex task. It requires substantial time, effort, and resources. Sexual Assault Nurse Examiners provide care to victims and survivors of sexual assault and domestic abuse and are uniquely qualified to speak to the shortcomings of Ontario's health-care system. ONA's submission outlines some of the steps the province can take to improve care for those who have experienced IPV. We hope the province will follow through with these recommendations. The statistics in this submission highlight the pervasive nature of IPV and its profound impact on individuals and communities, accentuating the need for comprehensive strategies and sustained efforts. Despite the significant adverse effects of IPV on Ontarians, the lack of legislation and support has sidelined this critical issue. SCJP is uniquely positioned to address IPV in Ontario.