

## Coordinator's Update

Spring is in the air! I just don't have the same enthusiasm writing that as usual since we (*in Toronto*) barely had winter.

There continues to be expansion at Sexual Assault Treatment Centres across the province. Almost all Centres have incorporated domestic violence into their mandate. In the next fiscal year, we will strengthen our service for the care of children who have been sexually assaulted. The annual Conference is our first effort to achieve this.

The pediatric service will be modelled after the SAFE Kids program in Windsor so we are making arrangements with the Windsor team to have an orientation day for all Coordinators.

### Hadley Inquest Results

You may have followed the inquest into the death of Gillian Hadley who was murdered by her husband Ralph in June 2000. The jury released their recommendations in February, 2002. Many of the recommendations are similar to those released in the May/Iles Inquest in 1998, however there are several differences. The jury strongly recommends that an implementation committee be established by the Government of Ontario to oversee the implementation of the recommendations made by the jury of the Hadley Inquest, the jury of the May/Iles Inquest, and the recommendations arising from the report by the Joint Committee on Domestic Violence to the Attorney General.

The jury recommended half of the implementation committee be chosen from community-based women's and children's advocates and survivors of violence, as well as other community representatives with expertise in domestic violence. OAITH (*Ontario Association of Interval and Transition Houses*) and the John Howard Society were specifically named to be included. Recommendations were directed not only to the legal system, but to social services as well, including housing, income, and community based services.

We, as a Network, support the recommendations and are writing to the Government to voice our support for the work of the jury and the need for the ongoing work to be done as outlined in the recommendations.

*Resources:* Jury Recommendations, Hadley Inquest [www.owjn.org/issues/w-abuse/hadley.htm](http://www.owjn.org/issues/w-abuse/hadley.htm)

### HIV Prophylaxis

As I indicated in the last newsletter, we have been funded to provide HIV prophylaxis to our SATC clients. An advisory committee has been established from across Ontario representing nurses, physicians and social workers, as well as several community representatives. We anticipate hiring the physician/researcher in the next one or two months. The proposal is available through your Coordinator if you wish to see it.

Looking forward to seeing you at the Conference!

**Sheila Macdonald R.N.**  
**Provincial Coordinator**

# Knowledge is Power ...**SEXUAL HARASSMENT**

Sexual harassment is part of a continuum of violence against women. It is an attack on a person's self-esteem, integrity, personal security and economic well-being.

Guilt is often the first and deepest response, anger often comes later because the socialization of women allows so little sense of a right *not* to be violated. Women stay quiet about the violence done to them because society believes they somehow invited it - blaming the victim.

**Historical context: 'Eve Blaming':** Eve is seen as the temptress who offered the forbidden fruit to Adam, who took it and then both were thrown out of Eden. Where is the analysis of Adam's lack of decisiveness and backbone to refuse? This religious belief has been insidiously infused into our societal beliefs: women invite and tempt violence and therefore it's up to *them* to change their behaviour to prevent it, rather than holding men responsible.

**Sexual Harassment is unwanted, uninvited sexual attention:** It may involve remarks, gestures or actions of a sexual nature that make a person feel unsafe or uncomfortable. It creates an intimidating, hostile or offensive environment. Sexual harassment is illegal. It may include, but is not limited to: unwanted, unwelcome physical contact like touching, grabbing or patting; rude jokes or suggestive remarks of a sexual nature; demeaning nicknames like 'chick', 'sexy', 'stud', or 'babe'; cat calls, rating or embarrassing whistles; insulting remarks about sexual orientation; sexually insulting remarks about race, gender, ability or class; bragging about sexual prowess for others to hear; names written on walls or desks, '...for a good time call ...', etc..

**Sexual harassment is a pervasive workplace problem:** Sometimes sexual harassment is obvious, but this accounts for only 5% of sexual harassment in the workplace. Most often, the problem is more subtle. Research shows that the vast majority of workers who are sexually harassed are women, and that the vast majority of harassers are male. The harasser can be an employee, employer, supervisor or co-worker.

We often respond by feeling isolated and powerless, afraid to say 'no' or speak out because of fear either that we are somehow responsible, or we won't receive help and that we will face retaliation.

**A shared responsibility:** While all managers and employees share responsibility for understanding and preventing sexual harassment in the workplace, it is important to recognize that, under the law, managers carry *more* responsibility than other employees. Under the Ontario Human Rights Code, those who have authority to prevent or discourage harassment may be held accountable for failing to exercise their ability to do so. Remember 'knowledge is power'.

Joanna Megraw R.N., B.A.  
York Region

# Children and Adolescents ...**EXPANDING SERVICES**

With the Ministry of Health directing funding to Centres for the purpose of expanding services to children and adolescents - *and* the 2002 annual conference being focused in this area for this initiative - I thought I would start the wheels turning in that direction. The following are some things to think about, review, explore, etc. in order to get the most out of the upcoming conference.

Providing services to children and adolescents will be new to some, whereas others have a wealth of knowledge and experience in the area. By working together we can ensure that children and families will receive high quality care when affected by the tragedy of sexual abuse.

We all know that children and adolescents are not just smaller adults. It is so important to provide developmentally appropriate care to this group. Normal growth and development (*physical, mental, emotional*) will be a helpful foundation to learning.

The two major pieces of legislation that affect our work with this population are the *Child and Family Services Act* and the *Health Care Consent Act*. The 'ins and outs' of these pieces of legislation can certainly be confusing at times, even to those who incorporate them into their care on a daily basis. Reviewing these acts will be useful.

An excellent resource when starting to approach the care of children and adolescents who have been sexually abused, is the Ontario Hospital Association manual: *Identifying and Managing Child Abuse and Neglect*. Each Ontario Hospital should have received one copy in April 2000. Otherwise copies can be ordered through the Ontario Hospital Association.

Start thinking about and exploring a vision for pediatric care in your Centre and community. The conference will be a good opportunity to brainstorm with Centres that already provide services and those who do not. Bring your questions,

concerns, ideas and most importantly your passion. I look forward to seeing you all in April, as we move forward in making a difference for kids.

**Karla Wentzel R.N.**  
**SCAN Program, HSC**

## Memories Triggered by Pregnancy ...**SEXUAL ASSAULT**

*(edited from a 'Herizons' magazine article written by Andrea Adair based, in part, on an interview with Shirley Burnett)*

The physiological changes a woman experiences during pregnancy can be a source of excitement. For a survivor of sexual assault or abuse, these changes can be a nightmare. For instance, many survivors feel numb from the waist down. Others don't realize they are numb, then all of a sudden that area comes alive during pregnancy. These changes can then trigger memories of the assault. Some women have flashbacks after medical procedures such as vaginal exams. Vaginal and breast exams, providing health histories, ultrasounds, and blood draws can be difficult for many women who have experienced assault.

Women have different ways of coping with the physical issues of pregnancy. Some grit their teeth and go through it. Some don't seek out prenatal care. A woman who is self aware and knows what she may be facing, may go to a midwife. A midwife may then work on finding out what specific things with the pregnancy will bother the woman, and what will help her deal with it. That includes being careful during labour and birth with positioning and language so as not to re-enact the abuse - being very gentle and respectful.

It's important for survivors who become pregnant to find a caregiver they trust, someone who knows their history, or someone with whom they can share their history. Care providers who don't understand stand a good chance of re-victimizing the woman. They may take control and push women into things, instead of finding out why a woman may feel the way she does. And it is important for a woman to feel safe in order to give birth. If not, it may lead to forceps delivery or caesarean section which reinforces to them the idea that their body doesn't work.

For some women, having their partner present may help them feel safe, help to ground them. For others, counselling during pregnancy may help. Women are sometimes fearful their memories will interfere with their pregnancy. It's not necessarily helpful to keep talking about the assault - it's more important for a woman to make choices about how she intends to handle the pregnancy.

While pregnancy may be difficult for survivors, it can also be a positive experience. The positive piece about pregnancy for survivors is that they can move on from the abuse. Having a child is an accomplishment, where they can say, 'I wasn't so disempowered. I'm not going to deny myself that gift of a child'.

**Shirley Burnett, Program Manager**  
**Durham SA/ DVCC**

## Fun and Games ...**MAY PROJECTS**

April showers bring May flowers and Sexual Assault Awareness month. As we are always anxious for spring to arrive in the north, we started planning for May early. During planning discussions our staff wanted to channel our positive, upbeat energy for the campaign. So we decided to devote a considerable amount of time to being out of the office and in the community.

We look forward to working on three projects in May. The first is an educational project in our local high schools known as '*A School A Day In May*'. The second is to design a bookmark with a positive message, and the third project is an interactive Interagency Luncheon - food is *always* good!

'*A School A Day In May*' is a large community project that will allow us to interact with students from a variety of grade levels in over four hundred high schools. We developed an interactive game board that keeps the students engaged in the game while they respond to questions around the issue of sexual assault. The questions are designed to create discussion as they are based on myths and beliefs that many teenagers struggle with. Add some rubber dice, a dash of humour, a bowl of giggles, and two high energy facilitators (*yes, that would be us*) and you have a sure winner! This brings us to our second project, the bookmark. We hope to design a bookmark to leave with the students following our presentations. The design has yet to be decided, however, we know we want something to capture the attention of this target population with a message that is simple and clear.

Also, it has been a tradition in Sault Ste. Marie that our Centre hosts an Interagency Luncheon during Sexual Assault Awareness Month. In keeping with our theme of fun and learning, we have decided to put some spice into our luncheon as well. Rather than our typical approach - a little education, food, and opportunity to chat with other professionals in our community, this year we thought we would try some Sault SACC trivia as our theme. Who will remember where the first SACC office was located? Which counsellor got married out of the country? Who was our first medical director? Well you get the idea. We hope to create some fun competition - with prizes of course!

As a team we have had a great time being creative in generating our plans. Even though sexual assault is very difficult work we always try to keep fun and laughter as a part of what we do here at the Sault SACC. We are looking forward to May and remind everyone to keep those creative juices flowing *and* have some fun!

**The Counselling Team  
Sault Ste. Marie SACC**

## Forensic Opportunities ...**TRAINING FOCUS**

Since we all work in programs that assist survivors of violence, collect forensic evidence, and occasionally get called to court we have a common link - the world of forensic nursing. Have you ever watched such TV shows as CSI or Crossing Jordan and thought to yourself - I could do that or I want to do that?! Well I did and that led me to enrol in the Forensic Studies Program at Mount Royal College in Calgary, Alberta.

This program is still in the development phase but several courses are complete and being offered twice yearly. The courses are offered via the Internet. (*Now don't think that you can't take them because you are unfamiliar with the Internet—they walk you through each step of the way!!*). The instructors are readily available and can be contacted by phone (*toll free number*), e-mail and fax.

The courses are open to graduates of health care, social work or law enforcement so you are able to have contact with individuals from varied backgrounds. Each course has books and extensive resources available. The tuition is about \$350.00 (*3 credits*) and the books are extra. Upon successful completion of 4 courses a certificate of achievement is awarded and these courses can be considered as possible transfer credits towards a degree.

These courses have opened my eyes to the extent that forensic issues affect us in so many ways other than those associated with the day-to-day- day work in which we are involved. Also, when you are working with patients you really start to think about the forensic implications. Such areas as addictions, crime scene investigation, analysis of evidence, clinical aspects of caring for survivors of violence, consent, the history of Forensic studies and the emerging specialties are just a few of the topics covered. Did you know that there are nurses working with the Medical Examiners Office in Alberta who go to death scenes, and there are Legal Nurse Consultants in the US who work for lawyers to review medical records? These are just two of the many career opportunities for Forensic Nurses.

There are no exams, just several small assignments, a report and a paper (*on a forensic issue—usually your choice*). The College suggests taking 1 course at a time if you are working full time--usually starting with FORE 4401 – Forensic History, Risk Populations and Issues. You need a Pentium computer with minimum 16MB of RAM and a modem and Internet connection.

There are a few of us from Ontario who are enrolled in these courses, but there are others from different parts of Canada and the US. What a network! I would encourage anyone interested to contact Mount Royal College at [fore@mtroyal.ab.ca](mailto:fore@mtroyal.ab.ca) or call 1-888-240-7201. Classes usually start in January and September. You go at your own speed as you can access the courses at any hour of the day. If you have any questions, please feel free to contact me at (519) 464-4522. Enjoy!

**Monica Vautour, Coordinator  
Sarnia SATC**

## **...FOR YOUR INFORMATION**

### **Upcoming Events**

- Annual Conference for SA/DV Care/Treatment Centres  
April 11, 12 & 13, 2002  
Toronto Colony Hotel, *Toronto*, ON

- 2002 National Conference on Health Care and Violence  
September 26-28, 2002  
*Atlanta, Georgia, USA*
- International Association of Forensic Nurses Scientific Assembly  
October 9-13, 2002  
*Minneapolis, USA*
- Domestic Violence Conference (*Windsor SA/DVTC*)  
November 7 -8, 2002.  
Caboto Club, *Windsor*, ON  
Dr. Dan Sheridan will speak on Day 2.  
More details will follow to all Centres.