Coordinator's Update - December 2000

There are many projects underway and you (*especially your Program Coordinators*) have been busy. Some projects are nearing completion so here's an update:

The **Network Website** should be operational by January 1, 2001. You can find it at www.satcontario.com. Sarah Kaplan (*Cornwall*), Shirley Broekstra (*Scarborough*), and myself have tried to put together information beneficial to our communities and clients. We anticipate we will make changes/revisions but it's a starting point. It's their initiative that brought it this far!

The Nursing Committee has almost finished a **Standardized Documentation Tool** for nurses to use when the client chooses not to involve the police. Currently most of us document on the hospital chart and the information is not consistent. Forms should be available in the next few months.

The **Revised Forensic Evidence Kit Forms** were submitted to the Centre of Forensic Sciences (*CFS*) for final approval and we are waiting for their response. It's my understanding that the revisions will be accepted and when the CFS orders new kits, the changes will be included. Forensic kits are purchased by CFS through contract orders so they probably need to finish the current contract before new kits are made. So you may not see the changes as soon as you'd like.

Some **Important Research** is currently underway, and I encourage you to take part. This project is analyzing the nature and role of forensic evidence in the social production of the 'truth', and will contribute to an evaluation of the design and use of the standard protocol for collection in Ontario. It's being conducted by Deborah Parnis, Ph.D (*Trent University*), and Janice Du Mont, Ed.D (*Centre for Research in Women's Health*). The second part of this research involves surveying professionals (*nurses, physicians, police, attorneys*) who collect, manage and interpret sexual assault evidence - where your experiences would be invaluable.

Current Issues

The concern of **Sexual Assault, Drugging and Availability of Testig** is still being discussed. We've talked with the Ministry of Health, the Centre of Forensic Sciences and others about this. There is particular difficulty in drug testing when the victim does *not* want police involved. We will continue to work toward finding a solution. The toxicology section of CFS tells me that many times labels on blood and urine samples are not being filled out. Please remember to check your work. All this information is important to them! Also, for continuity and tampering purposes, put the label over the tube stopper versus around the blood tube.

No news yet on **Funding for HIV Prophylaxi**s for our SACC/SATC clients. I know the Ministry of Health is considering our proposal in the context of the entire issue of HIV prophylaxis.

I will be away from December 1, 2000 until May 1, 2001. Casey Cruikshank (*Kitchener*) has agreed to be the contact for the Network while I am away. Thanks Casey! Specific projects will be led by Coordinators around the province. If you have a question or concern about a particular issue, your Coordinator will have a list of contacts.
Happy Holidays, keep warm this Winter, enjoy the Spring!

Sheila Macdonald R.N.
Provincial Coordinator

Community Effort:
Women with **D**evelopmental **D**isabilities

In January 1999 we received approval for the development of an educational video - with facilitator's manual to accompany it - on sexual assault awareness for women with developmental disabilities. Our SATC was part of a working group which had submitted a preliminary proposal. Included in our group were representatives from: the Sexual Assault Survivors' Centre, Victims' Services, Board of Education, Association for Community Living, St. Francis Advocates, Association for the Mentally Handicapped, Family Counselling Centre, and our Sexual Assault Treatment Centre.

Many months were spent in script development, fund-raising for additional funds, and reviewing materials already available. We wanted our video to outline our community resources, but also be flexible enough so other areas could incorporate their own local resources.

In September 1999 we finally realized we were not video producers, so we hired someone to look after script, production, editing, *everything!* We were all so busy with our own jobs that trying to do this project was becoming impossible and the deadline was fast approaching. Looking back, we realize that that is when we lost control of the project. The video is artistically well done, but some of us on the planning committee felt that it was missing some points we thought were important.

The video is just under 10 minutes long and can be shown in segments. Ideally a small group setting would be best as this will allow for greater discussion. It has already been used by one teacher and received 'rave reviews'. The facilitator's manual added some of the points that were not included in the video. The manual includes laminated photos of police officers (*male/female in uniform and civvies*), nurses in scrubs and civvies, locations where assaults can occur, and where to go for help. A client's handbook is presently being developed with the help of another grant.

The benefits of working collaboratively with community agencies on this project included:

those working with the developmentally delayed population decided what was needed in our community to assist them with clients

different agencies brought unique perspectives and expertise (*e.g.. education, front-line staff, health, counselling, advocates, etc*.)

one agency did not have to do this alone, it was truly a community project.

For more information on this video "*Say Stop: Tell, Tell, Tell*" contact the Sexual Assault Survivors' Centre in Sarnia-Lambton: **(519) 337-3154**. The final cost is not yet set but it will be less than $50.00.

Monica Vautour, Coordinator
Sarnia SATC

Sexual Assault Highlight:
Chinese Canadian Population

In 1998 the SACRC of York region saw only 2 Canadian Chinese sexual assault survivors, and York Regional police had *no* reported cases of child abuse among this population. According to demographics the Canadian Chinese population was the second largest segment of our population. Was sexual assault happening within this population?

SACRC partnered with 5 community agencies and developed a survey questionnaire distributed to 400 Canadian Chinese people in York region. The purpose of the survey:

1. To learn the impact of sexual assault on the Canadian Chinese community.
2. To identify the need for a public education campaign to increase awareness on sexual assault issues within the Canadian Chinese community
3. To help guide us in the development of culturally and linguistically appropriate education materials for the Canadian Chinese community

400 Canadian Chinese responded: **60%** female **40%** male

Findings

- 70 people *(1 out of 6)* responded they were either sexual assault survivors or knew someone who was
- Of this number 16% were male and 84% were female
- 9% of those who reported as sexual assault survivors were under 18 at the time of the assault
- Over 50% of the sexual assaults happened in a private home
- 76% of the victims reported knowing the offender
- 96% of the victims did NOT inform the police
- 46% of respondents didn't consider unwanted touching or kissing as sexual assault.
- 76% of students who responded didn't consider unwanted touching or kissing as sexual assault
- 80% of respondents given a choice of filling out the questionnaire in English or Chinese, chose Chinese

In summary, our findings reflect findings published by Statistics Canada and the Ontario Women's Directorate, indicating sexual assault is as prevalent in the Canadian Chinese population as in the non-Chinese Canadian population. Furthermore this survey helped us identify the need to dispel the myths around sexual assault and to raise awareness, especially among youth under 18. Thirdly, 80 per cent of respondents chose to fill out surveys written in Chinese, identifying the need for educational resources in Chinese language.

Gail Rehfield, Coordinator
Richmond Hill SACRC

Protecting Children:
New **C**FCA **R**ules...

Our duty, as per the Child and Family Services Act (*CFSA*) is to ensure authorities are aware of situations where children are being harmed or at risk of harm. Here is a summary of changes to the CFSA which have a direct impact on the issues of sexual assault and domestic violence.

Domestic Violence

Family Violence may have a severe emotional impact on children. As well, the estimated overlap between domestic violence and child physical or sexual abuse ranges from 30-50% *(Jaffe et al, 1990; Strause & Gelles, 1990*). Therefore it's the responsibility of those working in the area of domestic violence to be aware of when to report concerns that a child may be in need of protection.

The CFSA states a report must occur if a child has suffered or there is a risk the child is likely to suffer physical harm inflicted by the person having charge of the child, or caused by, or resulting from that person's: **1)** failure to adequately care for, provide for, supervise or protect the child
or
2) pattern of neglect in caring for, providing for, supervising, or protecting the child.

As well, the CFSA states a report must be made if the child has suffered or there is a risk that the child is likely to suffer emotional harm, as defined in the CFSA s.72(1).

Sexual Abuse/Assault

With respect to sexual assault/abuse, under Section 72 (2)(c&d), the CFSA outlines a child is in need of protection if "*...the child has been or there is a risk that the child is likely to be sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know the possibility of sexual molestation or sexual exploitation and fails to protect the child*".

The definition of a child under the CFSA is 16 years and under. Therefore adolescents who have experienced a sexual assault/abuse and are under 16 fall under the duty to report, even if the suspected perpetrator is *not* in a caregiving role. It is the role of the CAS to determine whether the particular situation needs to be investigated. Your duty is based upon your suspicions that the child/adolescent has been harmed or there is a risk that the child/adolescent is likely to be harmed.

The Duty to Report

The overall threshold for reporting has been lowered - the grounds for protection for risk has changed from "*substantial risk*" to "*risk that the child is likely to suffer*". The intent of this is to allow earlier intervention in situations of risk or harm. The duty to report under the CFSA states that "*despite the provisions in any other Act, if a person, including a person who performs professional or official duties with respect to children, has reasonable grounds to suspect (a child is in need of protection) the person shall forthwith report the suspicion and the information on which it is based to a CA*S" (*The CFSA, 1999*).

The amendments clarify reporting, including that the person who has reasonable grounds to suspect child abuse or neglect (as identified in the CFSA) shall make the report directly to the CAS and not rely on any other person to report this on his/her behalf. Even if previous reports have been made to the CAS regarding a child/family, when additional suspicions arise additional reports must be made.

While this article only highlights certain components of the CFSA, other sections may be relevant to your practice. Please refer to: the CFSA specifically, or the pamphlet "*Reporting Child Abuse & Neglect*" or the Ontario Hospital's Association's Manual "*Identifying and Managing Child Abuse & Neglect*".

Tanya Deurvorst Smith, RN
Toronto SACC (*SCAN Program*)

Centre Focus

'Child Friendly' Professionals

At the Sault Ste. Marie Sexual Assault Care Centre we are fortunate to have a comprehensive program which responds to the needs of sexually abused children quickly and effectively. Our program has grown and evolved to a point that we are pleased to share information on it with our SACC Network colleagues.

Our Child Care Clinic medical response consists of two very important components. *Part 1* is of a 'preparatory phase' during which a trained S.A.N.E. familiarizes the child with the examining room and procedure. The child arrives ½ hour before their scheduled exam and is gently introduced to our 'child friendly' playroom and examination room. Hands on 'touching' of the toys and equipment, a 'ride' on the colposcopic chair, and a 'Teddy Bear' T-shirt *(in place of an examination gown*) all help to create a comfortable and relaxed child. Nine times out of 10, once the physician arrives the child is eager to proceed with the exam. *Part 2* is the examination. Our forensic child exams are performed by physicians who have made particular efforts to acquire the skills and knowledge base needed in this specialized area. A colposcope is used to enhance the findings under direct vision, and photos are taken for our records. The child is given multiple 'age appropriate' choices throughout the exam, including: time of removal of underwear; person or persons present in the room; whether or not to view the exam on our video screen, and so on. When the exam is completed and the child is dressed, the photos and findings are discussed with the guardian and child, if appropriate.

Each child receives a small stuffed toy and treat, which, along with the "Teddy Bear" T-shirts, are funded by the Zonta Club (*a women's service group*). Questions are answered, information given and an opportunity to arrange counselling is discussed. Again, 9 out of 10 children leave with a smile. One small child complimented us by saying, "*I think my sister would like to come here*."

Our SACC, of cours, sees children for acute sexual assault examinations as well. Our roster of physicians, S.A.N.E.'s & R.N.'s is ready to respond at all times. We at SACC Sault Ste. Marie, feel privileged to be able to serve the children in our community, in this way!

Dr. Susan Febbraro, Clinical Director
Joy Haley, C.Y.W.
Sault Ste. Marie SACC

Work Environment

Sexual Harassment by Clients

In the past 18 months, 3 local agencies asked me to respond to staff complaints of sexual harassment by clients. One agency provided in-home supportive services to elderly and ill patients, the second was a retirement home for the aged, and the third is an agency that specializes in addictions.

The Home Care management team requested the first workshop for their providers. It was surprising to observe the amount of resistance to reporting incidents of sexual harassment from some employees. Some staff members felt if they made a complaint that services might be cut to the individual, and it would hurt the offender's family members. Some felt it was part of the job and to be expected. A second group could see the impact of sexual harassment in the workplace. This conflict was quite divisive within the agency.

The second agency was more receptive. Both employees and management attended the meeting. There was a report of a recent incident concerning an elderly gentlemen being quite aggressive in sexual advances toward some nursing staff. A complaint was laid and the unit manager approached the man, telling him his behaviour had to stop or he would risk losing his placement. He was also told a police report would be filed. The staff reported the behaviour quickly stopped and they felt supported by their employer.

The third agency discussed several incidents of sexual harassment and became active in establishing a better policy dealing with the issue. They formed an ad hoc committee on which I and another of our SACC staff sit. Policies and protocols are being revised for their agency and ours.

All three meetings were held informally. No names were documented, and some of the following comments were made:

I know it was inappropriate but I brushed it off and blocked it out of my consciousness or made excuses for the person.

I wondered if I had inadvertently invited the behaviour.

I feared my colleagues' reactions if I told them.

I try not to over-react and tend to minimize what is happening.

I wonder if clients are harassed by another client, and whether they would be able to come forward as it would appear they might feel much less secure than a staff member.

One person was quite violent with me, and I find myself being quite hyper-vigilant since then.

I sensed a loss of safety and had to work at normalizing the experience.

I felt I had to handle the situation by myself for fear of being dismissed. I did not tell my partner for fear of his reaction. I quit.

When I told a colleague of an incident she minimized my reaction as being over-reactive and this left me in doubt. Later when I told a friend who was cognizant of the issues of sexual harassment, I found her support very helpful in my healing process.

In summary, sexual harassment in the workplace can create stress and trauma. It becomes difficult for the employee to concentrate and to complete work tasks efficiently. The psychological and physical health toll is high.

Doing nothing can be a costly option for everyone concerned. Preventing sexual harassment is not just the *right* thing to do...it is the employer's *responsibility* to provide a non-toxic work environment. Sexual harassment can also occur staff-to-staff, and management-to-staff. It was felt by a number of people to be surprising and disturbing to have it come from a client.

Employee participation is important especially when developing preventative measures and establishing policies. It was important that, being able to report any incident and to express any emotions as soon as possible after an incident was helpful in minimizing the impact. It was also felt that support from management was of great importance in creating a safe environment.

Zero tolerance of any form of abuse in the workplace should be our goal.

Shirley Burnett, Program Manager
Whitby/Oshawa SACC

For Your Information:

READING/RESEARCH

DuMont, J., McGregor, M.J., Myher, T.L., and Miller, K-L. (2000). **Predicting Legal Outcomes from Medical-Legal Findings: An examination of sexual assault in two jurisdictions**. Journal of Women's Health and Law, 1(3), 219-233.

DuMont, J., and Myher, T.L. (2000). **So Few Convictions: The role of client-related characteristics in the legal processing of sexual assaults**. Violence Against Women, 6(10), 1109-1136.