

Coordinator's Update

As the snow began to fly in December, we wished Provincial Co-ordinator Sheila Macdonald best wishes as she and daughter Holly embarked on Sheila's 6-month parental leave. It is taking eight co-ordinators to attempt to fill her 'shoes' of responsibilities and we will appreciate her return in May!

Welcome New ONSAC/TC Secretary

We extend a warm welcome to Renee Minto, the first permanent part time assistant to the Coordinator of Ontario Network of Sexual Assault Care and Treatment Centres.

Provincial Videos

As we go to press, final touches are being made to the two videos for the Centres. As you may remember, the Ministry of Health and Long Term Care and the Ontario Women's Directorate had provided funding in order for us to do this. Cynthia Colby, Pepperbox Productions, and Random Access in Kitchener have been working around the clock to produce a Domestic Violence video that can be used for training team members and educating community health professionals. A training manual will be included. The Sexual Assault video has been developed for awareness and educational purposes for the general public. Each Centre will receive one of each video and is invited to purchase additional videos by contacting Cynthia at: cynthiapcolby@sprint.ca or by calling (519) 744-1355.

Annual Conference of the ONSAC/TC

We are looking forward to this year's annual Conference of the Ontario Network of Sexual Assault Care and Treatment Centres on March 29th and 30th. The Conference entitled "Kaleidoscope of Care" is being held in Sudbury this year - be prepared to experience a lot of creativity! You can check out all the details on page 2.

1999 Stats

We recently received the most recent summary of Statistics Canada's General Social Survey (GSS), of which one component measures victimization in Canada. The data is collected by telephone and involves approximately 26,000 Canadians (*15 & older*) living in the 10 provinces. Those respondents who indicated they had been victims of crime in the previous 12 months were asked for detailed information about the incident(s). Rates of sexual assault did not change substantially from 1993. In 1999 the rate of sexual assaults was 21 incidents per 1,000/people; 87% of reports of sexual assault did not involve the use of a weapon; 13% of victims of sexual assault had not spoken about the incident with anyone; the accused was male in 92% of cases; 68% of sexual assaults were committed by a friend/acquaintance/other; 13% of sexual assaults occurred in the victim's own home and another 19% occurred in another private residence; 30% of incidents occurred in the summer months while the other seasons each accounted for 21% to 23%; 22% of incidents were reported to police (*compared to 10% in 1993*). Victims who reported the sexual assault to the police said they did so to "stop the incident or receive protection".

With March we watch for "*...in like a lion, out like a lamb*" wishing for an early Spring. Cross your fingers...we can only hope for an quick end to all this snow, and a warm welcome to buds of green!

Casey Cruikshank,

Waterloo Region SATC Director

EVENT ACTIVITIES: Network Annual Conference 2001

Spring is almost upon us and the Ontario Network Care and Treatment Centres' Annual Conference is fast approaching. This year's conference is proudly presented by the SACC/SATCs of Sudbury, Orillia, Sault Ste. Marie, Sioux Lookout, and Kenora. It will be hosted in Sudbury on March 29th & 30th at the Howard Johnson Plaza Hotel.

Thus far we have had an excellent response from SACC/SATCs and partner community agencies. There has also been a great response to the gift basket draw at this year's annual conference. So far 8 SACC/SATCs have agreed to participate. We would like to invite all SACC/SATCs to participate this year by bringing a gift basket to be drawn at the conference. The type of gift basket is at the discretion of the Centre/Program giving the basket...be as creative as you like!

The first day of the conference is dedicated to Aboriginal issues with an opportunity for participants to experience several Aboriginal ceremonies, including a smudging ceremony, gift of tobacco, and the Waabshki-Makwa Drummers - a women's hand drumming group. Our guest speaker, Dr. Emily Faries, will discuss the issue of ethno stress and its impact on Aboriginal people. Dr. Faries will also present the film, "Keepers of Fire" during her presentation. It depicts the developing role of Aboriginal women. The afternoon workshops will give participants an opportunity to choose from a wide array of interesting topics.

The second day will open with a keynote address by Dr. Sally Armstrong, Editor-at-Large with Chatelaine magazine. Dr. Armstrong will speak on the global picture of women's stories that range from child prostitution to the human rights catastrophes experienced by women in Afghanistan. Following Dr. Armstrong's address, Cynthia Colby of Creative Communications will share her current network video project and success stories. In the afternoon, workshops will once again give participants an opportunity to choose from a wide selection of interesting topics.

For those who have not yet visited Sudbury, get ready for a treat! Set in a recreational paradise, this region is known for its crystal clear lakes, scenic attractions, and magnificent wilderness surroundings. Conference participants will have an opportunity to experience such surroundings at one of Sudbury's major attractions: Science North. Science North offers a panoramic view of Ramsey Lake and an opportunity to experience the northern ecosystem. The wine & cheese will take place in the INCO Cavern, an underground theatre that features 3-D movies. After the wine & cheese, you will have a chance to tour the Science Centre.

The organizing committee members look forward to your participation in this year's annual conference! Please do not hesitate to contact Natalie Caufield at: (705) 675-4743 or ncaufield@hrsrb.on.ca if you have any questions or concerns.

**Natalie Caufield
Sudbury DV/SAP**

TO HEAL A HEART: Sexual Assault Caring

Sexual assault is a traumatic experience. Emotional reactions following an assault can be varied, including shock, disbelief, and fear. During this time of confusion, the person who has been assaulted may be in need of support, safety and comfort.

Feedback from people who have used our service shows that they found it helpful to be offered a stuffed animal to hold, like a Teddy Bear, as a means of comfort. "*The teddy bear was a great idea. They are like a security thing. In the past, teddy bears reminded me of a time of being safe, of security and of my childhood, happy times.*" (19-year-old)

The bear or stuffed animal can become a focal point for that person as they are telling the story of the assault. It may be something they hold on to as the SATC Team is examining them for injury and evidence, and it may also provide a safe way to cry about something as inexplicable as an assault upon their body. "*They told me that if I wanted to I could choose a teddy bear and I did. I held onto it during the exam and probably would not have had the exam if I didn't have something like the teddy bear. It helped me get through it.*" (15-year-old)

The bears and stuffed animals are not only a comfort for the children we see - but are just as crucial and comforting for adults who have survived a sexual assault. They might be part of the first step in a painful healing process. Both adults and children have often reported, some time after their experience with our team, that the stuffed animal they received from us even went to court with them - and that it somehow continued to provide a sense and a symbol of comfort to them. *"The teddy bear was something I could hold onto while I talked about some bad things. When I am feeling depressed, the teddy bear is a reminder that someone cares."* (26-year-old)

Since all of the teddy bears and other stuffed animals are donated, we have also found this to be another way that our Centre connects with the community we serve. Many people and groups choose to donate at special times of the year such as Christmas - others at any other time. Sometimes we get donations from school classes after we have made a presentation, and there are service groups and church groups that have chosen our Centre and the people we care for as their community focus. The only criteria we set is that the stuffed animals be new - for hygienic reasons.

On yet another note, it is reassuring for the physicians, nurses and social workers of our SATC Team - as well as for the people we care for - to know how much this community does care, and take care of its own. It truly proves our SATC motto, *"A Community That Cares...Is Aware"*.

**Casey Cruikshank, Director
Waterloo Region SATC**

RURAL SUCCESS: Welcome to Lanark County

The Lanark County program is quite unique in its structure as it serves a rural area made up of small villages with a combined population of around 60,000 people. The towns include Smiths Falls, Perth, Carleton Place, Almonte, Pakenham, and Lanark Village - in addition to a great deal of rural land.

Our program was funded in 1994 after an extensive needs assessment that included the valuable contribution of consumers & survivors of sexualized violence, service providers and health care professionals. We remain the *only* funded sexual assault program in Lanark County, and our community has developed a program designed to address the needs of survivors at every step of trauma and healing. It consists of a Medical Services Facilitation, Crisis Services Facilitation, and Community Coordination.

The *Medical Services Facilitation* acts as the liaison between: the 4 hospitals (*Perth, Smiths Falls, Almonte, Carleton Place*); the health unit; physicians in private practice - in the provision of sexual assault care, sexual assault medical treatment coordination, and professional development and education.

The *Crisis Services Facilitator* position is housed by - and reports to - Lanark County Interval House. Also known as the Lanark County Sexual Assault Centre, this part of our program provides: 24 hour telephone crisis services to women, children and men; emergency accompaniment to hospital or to the police station; short-term counseling while consumers are awaiting long-term counseling as provided by Lanark County Mental Health. The same counselor who provides long-term sexual abuse counseling with Lanark County Mental Health funded under their program budget, also provides clinical consultations and supervision to the Community Coordinator with SACTC funding.

The third part of our program, the *Community Coordinating Committee*, assists with inter-agency collaboration, protocol development, public awareness and educational development between Lanark County Children's Aid Society, medical professionals, consumer & survivors, counseling agencies, and our 4 police services.

Acute sexual assault cases do not present exclusively to the emergency department. We include the local health unit and community health centres as a resource for survivors seeking care and treatment. We, therefore, include these agencies in our training and protocol development. We have developed a coordinated response for adolescent survivors of sexual assault, partnering with the Children's Aid Society and the local health unit.

Our crisis telephone stats remain high, probably due to both easy access and the level of anonymity associated with a crisis line. Working in a predominantly rural setting provides specific challenges that

include transportation accessibility, embarrassment, or fear of being recognized by someone you know in the community, and fear of identifying the perpetrator because everyone will know what has happened.

Projects that the Community Coordinating Committee has completed include: a Disclosure of Records Workshop, the Police Protocol and accompanying training days, A Mock Trial workshop, an O.W.D, funded video titled "Reaching Beyond the Surface", and an accompanying conference. We have also participated in several community awareness events.

In conclusion, our program reflects the willingness and need for the community to work closely together to serve the best interests of survivors of sexualized violence.

**Carolyn Proulx, Mary-Pat Bingley
Lanark County SASP**

SEXUAL ASSAULT STUDY: Adding Up the Cost

A project underway at the British Columbia Centre of Excellence for Women's Health is concerned with estimating the *economic costs* of child sexual abuse in Canada. It's led by Olena Hankivsky. The study will provide national estimates of the direct and indirect costs attributable to child sexual abuse. Direct costs are being estimated from expenditures in 4 policy and program domains: Health, Social and Public Services; Justice; Education/Research & Employment. Indirect costs are being estimated using morbidity and mortality data from various national and provincial surveys.

This study has a direct impact on women's health in its estimates of the direct and indirect costs to individuals. The long-term effects of child sexual abuse on adult survivors (*many of whom are women*) include: substance abuse, post-traumatic stress disorders, mental illness (*especially depression*) and sexually transmitted diseases. In addition, employment-related costs affect both adult survivors and employers, often over the long term.

Developing an estimate of the economic toll of child sexual abuse will have many benefits, including an improved understanding of the mental and physical health effects of this issue, and the financial costs to governments, agencies, services, and individuals. This project is supported by Health Canada's Family Violence Initiative.

For more information contact the British Columbia Centre of Excellence for Women's Health. Phone: (604) 875-2633; Email: bccewh@bccewh.bc.ca Website: www.bccewh.bc.ca.

I'd also like to note that the issues of sexual assault of adolescents and adult women are very similar, and it would be interesting to take a look at the direct and indirect costs to individuals and their families, to employers, and to the health care system.

**Shirley Burnett, Program Manager
Durham Region SACC**

LEGAL POINT: The Cuerrier Decision

Those of us providing HIV testing, know from either direct or indirect experience the many challenges in giving *HIV positive* test results to clients. A Supreme Court of Canada judgement, released September 3, 1998, necessitates that a review of the Cuerrier decision and its implications be discussed when counseling HIV positive people. The bottom line is that those who are HIV positive and do not apprise partners of this, and have unprotected sex, are liable to criminal prosecution.

To sum up the case, a B.C. man named Henry Cuerrier tested positive in 1992, and was counseled by a public health nurse to use condoms during sex, and to disclose his HIV status to his sexual partners. Following this counseling, he engaged in two new sexual relationships. He informed neither woman of his HIV status, nor were condoms always used. Upon discovering he was HIV positive, one woman continued to engage in unprotected sex with him. Both women eventually reported their concerns to the police. Although neither woman tested HIV positive, Cuerrier was charged with two counts of aggravated assault. He was acquitted of both charges in the lower court, and subsequently in the B.C. Court of Appeal - with the explanation that there was no assault because each woman had consented to have sex with him.

The Supreme Court of Canada however, ruled differently. Consent to sexual intercourse was deemed to have been 'vitiating' or made invalid, because such consent was obtained fraudulently with Cuerrier's non-disclosure of his HIV status.

"In summary, an individual who knows they are HIV positive and has unprotected sexual intercourse without disclosing this condition to their partner, may be found guilty of contravening the provisions of section 265 of the Criminal Code. It is right and proper for Health authorities to be concerned that their struggles against AIDS should not be impaired. Yet the Criminal Code does have a role to play. Through deterrence it will protect and serve to encourage honesty, frankness, and safer sexual practices. If the application of the Criminal Code really does impede the control of AIDS, it will be for Parliament to determine whether the protection afforded by the Code should be curtailed in the interests of controlling the plague solely by public health measures." (Supreme Court of Canada File #25738)

Since 1998, some HIV positive clients have chosen to bring their sexual partners to a joint counseling session, so that the counselor can document that HIV disclosure has taken place - hence protecting them against a future claim by a partner, that disclosure had not occurred.
(from a handout written by Richard Elliot)

**Halina Siedlikowski, Coordinator
Ottawa SATP**

FOR YOUR INFORMATION:

"International Conference on Children Exposed to Domestic Violence"

When: June 6, 7 & 8, 2001 **Where:** London, ON **Contact:** Patricia Mintsioulis

Email: pat@lfcc.on.ca.

For More Information: www.lfcc.on.ca/conference.html

"First National Sexual Assault Response Team Training Conference"

When: May 25, 26, 26, 2001 **Where:** San Antonio, Texas **Contact:** Linda E. Ledray
R.N., Ph. D.

Phone: (612)-347-5832

Email: linda@sane-sart.com

For More Information: www.sane-sart.com

UPCOMING WORKSHOP

"The Effects of Violence: on Individuals, Families & Communities"

When: April 6 & 7, 2001 **Where:** Sioux Lookout SATC

Contact: Debbie Toppozini or Carol Maxwell

Phone: (807) 737-3030 ext. 2032

Email: debbie_toppozini@hc-sc.gc.ca or
carol_maxwell@hc-sc.gc.ca

Guest speakers Jayme Shorin and Holly Aldridge are from the *Victims of Violence* program at Harvard University. They work closely with Judith Herman, author of 'Trauma and Recovery'.