

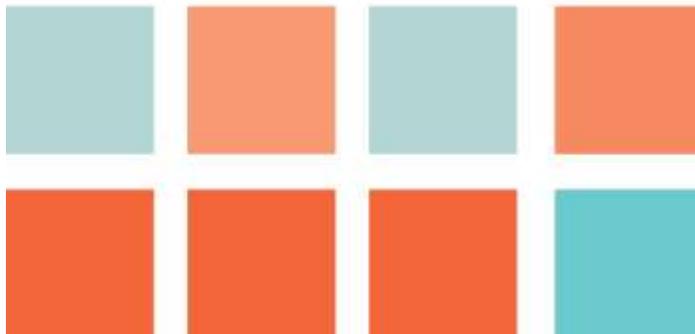


Registered Nurses' Association of Ontario (RNAO)

Speaking Notes to the Select Committee on Sexual
Violence and Harassment in Toronto

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Good Afternoon. My name is Tim Lenartowych and I am the Director of Nursing and Health Policy at the Registered Nurses' Association of Ontario (RNAO). I am joined by my colleague, Lynn Anne Mulrooney, who is our Senior Policy Analyst. As many of you already know, RNAO is the professional association representing registered nurses, nurse practitioners and nursing students who practise in all roles and sectors in Ontario. Our mandate is to advocate for healthy public policy and the nursing role in enhancing the health of Ontarians.

RNAO appreciates this opportunity to appear before this Select Committee on Sexual Violence and Harassment as you look for ways to both prevent and improve our response to Ontarians who have experienced sexual violence and harassment.

RNAO thanks the many Ontarians from every walk of life who have bravely shared their experiences that prompted the government of Ontario to listen and release, *It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment*.

In your package, you will find copies of both our formal written submission with references as well as our speaking notes for today.

Sexual violence can and does happen to anyone: people of every age, ethnicity, class, sexual orientation, gender identity, religion, national origin, physical appearance, and across the ability-disability spectrum. While anyone can be a target of violence, different social locations, power relations, and experiences can intersect in people's complex and multi-dimensional lives to increase vulnerability.

Thank you for visiting Sudbury, Thunder Bay, and Sioux Lookout to listen first-hand to how colonization, racism, sexism, residential schools and intergenerational trauma impact health and wellness. As a provincial organization, RNAO urges the governments of Ontario and Canada to respect, support and fund Aboriginal communities and organizations in the implementation of the *Aboriginal Sexual Violence Action Plan*. In March 2015, after gathering detailed evidence, the United Nations Committee on the Elimination of Discrimination against Women reported that Canada's failure to prevent and protect Aboriginal women from murders and disappearances was a grave violation of their human rights. RNAO supports the implementation of these recommendations as a whole, including: the establishment of a national public inquiry and plan of action; improving the socio-economic conditions of Aboriginal

women; taking measure to overcome the legacy of the colonial period and to eliminate discrimination against Aboriginal women; and improvements to policing, access to justice, victim services, and attentiveness to the situation of those involved in the sex trade.

In our written submission we bring to mind a woman who was sexually assaulted twice within an hour by two different men on the steps of Street Health in downtown Toronto. This incident was captured on security video and then reported to police by nursing staff at Street Health who provide health care services to those who are homeless. Poverty is a form of structural violence in itself and it makes those living in poverty more vulnerable to direct violence especially, as in this example, when the shelter system was at capacity and there were no 24 hour safe spaces for women to drop in. Early life trauma including sexual, physical, and emotional abuse and neglect has a life-long impact that carries into adulthood with an increased risk of mental health challenges, substance use, suicide attempts, and risk for violent victimization. That's why RNAO has recommendations to address poverty such as increasing access to affordable housing, raising dangerously low social assistance rates, and increasing the minimum wage. We need to strengthen Ontario's Poverty Reduction Plan with a detailed implementation plan, including targets, timelines, and substantive public investment.

Those who have experienced trauma are often re-traumatized in their contacts with health and social services that are supposed to be helping them. It is critical that providers, organizations, and systems become informed about and implement trauma-informed care. Hospital-based Sexual and Domestic Violence Treatment Centres provide such care but they need protected, substantive, and sustained funding so that they have the staffing and other resources to provide excellent, appropriate, and timely care that is consistent with international best practices and standards.

In our written submission we remember, as we often do, registered nurse Lori Dupont who was murdered just before her 37th birthday in the operating room of Hotel-Dieu Grace Hospital in Windsor. Lori's mother, Barbara Dupont, described Lori as "a victim of workplace harassment and violence--harassment which was allowed to continue over an eight-month period and escalate into the most severe form of physical violence." Even prior to this eight-month escalation, the work colleague with whom Lori had a past relationship, Dr. Marc Daniel, engaged in disruptive behaviour with multiple staff members despite the hospital's zero-tolerance harassment policy, by-laws, and codes of conduct. For this reason, the

inquest jury felt it necessary to make multiple recommendations to the Legislature of Ontario and the Ministry of Health and Long-Term Care around the principle of "ensuring that patient and staff safety, as well as patient care, must be the most important factors and not be superceded by a physician's right to practice." RNAO advocates amending the *Public Hospital Act* to replace Medical Advisory Committees with Inter-Professional Advisory Committees as part of strengthening health outcomes, quality of health-care services, interprofessional care and addressing power imbalances. RNAO also recommends that the Ministry of Labour review the *Occupational Health and Safety Act* to include "safety from emotional or psychological harm, rather than merely physical harm" as part of the mandate of the Ministry. Although the *Occupation Health and Safety Act* does include wording prohibiting reprisals by an employer, RNAO continues to recommend explicit and strong language to protect whistleblowers concerned about incidents or potential incidents of violence and harassment and other threats to the health of the public as a safety valve for our health-care system.

In February, RNAO paused to honour the life and mourn the death of another dear nursing colleague who was murdered this fall in Toronto. A beloved and well-respected nurse practitioner who worked for Toronto Public Health, Zahra Abdille and her two sons "fell through the cracks." When Zahra fled in fear from her husband, she tried to get an emergency court order to protect her children. Zahra didn't have enough evidence to prove her sons were at risk, she couldn't get the financial documents requested of her, she didn't qualify for legal aid, and she couldn't afford a lawyer as her husband controlled their bank account. After three weeks in a shelter, Zahra and the children returned to their violent home where they were eventually found dead after her husband committed suicide.

It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment identifies the need for "more help and better supports for survivors in the community." Policies that create barriers to safety as they intersect, contradict, and do not take into account the complexities of women's lives include those related to income security, safe and affordable housing, freedom from discrimination and persecution, child access and custody, access to community supports, and access to legal representation. It is critical to identify how and why the woman assaulted twice on the steps of Street Health, Lori Dupont, Zahra Abdille, and many other Ontarians fall through gaps in our system and make sure that no others are lost through these preventable tragedies

On behalf of Ontario's registered nurses, nurse practitioners and nursing students, we thank you, once again, for the opportunity to appear before this Committee. We would be delighted to respond to any questions.