



Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario



Minister's Task Force on the Prevention of the Sexual Abuse of Patients and the *Regulated* *Health Professions Act, 1991 (Task Force)*

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Patient awarded \$40,000 after sexual assault at Seven Oaks Hospital

Psychiatric patient awarded damages after sexual interference

By Katie Nicholson, CBC News | Posted: Nov 19, 2014 3:20 PM CT | Last Updated: Nov 19, 2014 4:11 PM CT

Sep 18, 2014 |

Mississauga doctor sees male-only patients after sexual abuse discipline

Hamilton Spectator
By Laura Armstrong

Second GTA physician no longer allowed to treat women

21 Ontario doctors have gender-based restrictions: report



By David Shum

Web Producer Global News

Anesthesiologist Dr. George Doodnaught guilty of sexually assaulting 21 female patients

Victim who sparked investigation of doctor who molesting patients during surgery says 'we got him.'

Doctor finally faces possible penalty for sexual abuse of young patient — 35 years later

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Definition of Sexual Abuse (RHPA)

Sexual abuse of a patient

(3) In this Code,

“sexual abuse” of a patient by a member means,

- (a) sexual intercourse or other forms of physical sexual relations between the member and the patient,
- (b) touching, of a sexual nature, of the patient by the member, or
- (c) behaviour or remarks of a sexual nature by the member towards the patient. 1993, c. 37, s. 4.

The sexual abuse of patients is about the health care provider's violation of trust, not the client's consent.

HPRAC, 2012

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Definition of Sexual Abuse (RHPA)

- Health Care provider's sexual treating their spouses:
 - Implications for geographic areas that have limited health human resources.
 - Implications for emergency situations.

Should be an EXCEPTION not a RULE

College of Physicians, 2012

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Disciplinary Orders

Ideals	Challenges
<ul style="list-style-type: none">• Every complaint results in formal investigations.• Complaints of sexual abuse treated as significant events.• Expedited investigation and swift disciplinary action.• Strict process for recurrent complaints.	<ul style="list-style-type: none">• Lack of consistency regarding disciplinary action across Colleges.• Ability to reapply for a license after 5 years.• Age and gender specific restrictions are too lenient.• Responsibility of College to facilitate participation of the victim to participate in hearings.• Threshold to involve the justice system.

Bismark et al., 2013; HPRAC, 2012; Malmedal, Iversen, Kilvik, 2015; Plummer, Findley, 2012.

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Support tools for patients who may have been sexually abused .

- **Specialized services** (e.g. sexual assault nurse examiners)
 - Increase victim's referral to multidisciplinary services;
 - Reduce secondary trauma to victims;
- Implementing a process for **automatic** referral to counseling services by regulating College.
- Organizations should have responsibilities to staff and clients post positive finding.
- Implications for rural, remote and northern communities.

Allnock et al., 2012; Greeson, 2012

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Mandatory Reporting Requirements

- Increase compliance with **mandatory reporting**.
 - Uncertainty with how to act regarding suspected abuse.
 - Repercussions with accusing a colleague.
 - Respecting clients' wishes.
- **Education and training** should be provided so providers are confident in identifying maltreatment.

Killick and Taylor, 2011; Pietrantonio et al., 2013; RNAO – Elder Abuse guideline

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Ways to further encourage and support patients who report incidents of sexual abuse to health regulatory colleges.

- **Best Practice Guidelines:**

Health Care Provider Focused	Client Focused
<ul style="list-style-type: none"> • Preventing and Managing Violence in the Workplace • Embracing Cultural Diversity in Health Care: Developing Cultural Competency 	<ul style="list-style-type: none"> • Woman Abuse: Screening, Identification and Initial Response • Client Centred Care 2nd Edition (3rd Edition in progress) • Establishing Therapeutic Relationships • Crisis Intervention • Supporting and Strengthening Families Through Expected and Unexpected Life Events • Preventing and Addressing Abuse and Neglect of Older Adults: Person-Centred, Collaborative, System-Wide Approaches

- Position Statement: **Respecting Sexual Orientation and Gender Identity**
- Position Statement: **Violence Against Nurses – ‘Zero’ Tolerance for Violence Against Nurses and Nursing Students**
- Submission to the Ontario Women’s Directorate: **Sexual Violence Action Plan**

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RNAO Tools

Preventing & Managing Violence Quick Tips and Tools for Nurses

Purpose:
This Tips and Tools guide is designed to assist you to better understand and learn how to prevent and manage violence in your work environment. The information is based on the RNAO Healthy Work Environment Best Practice Guideline: Preventing and Mitigating Violence in the Workplace.

Why is this important?:
Violence in the workplace is believed to be on the rise, despite evidence of significant underreporting. Sustained exposure to violence in the workplace, including aggression, abuse, and bullying can have serious physical and psychological consequences that affect the ability to provide quality care and engage in collaborative relationships. In addition, aggression in the workplace has been identified as a factor contributing to attrition from the profession (RNAO, 2009).

Types of Violence in the Workplace:

- Type I (Criminal intent):** perpetrator has no relationship to the workplace
- Type II (Client or customer):** perpetrator is a client of the workplace who becomes violent toward a worker or another client
- Type III (Worker-to-worker):** perpetrator is an employee or past employee of the workplace
- Type IV (Personal relationship):** perpetrator usually has a relationship with an employee (e.g. domestic violence in the workplace)

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Revised 2012
Nursing Best Practice Guideline
Screening for Personal Violence

Woman Abuse: Screening, Identification and Initial Response

RNAO

Health Education Fact Sheet
Puttin' Nurses for You

Nursing Best Practice Guideline **Putting Patients First**

Most people at one time or another will receive help from a nurse – whether it is in a hospital, nursing home, rehabilitation centre, in the home, healthcare centre or through a public health unit.

What does it mean when you hear a nurse being called RN or RPN?
In the province of Ontario, RN refers to Registered Nurses and RPN refers to Registered Practical Nurses. RNs and RPNs are educated from the same body of nursing knowledge; however, RNs study it in greater depth and breadth over a longer period of time and accordingly, are able to provide care in more complex situations* (College of Nurses of Ontario, June 2003).

Did you know that there are guiding principles and values that nurses use to guide their practice?
Nurses support the principles and values that are termed, "patient/client centred care." A client may be a patient in a hospital, a resident in a long-term care facility, a person or family in the community or an entire community. "Patient/Client Centred Care" means:

- Having equal access to care;
- Respecting and addressing your wishes, concerns, values, priorities, point of view and strengths;
- Caring for you as a human being, not as a problem;
- Following your lead with respect to information giving, decision-making and care in general. You know yourself the best; and you have the right to play an active role in working with the healthcare team to define your goals and how to achieve them;
- Having the right to receive care from the same team of nurses on a regular basis as much as possible;
- Addressing your needs in a timely manner.

RNAO

Condensed Guidelines for Personal Digital Assistants (PDAs)

Now get your guidelines on the go. The RNAO has adapted the Nursing Best Practice guidelines for PDAs and smartphones so that important nursing knowledge is available at your fingertips!

iPhone / iPod Touch App

Nursing Best Practice Guidelines are available for your iPod Touch or iPhone.



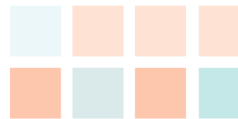
Blackberry

Get the adapted version of the Nursing Best Practice Guidelines on your Blackberry. The BPG app will work on all Blackberry devices with an operating system (OS) of 4.6 and higher. To find your OS go to Options >> About



Android

Android devices with an OS of 2.0 or higher can get the app.



Sexual Violence Action Plan
Submission to the Ontario Women's Directorate

Registered Nurses' Association of Ontario

September 24, 2010



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iaBPG International Affairs & Best Practice Guidelines

Client Centred Care e-Learning Course

Contact

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Best Practices – Provider Level

Sexual abuse is a crime of power, control, and violence. Health care providers should not lose sight on their professional purpose:

- Maintain a **therapeutic** relationship.
- Promote a **respectful** partnership.
- Develop a partnership that is **meaningful** and **empowering** within professional boundaries.

HPRAC, 2012; RNAO's Establishing Therapeutic Relationships & Client Centred Care guidelines

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Best Practices – Organizational Level

- Create an **organizational culture** that promotes person centred care.
- Establish clear **policies and procedures** that enable reporting of abuse.
- Implement comprehensive **hiring processes**.
- Provide **mandatory training** for staff.

RNAO's Elder Abuse Guideline

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Public participation in college discipline processes and proceedings.

- Self regulating professions have an **obligation to be transparent** with the public.
- **Sensitivity** regarding the appropriate participation of the public.
- Reduce **secondary trauma** to victims with highly sensationalized cases.

Canadian Resource Centre for Victims of Crime, 2015 ; Levenson and Cotter, 2005

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References

- Allnock, D., Radford, L., Bunting, L., Price, A., Morgan-Klein, N., Ellis, J., Stafford, A. (2012). In demand: Therapeutic services for children and young people who have experienced sexual abuse. *Child Abuse Review*, 21(5), 318-334.
- Bismark, M.M., Spittal, M.J., Gurrin, L.C., Ward, M., Studdert, D.M. (2013). Identification of doctors at risk of recurrent complaints: A national study of healthcare complaints in Australia. *BMJ Quality & Safety, Epub*.
- Canadian Resource Centre for Victims of Crime. (2015). Victims and the media. Retrieved from: <http://crcvc.ca/publications/media-guide/victims-and-media/>
- College of Nurses of Ontario. (2015). Sexual Abuse of Patients. Retrieved from: <http://www.cno.org/protect-public/sexual-abuse-of-patients/>
- College of Physicians and Surgeons of Ontario (2012). Re: HPRAC recommendations regarding the treatment of spouses and the sexual abuse provisions of the regulated health act, 1991 (RHPA). Retrieved: https://www.cpso.on.ca/uploadedFiles/policies/positions/Treatment-spouses_moh-Aug12.pdf
- Department of Justice. (2015). Family Violence Initiative. Retrieved from: <http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/fe-fa/p14.html#b22>
- Employment and Social Development Canada (ESDC). (2011). Elder abuse modules. Retrieved from http://www.esdc.gc.ca/eng/seniors/funding/pancanadian/elder_abuse.shtml
- Flaherty, E. G., Sege, R. D., Griffith, J., Price, L. L., Wasserman, R., & Slora, E. (2008). From suspicion of physical child abuse to reporting: Primary care clinician decision-making. *Pediatrics*, 122(3), 611–619.
- Greco, D. & Dawgent, S. (2007). Poverty and Sexual Violence: Building Prevention and Intervention Responses. Enola: Pennsylvania Coalition Against Rape, 2. <http://www.ncdsv.org/images/Poverty%20and%20Sexual%20Violence.pdf>
- Greeson, M.R., Campbell, R. (2012). Sexual assault response teams (SARTs): An empirical review of their effectiveness and challenges to successful implementation. *Trauma, Violence & Abuse*, 14 (2), 83-95.
- Health Professions Regulatory Advisory Council. (2012). The Spousal Patient. Retrieved: http://www.health.gov.on.ca/en/common/ministry/publications/reports/hprac/docs/spousal_patient.pdf
- Killick, C., Taylor, B.J. (2011). Judgements of social care professionals on elder abuse referrals: A factorial survey. *British Journal of Social Work*
- Levenson, J.S., Cotter, L.P. (2005). The effect of Megan's Law on sex offender reintegration. *Journal of Contemporary Criminal Justice*, 21(1), 49-66.
- Malmedal, W., Iversen, M.H., Kilvik, A. (2015). Sexual abuse of older nursing home residents: A literature review. *Nursing Research Practice, Epub*.
- National Center on Domestic and Sexual Abuse. (n.d). Power and Control Wheel. Retrieved from <http://www.ncdsv.org/images/powercontrolwheelnoshading.pdf>
- Ottawa Rape Crisis Centre (nd). Sexual Violence Facts. <http://www.orcc.net/svfacts.html>
- Pietrantonio, A.M., Wright, E., Gibson, K.N., Alldred, T., Jacobson, D., Niec, A. (2013). Mandatory reporting of child abuse and neglect: Crafting a positive process for health professionals and caregivers. *Child Abuse & Neglect*, 37(2-3), 102-109.
- Plummer, S., Findley, P.A. (2012). Women with disabilities experience with physical and sexual abuse: Review of the literature and implications for the field. *Trauma Violence Abuse*, 13(1), 15-29.
- Registered Nurses Association of Ontario. (2014). Preventing and Addressing Abuse and Neglect of Older Adults: Person-Centred, Collaborative, System-Wide Approaches. Retrieved from: <http://rnao.ca/bpg/guidelines/abuse-and-neglect-older-adults>
- Registered Nurses Association of Ontario. (2006a). Client Centred Care. Retrieved from: <http://rnao.ca/bpg/guidelines/client-centred-care>
- Registered Nurses Association of Ontario. (2006b). Establishing Therapeutic Relationships. Retrieved from: <http://rnao.ca/bpg/guidelines/establishing-therapeutic-relationships>
- Regulated Health Professions Act, 1991. Retrieved from: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm
- Statistics Canada. (2008). Sexual Assault in Canada. Retrieved from: <http://www.statcan.gc.ca/pub/85f0033m/85f0033m2008019-eng.htm>

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