Registered Nurses' Association of Ontario (RNAO)

Ending Sexual Violence and Harassment for a Healthier Ontario

Written Submission to the Select Committee on Sexual Violence and Harassment

April 29, 2015

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Summary of Recommendations:

- 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.*

- Respond to the United Nations Committee on the Elimination of Discrimination against Women's report on Canada's failure to protect and prevent the murder and disappearance of Aboriginal women and girls by implementing their comprehensive 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 measures 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 needs and situation of those involved in sex work.
- Update and strengthen Ontario's Poverty Reduction Strategy with a detailed implementation plan, complete with targets and timelines, accompanied by substantive public investment.
- Improve access to affordable housing and stimulate job creation in the process by investing one per cent of Ontario's budget to address the backlog of existing affordable housing units in need of repair and to create new affordable housing stock.
- Raise the dangerously low social assistance rates to reflect the actual cost of living by setting up an expert panel that includes people with lived experience.
- Increase the minimum wage to $14 per hour in 2015 and ensure fair working conditions by expanding protections for precarious workers.

- As those who have experienced trauma "are at risk of being re-traumatized in every social service and health-care setting," it is critical that providers, organizations, and systems become informed about and implement trauma-informed care

- Provide protected, substantive and sustained funding so that the hospital-based Sexual and Domestic Violence Treatment Centres have the staffing and other resources to provide 24/7 care that is "excellent, appropriate, timely" and "consistent with best international practices and standards of care."

- RNAO recommends implementation of the Select Committee on Mental Health and Addictions' overarching recommendation that a new umbrella organization, Mental Health and Addictions Ontario, responsible to the Ministry of Health and Long-Term Care, be created. Similar to Cancer Care Ontario, the Committee envisioned a single body "responsible for designing, managing, and coordinating the mental health and addictions system" in order to assure "that programs and services are delivered consistently and comprehensively across Ontario."

- Implementation and ongoing revision of the 2015 Health and Physical Education Curriculum is critical to enable systemic, generational change.

- RNAO supports investment in "a creative engagement fund to provoke discussion of challenging issues-such as rape culture, consent, gender inequality and social norms-through funding projects by Ontario artists."

- As part of the larger initiative to transform rape culture, particular attention should be given to improve how the media report on sexual assault through such resources as *Reporting on Sexual Assault: A Toolkit for Canadian Media*.

- Although the *Occupation Health and Safety Act* does include wording prohibiting reprisals by an employer, 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 would strengthen our health-care system.

- The Ministry of Labour should 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.

- As part of strengthening health outcomes, quality of health-care services, interprofessional care and addressing power imbalances, RNAO advocates amending the *Public Hospital Act* to replace Medical Advisory Committees with Inter-Professional Advisory Committees.

- It is critical to identify how and why the woman assaulted twice on the steps of Street Health, Zahara Abdille, Lori Dupont, and many other Ontarians fall through gaps in our system and make sure that no others are lost through these preventable tragedies.

The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses (RN), nurse practitioners (NP), and nursing students in all roles and sectors across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contributions to shaping the health-care system, and influenced decisions that affect nurses and the public they serve. RNAO appreciates the opportunity to provide feedback to the Select Committee on Sexual Violence and Harassment.

RNAO thanks the many Ontarians who have bravely shared their experiences to inform and give urgency to ongoing provincial efforts[1] [2] to address sexual violence including, *It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment* released in March 2015.[3]

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, it is important to understand that within people's complex and multi-dimensional lives, different factors and social dynamics can operate together to increase vulnerability.[4] From an intersectionality perspective, inequities are "never the result of single, distinct factors" but are the "outcome of intersections of different social locations, power relations, and experiences."[5]

> Ending sexual violence is related directly to the healing that needs to be done as a result of colonization. The first step in the process will be to name the issue and to understand the breadth and depth of the issues of sexual violence.
>
> *Aboriginal Sexual Violence Action Plan* (2011:4)

In the context of *A Strategic Framework to End Violence Against Aboriginal Women*,[6] **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***.[7]

> Aboriginal women experience higher rates of sexual violence than non-Aboriginal women. A number of complex factors contribute to this increased vulnerability, including racism and discrimination, the impact of residential schools and the cycle of intergenerational trauma, and high rates of poverty and unemployment.
>
> *Changing Attitudes, Changing Lives Ontario's Sexual Violence Action Plan Progress Report* (2013: 17)

A better understanding of the health and social impacts of colonization, racism, and social exclusion and movement towards self-determination as a critical

determinant of health[8] may be enabled by resources from the Aboriginal Health Foundation,[9] [10] Truth and Reconciliation Commission of Canada[11] and the National Collaborating Centre for Aboriginal Health.[12] [13]

In 2011, the Native Women's Association of Canada and the Canadian Feminist Alliance for International Action requested that the United Nations Committee on the Elimination of Discrimination against Women (CEDAW) make an inquiry into missing and murdered Indigenous women and girls.[14] In March 2015, after gathering detailed evidence including a site visit to Canada, CEDAW reported that Canada's failure to prevent and protect Aboriginal women from murders and disappearances was a grave violation of their human rights.[15] **CEDAW's comprehensive recommendations to Canada fell into four categories: the establishment of a national public inquiry and plan of action; improving the socio-economic conditions of Aboriginal women; taking measures 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 needs and situation of those involved in sex work.[16] RNAO supports CEDAW's recommendation that their comprehensive set of recommendations be implemented as a whole.[17]**

In the early morning hours of September 22, 2013,[18] in downtown Toronto on the steps of Street Health, an organization whose mission is to provide compassion health care for those who are homeless and underhoused,[19] this happened:

> On the steps of a social outreach agency, a woman is sleeping. It is about four o'clock in the morning.
>
> A young man comes along. He sexually assaults her and leaves. Then, within the hour, another young man comes along. He sexually assaults her, too.
>
> Who is she? Police might not yet know.
>
> Did the woman even realize she'd been attacked, twice? Police can't or won't say.
>
> Was she aware or was she insensate, on drugs, drunk, mentally ill?
>
> Rosie DiManno, *Toronto Star*, November 27, 2013

The assaults were reported to the police by Street Health staff when they were horrified to discover the violence upon review of their security video.[20] Community members, including registered nurses and nurse practitioners from Street Health, pointed out that with the shelter system at capacity and no 24-hour-safe places for women to drop-in, the woman trying to sleep on the steps

had no options.[21] Street Health nurses[22] and the City of Toronto both report that marginally housed and homeless women, including sex workers and those with serious mental health and addiction challenges, are at particularly high risk of sexual and physical abuse.[23]

While the woman assaulted on the steps of Street Health provides a particularly vivid illustration, addressing the structural violence of poverty will improve health and social outcomes, including vulnerability to sexual violence and harassment. As RNAO recommended in its 2015 pre-budget[24] submission:

- **Update and strengthen Ontario's Poverty Reduction Strategy with a detailed implementation plan, complete with targets and timelines, accompanied by substantive public investment.**
- **Improve access to affordable housing and stimulate job creation in the process by investing one per cent of Ontario's budget to address the backlog of existing affordable housing units in need of repair and to create new affordable housing stock.**
- **Raise the dangerously low social assistance rates to reflect the actual cost of living by setting up an expert panel that includes people with lived experience.**
- **Increase the minimum wage to $14 per hour in 2015 and ensure fair working conditions by expanding protections for precarious workers.**

Not only does poverty increase risk for all kinds of violence, but childhood trauma has a life-long impact. "By far the most significant risk factor for violent victimization as an adult is a pattern of physical, emotional and sexual abuse as a child."[25]

> Diane reiterates, "It's the violence and the drugs and everything that has gotten me to this point of being homeless." Effects of violence, both in childhood at the hands of caretakers and in adult intimate partner relationships, facilitated their homelessness in many ways, not the least of which was the erasure of the women's feelings of value, self-worth and self-sufficiency. Without these, Natalie says, "It's hard to get out of the pattern of thinking there's something wrong with you, and then you end up like this and you're like, well, I guess they were right all along. I am worthless, I am useless, I am unlovable."
>
> *The Experience of Violence in the Lives of Homeless Women*, (2005: 67)

There is a growing understanding that trauma is a public health problem[26] that is prevalent, underestimated, and often neglected by health and human services systems and professionals.[27] [28] Immediate and delayed responses to trauma may manifest as emotional, physical, cognitive, behavioural, and/or existential

reactions.[29] These are normal responses to the stressful experience of trauma, distressing to experience, but are not in themselves signs of mental illness or mental disorder.[30] Trauma may be a single event, numerous or repeated events, or sustained/chronic trauma that wears down resilience. The additive and cumulative impacts of trauma may be especially damaging through biological embedding of adversities during critical development stages.[31] Early life stress[32] "triggers, aggravates, maintains and increases the recurrence" of adult psychiatric disorders.[33] A systematic review and meta-analysis found a causal relationship between childhood trauma and a range of mental disorders, substance use, suicide attempts, sexually transmitted infections, and risky sexual behaviour across the life course.[34] **As those who have experienced trauma "are at risk of being re-traumatized in every social service and health care setting,"[35] it is critical that providers, organizations, and systems become informed about and implement trauma-informed care**.[36] [37] [38]

Trauma-informed care is part of the non-judgmental, compassionate, and one-on-one service provided by sexual abuse nurse examiners (SANEs) at the 35 Sexual Assault/ Domestic Violence Treatment Centres (SADVTCs) programs across the province. The role carried out by SANEs was implemented to provide superior and specialized health care, psychosocial support, and forensic evidence collection to victims of interpersonal violence.[39] The research literature consistently demonstrates that these nurses provide better quality health care, decrease patient wait times for physical and genital examinations, and increase accurate evidence collection using documentation, photography, and the Sexual Assault Examination Kit.[40] [41] [42] [43]

When the programs were originally established, they were monitored under Priority Programs at the Provincial Ministry level to ensure standardized services and financial stability. In 2004, the programs were transferred to the MOHLTC's Regional Offices and then to the Local Health Integrated Networks as part of the base budget of hospitals.[44] As hospitals worked to balance their budgets, SADVTCs have experienced deep program cuts.

As you have heard from our colleague, Kathleen Fitzgerald, during her presentation in Sioux Lookout,[45] a key barrier to access to SANES on a 24/7 basis has to do with staffing. The majority of SANES work on an on-call basis. Centres with high client volumes have replaced full-time (FT) and part-time positions with on-call hours due to program funding cuts.[46] [47] This makes it extremely difficult to recruit and retain nurses with an on-call rate of only $3.30 per hour.[48] If a nurse is called to see a survivor, she or he receives time and a half for four hours minimum. But this completely depends on client volumes, which is highly unpredictable. In order to meet their basic needs, SANEs must also obtain outside employment.[49] [50] Frequently SANEs are choosing to work straight time hospital shifts where they may earn a minimum of $31.02 for one hour,[51] in comparison to $26.40 for an eight hour on call shift. On call scheduling

is causing large gaps where no services are provided and leaving clients without access to a specialized health-care provider.[52]

Provide protected, substantive and sustained funding so that the hospital-based Sexual and Domestic Violence Treatment Centres have the staffing and other resources to provide 24/7 care that is "excellent, appropriate, timely"[53] and "consistent with best international practices and standards of care."[54]

Ontario's Comprehensive Mental Health and Addictions Strategy affirms the province's commitment "to creating a province where everyone enjoys good mental health and well-being throughout their lifetime."[55] Launched in 2011, the first three years of the ten-year Strategy had a particular focus on children and youth. While these advances are welcome, more must be done to address the many urgent needs for mental health and addiction services identified by the Select Committee on Mental Health and Addictions.[56] [57] In particular, **RNAO recommends implementation of the Select Committee on Mental Health and Addictions' overarching recommendation that a new umbrella organization, Mental Health and Addictions Ontario, responsible to the Ministry of Health and Long-Term Care, be created. Similar to Cancer Care Ontario, the Committee envisioned a single body "responsible for designing, managing, and coordinating the mental health and addictions system" in order to assure "that programs and services are delivered consistently and comprehensively across Ontario."[58]**

> Rape culture is a culture in which dominant ideas, social practices, media images and societal institutions implicitly or explicitly condone sexual assault by normalizing or trivializing male sexual violence and by blaming survivors for their own abuse.
>
> *It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment* (2015:9)

RNAO agrees with the premise that "for systemic, generational change to occur, it's important that young people learn respectful behaviours from the beginning."[59] Consistent with RNAO's support for the *Accepting School Act, Anti-Bullying Act,* [60] and *Toby's Act*,[61] **the Association would like to reiterate its support for the implementation and ongoing revision of the 2015 Health and Physical Education Curriculum.** It is critical that students be given opportunities to learn about root causes of gender inequality, healthy relationships, consent, physical, emotional, and mental well-being, sexual orientation, equity, and inclusion in age-appropriate ways.[62]

RNAO appreciates the public awareness and education campaign recently launched by the government in the media including ads, social media (#WhoWillYouHelp), challenging myths and other resources.[63] Building on this initiative, **RNAO supports investment in "a creative engagement fund to provoke discussion of challenging issues-such as rape culture, consent, gender inequality and social norms-through funding projects by Ontario artists."**[64]

As part of the larger initiative to transform rape culture, particular attention should be given to improve how the media report on sexual assault in addition to educating identified sectors such as law enforcement, criminal justice, health, community service, education, and hospitality sectors. The Femifesto Toolkit[65] for Canadian media and resources from the Chicago Taskforce on Violence Against Girls and Young Women,[66] for example, use an intersectional approach to help reporters convey a "more complex and contextual understanding that addresses the reality of peoples' multi-issue lives."[67] The need for such toolkits was proven yet again in April 2015 when a 43-year old man, Rejean Hermel Perron, "was arrested on charges of holding a sex trade worker in a home for five days, handcuffing and sexually assaulting her repeatedly in a 'ritualistic fashion.'"[68] Subsequent articles on this incident picked up by local [69] [70] and global media[71] [72] focus on the heroism of a man walking his dog who found and untied the distraught woman on the front veranda of her captor's house and called police. Made invisible by this framing is the cultural context that legitimizes frequent violent attacks against women, including sex workers, in the downtown east side of Toronto. Not picked up was the statement by health organizations working with sex workers that "criminalization of sex work increases the risks of violence by forcing sex workers to work in unsafe environments without being able to put in place safety strategies."[73]

I*t's Never Okay: An Action Plan to Stop Sexual Violence and Harassment* has made a commitment, among other measures, to "introduce legislation to strengthen provisions related to sexual violence and harassment in the workplace, on campus, in housing, and through the civil claim process."[74] Since 1998, RNAO has advocated for whistleblower protection for health care workers as an important safety valve in the health care system.[75] As RNAO has recommended in *Violence Against Nurses: 'Zero Tolerance' for Violence Against Nurses and Nursing Students*,[76] our submission to the Standing Policy on Social Policy on Bill 168, *Violence and Harassment in the Workplace*,[77] and in RNAO's Best Practice Guideline on *Preventing and Managing Violence in the Workplace*, whistleblower protection is needed to protect those who report incidents of workplace and harassment.[78] **Although the *Occupation Health and Safety Act* does include wording prohibiting reprisals by an employer, 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 would strengthen our health care system.

Barbara Dupont, mother of registered nurse Lori Dupont, who was murdered on November 12, 2005, nine days before her 37th birthday, describes 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":[79] Speaking to the Standing Committee on Social Policy, Ms. Dupont described Lori's death and what she learned at the inquest:

> She was viciously attacked in the OR unit of Hotel-Dieu Grace Hospital, Windsor, Ontario, where she was employed as a recovery room nurse, stabbed seven times by a man with whom she'd had a past relationship--a fellow employee, a doctor.
>
> Lori died almost immediately, despite heroic efforts to save her life. Her assailant, the anesthesiologist, then committed suicide by injecting himself with drugs routinely used in the OR. We never did find the source of the drugs because the hospital made no attempt to investigate.....
>
> It was a lengthy and very costly inquest. Many startling and unbelievable facts were revealed. Complacency and arrogance on the part of the employer was clearly evident. No one in a position of authority had been willing to deal with the situation. Many of these seemingly intelligent, highly skilled professionals appeared to lack the knowledge to deal with the situation. Many a blind eye was turned.
>
> They had a zero-tolerance harassment policy, but policies and procedures were not followed; by-laws and codes of conduct not enforced. This doctor was never confronted and held accountable for his harassing and disruptive behaviour.
>
> An expert witness at the inquest testified to over 50 missed opportunities to intercede and break the terrible chain of events which led to the tragedy....
> Lori, in the end, had been abandoned by her employers and left to her own devices to survive the best she could in the hostile environment, surrounded by her fellow nurses, who attempted to protect her to the best of their ability.
>
> Barbara Dupont to Standing Committee on Social Policy, November 17, 2009

The inquest into the murder of Lori Dupont and suicide of Marc Daniel resulted in 65 recommendations. After a year, the Office of the Chief Coroner of Ontario reported that 39 of the 65 recommendations had been implemented,[80] however, as with other inquests, the real organizational, system, and cultural

transformation remains to be seen. A recommendation made at the inquest and reinforced by Barbara Dupont,[81] the Ontario Human Rights Commissioner,[82] and RNAO[83] that is still pending is one that asks **the Ministry of Labour to 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**.[84]

Given the evidence of multiple and significant complaints about Dr. Daniel's disruptive behaviour since 2000, the 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."[85] As part of strengthening health outcomes, quality of health-care services, interprofessional care and addressing power imbalances, **RNAO advocates amending the *Public Hospital Act* to replace Medical Advisory Committees with Inter-Professional Advisory Committees.**[86] [87]

Another of our dear nursing colleagues was murdered this fall in Toronto, Zahra Mohamoud Abdille, along with her two sons, Faris and Zain.[88] Despite being a well-respected and beloved nurse practitioner who worked for Toronto Public Health, Zahra "fell through the cracks":[89] [90]

> Last year Zahra Abdille cried out for help, fleeing her husband for a safe house and asking for an emergency court order to protect her young sons.
>
> But she didn't have enough evidence to prove her children were at risk. She couldn't get the financial documents asked of her. She didn't qualify for legal aid and because her husband controlled their bank account, she couldn't afford a lawyer, according to her close friend.
>
> After three weeks in an abused women's shelter, Abdille returned to the violent East York home where she and her children, Faris, 13 and Zain, 8, were found dead on Saturday. Yusif Abdille, her husband and the father of their children, died after plummeting off a nearby bridge the same day.
>
> Olivia Carville, *Toronto Star*, December 4, 2014

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."[91] 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.[92] **It is critical to identify how and**

why the woman assaulted twice on the steps of Street Health, Zahara Abdille, Lori Dupont, and many other Ontarians fall through gaps in our system and make sure that no others are lost through these preventable tragedies.

RNAO's Best Practice Guidelines, available without charge on the association's website, that are resources pertinent to this submission include:

- Assessment and Care of Adults at Risk for Suicidal Ideation and Behaviour[93]
- Client Centred Care[94]
- Crisis Intervention[95]
- Engaging Clients Who Use Substances[96]
- Establishing Therapeutic Relationships[97]
- Preventing and Addressing Abuse and Neglect of Older Adults: Person-Centred, Collaborative, System-Wide Approaches[98]
- Preventing and Managing Violence in the Workplace[99]
- Supporting and Strengthening Families Through Expected and Unexpected Life Events[100]
- Woman Abuse: Screening, Identification, and Initial Response[101]

Thank you for the opportunity to provide these recommendations on behalf of Ontario's registered nurses, nurse practitioners, and nursing students.

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