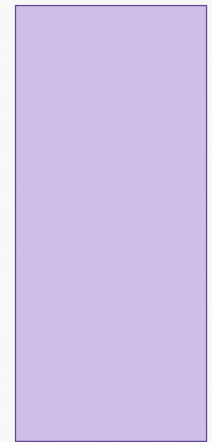


SEXUAL ASSAULT & DOMESTIC
VIOLENCE CARE TEAM



LEARNING OBJECTIVES

- What is the SADV Team ?
- Where is the SADV Team?
- Who Can Access?
- How do you Access?
- Options of Care
- Why All of This Matters
- Further Resources & Education

WHO ARE WE?

- 1 of 36 Regional Centres across Ontario.
- Team of specially trained registered nurses with varying backgrounds.
- We provide service 24/7 to victims of sexual assault/abuse, and intimate partner violence.

WHERE ARE WE?

- Located at the Brantford General Hospital Site.
- Our private and secure treatment room is in the Emergency Department.
- Our outpatient offices are located D wing Level , just before the X-Ray department.

WHO DO WE SEE?

EVERYONE

WE ALSO SEE
EMPLOYEES!!

Women
Children
Men

Anytime Post Assault

Emergently

- Within 12 days post assault for adults
- Within 3 days post assault for children

Non Emergently

- By appointment/referral
- Anytime >12 days post assault
- Anytime >3 days post assault for children

All services are
private and
confidential

HOW TO REFER

- Emergent clients should be directed to the Emergency Department.
- Non Emergent referrals for counselling or SADV care should call the office line at 519-751-5544*4449.
- Questions about how to self refer or how to refer a client from your area:
 - Call the SADV office line (during business hours).
 - Ask your manager or team lead.
 - Review the SADV hospital wide policy, and your care areas flow sheet.

WHAT IS SEXUAL ASSAULT?

- Any form of sexual contact without voluntary consent.
- Sexual assault is an act of power and control.



“

Rape is about violence, not sex. If a person hits you with a spade you wouldn't call it gardening ”



CONSENT

IT'S SIMPLE AS TEA

[Click here to learn about consent](#)

OUR PHILOSOPHY

- During a sexual assault, personal control is taken away. Care from the SADV team aims to help individuals reclaim their autonomy.
- Patients are provided with 1 on 1 unconditional support.
- The assailant is always deemed responsible for the violence – not the victim.

LOCAL STATISTICS

- Our SADV team sees between 150- 200 emergent cases per year.
- Brantford ranks 2nd Provincially and 7th Nationally for the highest rates of domestic violence in our community.
- 1 in 3 women, 1 in 6 men will be sexually assaulted in their lifetime.
- 60% of sexual assault victims are under the age of 17.
- The majority of sexual assault survivors have no visible injuries.
- 1 out of every 100 cases is reported to police.
- 87% of survivors consult no professional help.

OPTIONS OF CARE

- Specialized medical/legal documentation
- Prophylactic treatment for sexually transmitted infections (STI)
- HIV post exposure prophylaxis (HIV PEP)
- Physical Exam (Internal & or External)
- Baseline and follow up STI screening
- Forensic Photographic Documentation
- Sexual Assault Evidence Kit (SAEK, Rape Kit)
- Community Referrals
- Follow Up Care
- SA/DV specific counselling supports



CHILDREN AND SEXUAL ASSAULT

- Who is a child?
 - Anyone under the age of 16
 - For SADV purposes a child is anyone under the age of 12
- Age of consent
 - 16 except when an individual is a person of power
 - 12 can consent with someone no greater than **2 years** older
 - 14 can consent with someone no greater than **5 years** older
- Evidence Collection
 - 72 hour window for collection
 - SADV nurse works collaboratively with the pediatrician

DOMESTIC VIOLENCE

WHAT CAN WE DO?

*In almost every case of domestic homicide, we found that the people around the victim knew what was going on –
but didn't know what to do about it...*

-Al O'Marra

(Former) Chief Counsel Coroner's Office of Ontario

IT MATTERS BECAUSE...



WHAT IS DOMESTIC VIOLENCE?

- Also referred to as “intimate partner” abuse.
- While we recognize that victims are both female and male, the overwhelming majority of victims are female and the perpetrators are male and also occurs in same-sex relationships.

CRITERIA

- Violence against a woman or man by their intimate partner (this can be a dating relationship).
- Violence
 - Physical
 - Emotional
 - Spiritual
 - Financial

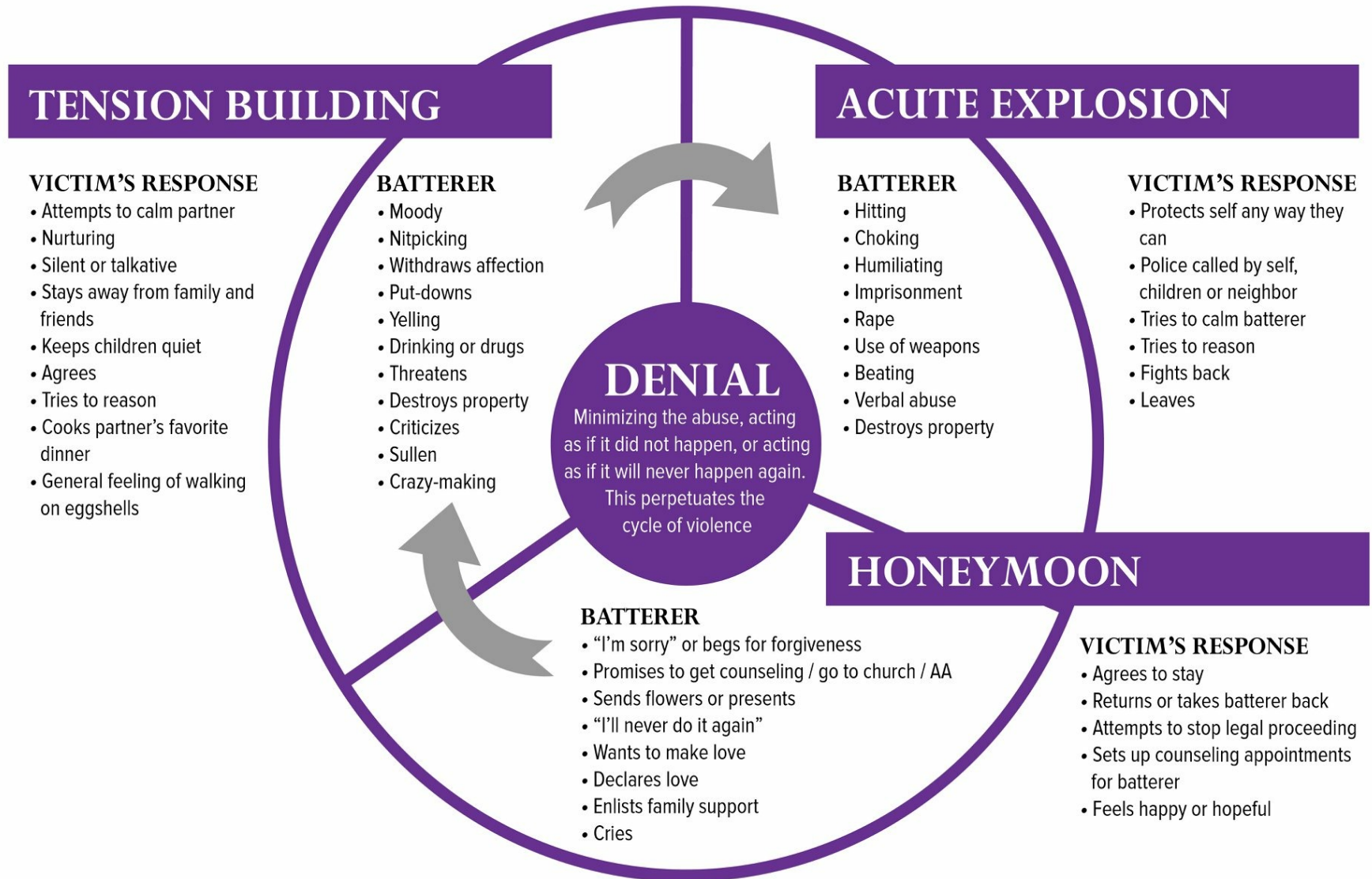
DOMESTIC VIOLENCE

- Transcends all boundaries and stereotypes.
- It is found at all income and education levels, in all social classes, in all religions and in all races and cultures.
- It results from an imbalance of power and control in a relationship.

DV STATISTICS

- 51% of women reported being assaulted in front of their children.
- 16% of women who were victimized by their spouse were also sexually assaulted.
- Only 37% of women who are victims of DV report it to the police.
- Approximately 25 women are murdered in Ontario each year by their partner or EX
- Aboriginal women are three times more likely to experience DV than non-Aboriginal women.

UNDERSTANDING THE CYCLE OF VIOLENCE



SIGNS TO WATCH FOR IN A VICTIM

- Looks to Partner for Direction
- Minimizes or Denies Abuse
- Heightened Startle Response
- Hx of depression &/or substance abuse
- Defensive Injuries
- May be dependent on others for approval
- Indecisive, confused or nervous
- Recantation

SIGNS OF AN ABUSIVE PARTNER

- Does all the talking
- May try to control the appointment
- Does not want to leave
- Takes no responsibility
- Can be overtly disrespectful
- Can also be manipulative & charming
- May appear caring & supportive

WHAT TO DO IF YOU SUSPECT DV

- Ask the person “I’ve seen injuries like this before, is someone at home hurting you?”
- If they say “yes” say that you would like to help them and offer the service of the SADV team.
- If they say “no”, respect their decisions and wishes.
- A woman will attempt to leave 8-16 times before exiting with permanence.

ADDRESSING DOMESTIC VIOLENCE IN THE WORKPLACE

- Coworkers are frequently aware of domestic violence.
- Employers and coworkers can make a difference.
- A supportive workplace can help a woman to feel less isolated, and can encourage her to disclose, and seek service and support.

WHY WORKPLACES NEED TO BE INVOLVED

- Perpetrators may choose the workplace as a means to access as often work life remains unchanged and predictable.
- Even if she has attempted to isolate herself from the perpetrator she may still experience negative effects at work.

BARRIERS TO DISCLOSURE

- Mental health
- Disabilities
- Prior experience
- Fear of Judgement
- Isolation
- Transportation
- Supports
- Family
- Children
- Sex work
- Gender

POLICE

- Patients DO NOT need to be involved with police to access our services.
- Which Divisions Do We Work With?
 - OPP
 - Brantford
 - 6 Nations
 - Further Stretching Depending on Jurisdiction

WHY DOES IT MATTER?

As service providers you should naturally assume that those you are providing service to have been affected by trauma

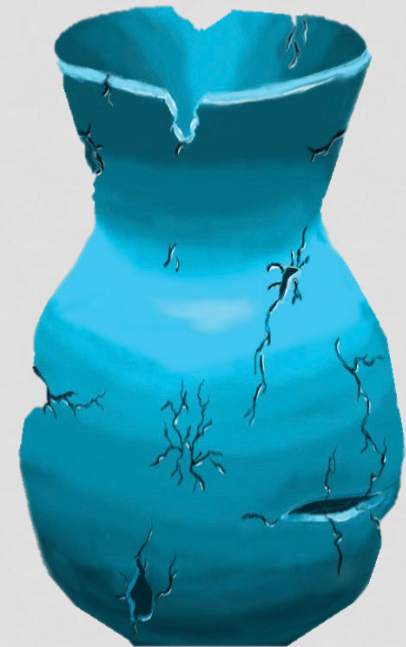
- 1 in 4 Canadians have experienced a traumatic event.
- 1 in 10 living with PTSD (higher stats in first nations communities).
- Strong association between trauma, violence and mental health.

TRAUMA

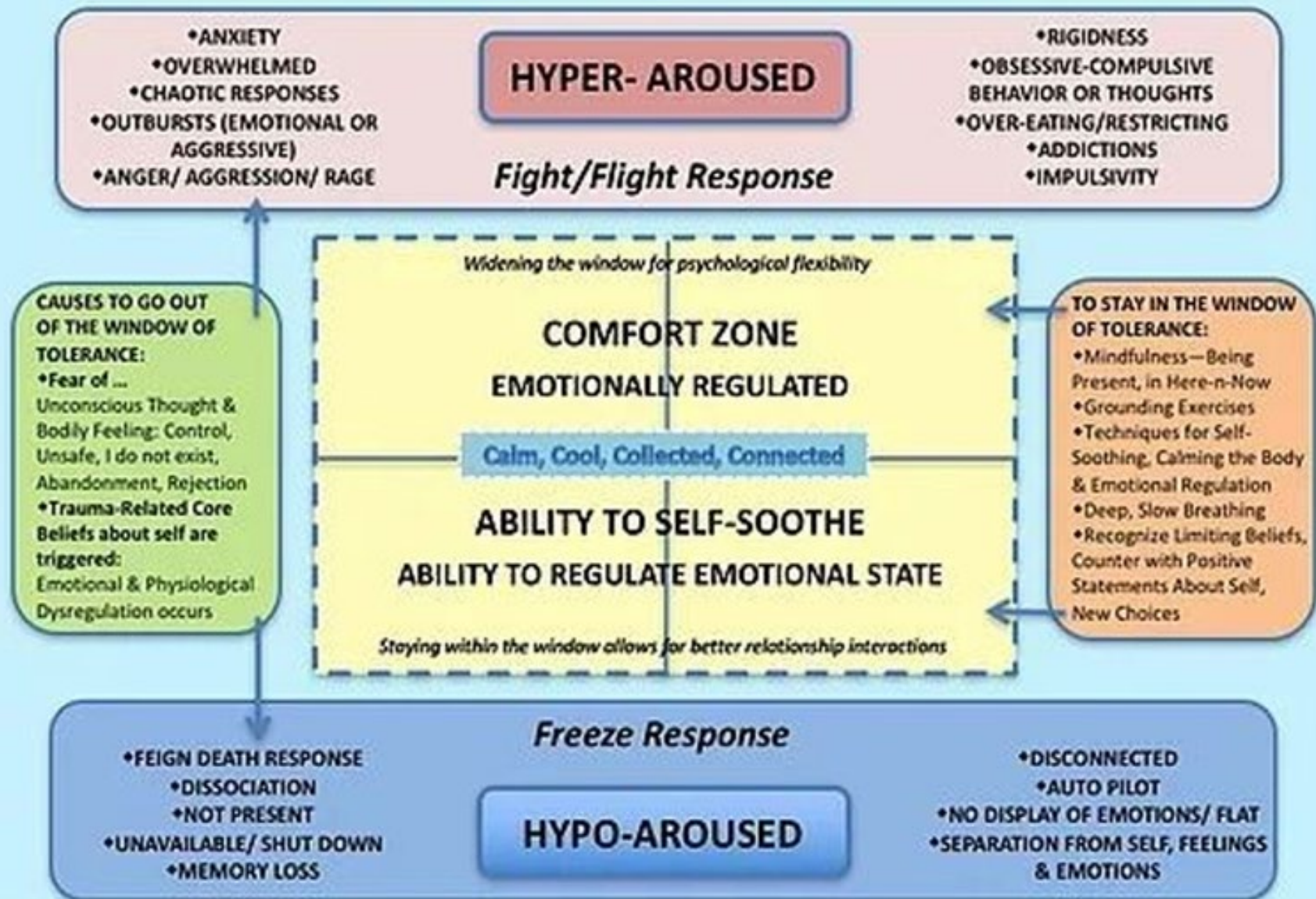
- What is Trauma?
 - Trauma is when we have encountered an out of control frightening experience that has disconnected us from all sense of resourcefulness, safety, coping or love.
- 3 Elements
 - 1) Unexpected
 - 2) Unprepared
 - 3) Nothing you can do to stop it from happening
- Perception
 - It is not the event itself that determines trauma, but the individuals experience of the event.
 - Lack of processing can make the event seem like it happened days ago vs years.

TRAUMA

- Type 1- Short Term
 - Isolated incident MVA, Fire
- Type 2- Long Term
 - Long standing abuse, multifaceted
 - High risk for re-traumatization



WINDOW OF TOLERANCE- TRAUMA/ANXIETY RELATED RESPONSES: *Widening the Comfort Zone for Increased Flexibility*



ABC'S

- A: **Avoid** Victim Blaming
- B: **Behaviour** Not always what it seems
- C: **Control** Empower, **Compassion**, **Confidence**
believe your patient



FINAL THOUGHTS

You don't have to be a hero or fix the situation.

Caring about the people around us, paying attention to them when there are signs of trouble and responding appropriately is radical social change.

Little things count.



QUESTIONS? CONCERNS? WANT MORE INFORMATION?

Contact the program coordinator:

Janet Okrafka

519-751-5544 *4449

Janet.okrafka@bchsys.org

Check us out on the BGH Website:

<http://www.bchsys.org/hospital/services-list/sexual-assault/>

Check out the SADV Network:

<https://www.sadvtreatmentcentres.ca/>

Complete additional training on responding to historical trauma:

<https://www.sadvtreatmentcentres.ca/training-for-professionals.html>