

WHAT DO I DO IN CASE OF SEXUAL ASSAULT?

If you are a victim of sexual assault by a health care professional, there are various measures that you can take if you wish to do so. You are the best judge of what is suitable for you. You may feel unable to decide or confused by the different options possible. Take the time you need to weigh the pros and cons of any decision, as well as to become comfortable with your decision. There are many options available. Here are a few examples:



Adapted from Schoener, Milgrom, Gonsierek, Luepker and Conroe (1989)

YOU ARE ENTITLED TO A PROFESSIONAL SERVICE

You have the right to:

- be treated in a secure environment, one that is free of sexual comment or contact;
- services that meet your needs and that are in your interest, not those of the professional;
- be heard and believed, especially if you are revealing a situation of assault;
- respect for your privacy (in matters that do not concern the problem for which you are seeking professional help);
- deal with a professional whose personal love or sex life does not enter into the consultation;
- services that are free of prejudice and discrimination — such as sexist, racist or homophobic comments.

ANY WORD OR BEHAVIOUR OF A SEXUAL NATURE FROM A HEALTH CARE PROFESSIONAL IS CONSIDERED A SEXUAL ASSAULT. MANY OF THESE ACTIONS ARE SUBJECT TO SANCTIONS UNDER CRIMINAL LAW.

YOUR FEELINGS CAN BE A SIGN

If a word or action makes you feel uncomfortable, tell the professional. He should cease this behaviour, even if there was no sexual intent.

If the professional does not want to talk about it, reacts negatively, or does not change, you have good reason to be concerned. Give serious consideration to ending all contacts with this person in order to avoid being manipulated and assaulted.

YOU ARE NOT ALONE

Whatever you decide, you can count on specialized resources for assistance and support. Consult the attached list. You will find sexual assault specialists who can offer guidance and support. Above all, do not remain alone with your secret. You can choose to talk to a person you trust.

RESOURCES TO HELP YOU

For support and someone to accompany you in your undertakings

- Sexual Assault Centres — CALACS
For contact information on your local CALACS:
514-529-5252 — www.rqcalacs.qc.ca
- Your local CLSC
- Crime Victims Assistance Centres — CAVAC
1.866.532.2822 — www.cavac.qc.ca/english/index.html

To lodge a complaint

- Dial 911
- Contact your local police

For contact information on the specific professional association

- Office des professions du Québec
1.800.643.6912 — www.opq.gouv.qc.ca

To claim an indemnity

- Direction de l'indemnisation des victimes d'actes criminels (IVAC)
(Crime Victims Compensation Act — CVCA)
1.800.561.4822 — www.ivac.qc.ca

For further referrals

- Association québécoise Plaidoyer-Victimes (AQPV)
514-526.9037 — www.aqpv.ca

READINGS TO GUIDE YOU

- Penfold, P.S. (1998). *Sexual Abuse by Health Professionals: A Personal Search for Meaning and Healing*. Toronto: University of Toronto Press.
- Noel, B. (1992). *You Must Be Dreaming*. New York: Simon & Shuster.
- Hélène Lapierre et Marie Valiquette, *J'ai fait l'amour avec mon thérapeute*, 1989
- The information guide produced by the Association québécoise Plaidoyer-Victimes, 2008
- The information guide produced by the Table de concertation sur les agressions à caractère sexuel de Montréal, 2007

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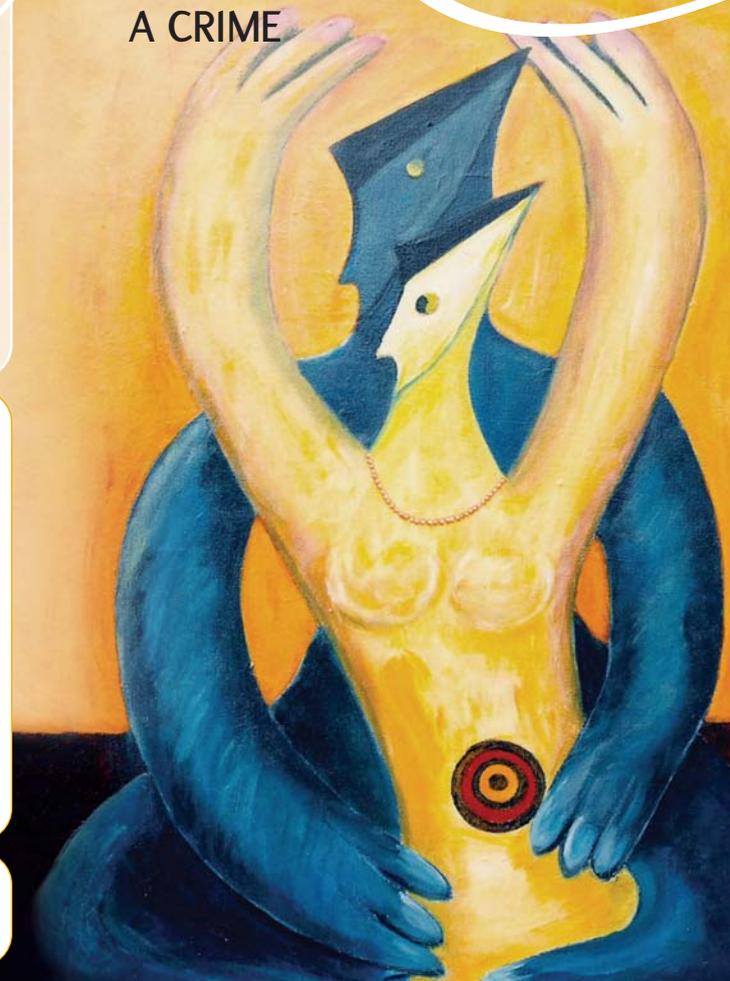
Produced by the
Association québécoise
Plaidoyer-Victimes, 2008



SEXUAL Involvement

Between a Health Care Professional and a Client

AN INAPPROPRIATE BEHAVIOUR A SEXUAL ASSAULT A CRIME



Barbara Sala, *The Lovers*, 1984 © SODART 2008

Did you know that

At least 89% of sexual assaults by health care professionals are perpetrated BY MALE PROFESSIONALS ON FEMALE CLIENTS?¹

These assaults are another form of violence perpetrated against women. In order to reflect this reality, we refer to these professionals in the masculine and the victims in the feminine. Sexual inequality and sexist stereotypes are largely responsible for the high rate of sexual assaults against women.

These types of assault can also occur between a female professional and a male client, between a male professional and client, or between two women.

During a medical visit, I started to cry. He hurried to console me, took me in his arms, and then I felt his hands sliding over my back and buttocks

Do you know how to

RECOGNIZE SEXUAL ASSAULT perpetrated by a health care professional?

If a health care professional (either physical or psychological health) utters words or exhibits behaviours that are of a sexual nature or if he has sexual relations with you, he has committed a sexual assault. Here are some examples:

- **Words** of a sexual nature:
 - › constant comments on your physical attributes, your undergarments, etc.;
 - › asking for inappropriate details about your sex life;
 - › talking to you about his sex life;
 - › fostering a climate of seduction or intimacy, for example using endearments such as “Beautiful” or “Sweetheart”, etc.;
 - › asking you to let him watch you caress yourself as a part of the therapy;
 - › making sexual or intimate remarks by telephone or the Internet.
- **Actions** of a sexual nature:
 - › brushing against your buttocks while finishing a medical exam, or touching your breasts, thighs or genitals, either directly or through your clothing;
 - › pressing his body against you unnecessarily;
 - › asking you to take part in sexual activities on the pretext that this is part of your therapy, activities such as kissing, caressing, masturbation, etc.;
 - › masturbating in your presence.
- **Sexual relations:**
 - › having sexual relations with you in his office or elsewhere;
 - › having sexual relations without penetration: fellatio, cunnilingus, etc.;
 - › having sexual relations with vaginal or anal penetration.

NO MATTER WHAT THE PROFESSIONAL MAY SAY, THERE IS NOTHING THERAPEUTIC IN ANY SEXUAL INTIMACY BETWEEN YOU AND HIM. THE SOLE PURPOSE OF SUCH BEHAVIOUR IS TO SATISFY HIS NEEDS.

Did you know that

Sexual involvement between a professional and a client is considered SEXUAL ASSAULT?

The professional is responsible for respecting all ethical guidelines which forbid all involvement of any sexual nature under any circumstances. He must not exceed the limits of his authority as a therapist by fostering a climate of seduction.

Did you know that

Sexual involvement between a health care professional and a client is an ABUSE OF POWER AND TRUST?

The professional is in a position of power with respect to the client because:

- he has expertise which allows him great influence over the client’s choice of treatment: the client relies on the professional’s knowledge and judgment;
- he has access to information about the client’s private life and habits than she does not have about his;
- he has the social and professional recognition necessary to use his power and authority: the fact that the client seeks assistance for a psychological or physical problem puts her in a vulnerable position and makes her dependent on the professional.

THERE CAN BE NO SEXUAL OR INTIMATE RELATIONSHIP OF EQUALS BETWEEN A PROFESSIONAL AND A CLIENT. IT IS THE PROFESSIONAL WHO IS GUILTY OF ABUSING HIS POWER AND TRUST AND OF MANIPULATING HIS CLIENT.

I was very impressed; he knew my personal history and my weaknesses. He took advantage of that – he manipulated me

Did you know that

The professional is RESPONSIBLE AT ALL TIMES for any and all sexual involvement?

The professional has responsibilities arising from the fact that he is in a position of authority. He must not take advantage of his position to sexually abuse a client.

THE CLIENT IS NEVER AT FAULT AND MUST NEVER FEEL RESPONSIBLE.



Barbara Sala, *The Lovers*, detail, 1984. © SODART 2008

Did you know that

More than ONE in every TEN professional admits to having had SEXUAL CONTACT with a client?²

In addition, more than 80% of the offenders will abuse more than one client.³ In spite of the large number of victims, only 4 to 8% of them will file a complaint.⁴

WHO IS A HEALTH CARE PROFESSIONAL?

A health care professional is any person who provides physical or psychological services, therapy and emotional or psychosocial support.

Such a professional may or may not have accredited training. He may or may not be a member of a professional association.

Some examples of health care professionals are:

- family physicians, psychiatrists, specialists;
- psychologists, psychotherapists;
- orderlies;
- paramedics;
- nurses;
- social service providers such as educators, social workers;
- teachers;
- chiropractors;
- massage therapists, acupuncturists, etc.

POSSIBLE CONSEQUENCES

It is estimated that 90% of victims suffer negative consequences following the abuse.³ The effects vary in intensity and may appear soon after the experience or much later. Victims may face one or more of these consequences:

- mixed emotions towards the professional;
- feeling alone and empty inside;
- loss of self-esteem;
- depression or thoughts of suicide;
- anger or repressed anger;
- fear or self-destructive behaviour;
- feeling betrayed and exploited;
- difficulty with interpersonal relations;
- mistrust of others;
- increased use of alcohol, prescription medicine, or illicit drugs;
- recurring dreams or overwhelming memories;
- problems concentrating, memory loss;
- estrangement from family and close friends;
- and, among the most devastating effects, a great mistrust of therapy and the therapeutic process.

He raped me repeatedly. He abused me. He did not help me. He harmed me in my progress towards a cure

1- Gartrell, N. K., Milliken, N., Goodson III, W. H., Thiemann, S., Lo, B. (1995). Physician-Patient Sexual Contact. Prevalence and Problems; Gonsiorek, J.C., Ed., *Breach of Trust. Sexual Exploitation by Health Care Professionals and Clergy*. CA: Sage Publications Inc.
2- Ponton, A.-M., Bélanger, H. (1994). *L'inconduite sexuelle: feux rouges*; Le Médecin du Québec. Montreal: Fédération des Médecins Omnipraticiens du Québec.
3- Valiquette, M., Sabourin, S., Lecompte, C. (1990). *L'intimité sexuelle en psychothérapie*; Revue québécoise de psychologie, vol. 11, no. 1-2.
4- Government of Quebec (1995). *Les agressions sexuelles: STOP. Des actions réalistes et réalisables. Rapport du groupe de travail sur les agressions à caractère sexuel*. Résumé. Québec.