

Provincial Coordinator Update

Welcome to the 10th ANNUAL CONFERENCE for Sexual Assault/Domestic Violence Treatment Centres!

There have been many changes over the last 10 years reflecting both the difficulties faced by our client population and the extent of need for our services. The progressive development of our programs demonstrates your dedication and care to women, men and children who have been sexually or physically assaulted. We've certainly come a long way!

In 1993 our First Conference was held at Delta Meadowvale Hotel, when 17 Centres made up our Network. Our mandate was to provide care to victims/survivors of sexual assault. We now have 31 SA/DV Treatment Centres and various satellite sites, along with a mandate expanded to include victims/survivors of domestic violence and enhanced services to children who have been sexually abused.

Our Network continues to address issues which emerge over time, such as drug-facilitated sexual assault, and HIV concerns for our clients. We've developed standardized nursing documentation forms for domestic violence and sexual assault to ensure consistent, accurate information collection.

In 1995, we implemented the Sexual Assault Nurse Examiner (SANE) training program province-wide. To date, over 400 nurses have completed the training. The SANE program has enabled Centres to better utilize the expertise of nurses and physicians and to continue to maintain high quality, timely care.

Individual SA/DV Centres have collaborated with researchers to explore issues specific to our population and to our service mandate. More and more we are collaborating province-wide on research projects to ensure that the diversity and unique needs of our clients are represented.

We have enhanced communications and awareness. We developed this quarterly newsletter (*we always need your contributions!*), and a provincial SA/DVTC website – www.satcontario.com. In 2001 we produced 2 videos: one on sexual assault awareness, the other addressed screening for domestic violence in a health care setting - both highlighting our Centres. Our Sexual Assault video won a bronze award at the Waterloo Region Sales & Ad Club iCON awards of promotional/advertising excellence - recently a series of our radio PSAs on Domestic Violence won a gold award at the 2003 competition.

Our Network is unique in Canada. Our 31 SA/DV Treatment Centres and our structure are admired by other provinces - not only because we have 31 Centres allowing us to serve a large population, but because we are funded for a provincial organization. Our province-wide collaboration enables us to share information and expertise easily, to reduce 'reinventing the wheel', and to decrease our own isolation as we do our work. We are thankful to the Ministry of Health for their support and vision!

We have valuable partnerships. Our interactions and bonds developed with shelters, other sexual assault centres, police, crown attorneys, VWAP, CAS, and counselling agencies are the foundation for success in the provision of compassionate, comprehensive care for our clients. We don't have to work in isolation - all partners recognize that no single service can meet all the needs of victims/survivors of sexual/domestic violence.

Our work is profiled world-wide. The *World Health Organization (WHO)* commissioned Dr. Janice Du Mont to conduct a comprehensive review of our SA/DVT Centres because of their interest in our model. An updated (2003) version of the original 1997 report '*An Overview of SACC/SATC's in Ontario*' is available through your Coordinator. Dr. Du Mont is an advisor to the *WHO* initiative to strengthen the health sector response to sexual violence in low-resourced settings.

I don't have enough space to acknowledge all the wonderful, unique accomplishments within your own Centres. I hope along the way you have appreciated and acknowledged yourself and your colleagues as you strive to provide the best care to your clients.

In summary...Enjoy the conference, learn a lot and have fun...we're glad you're here!

Sheila Macdonald R.N.
Provincial Coordinator

Self-Defence for Women...**PREVENTATIVE MEASURES**

Wen-Do Women's Self Defence is an organization dedicated to holding self-defence courses by, and for, women. Their mission statement is '*...to teach women effective physical, verbal and psychological means of self-defence based on the types of attacks women are most likely to be subjected to*'. The courses are offered to women/girls ranging from ten (10) years old and up.

At the Trillium Health Centre Sexual Assault and Domestic Violence Services in Mississauga we have offered three (3) Wen-Do courses at the hospital. We have also organized a few staff '*Lunch & Learns*' where we brought in a certified Wen-Do instructor for an overview and an introductory session. Deb Chard, certified Wen-Do instructor, has instructed our workshops and courses to date...she travels throughout Ontario teaching Wen-Do. (*Contact her by calling (416) 698-7203 or emailing her at dchard@attcanada.ca*)

The basic Wen-Do course is a fifteen (15) hour, facilitated discussion on issues related to the continuum of violence – ranging from relationship violence, stranger sexual assault, bullying at school, safety when travelling or walking the streets...to sexual harassment and familial abuse. Not only does it raise awareness, but Wen-Do gives women an opportunity to practice both verbal and physical self-defence techniques.

These women's self-defence courses have been open to our clients and hospital staff as well as being advertised in the community through our local newspapers. Each course takes up to 20 women in a class. Our program has been able to subsidize these courses through donations, making it much more accessible to *all* women.

Approximately 10 of my clients - some with physical disabilities, some with long-term involvement in the mental health system...all at different stages in their healing - have attended. Each client who completed the course stated they have an increased sense of:

- Empowerment and control over their lives
- Self-confidence
- Connection with their bodies & voices
- Realization that they possess physical & emotional strengths

I have also found the course to be a great opportunity for sexual assault clients (*especially women who remain isolated*) to connect with other women in a non-therapeutic context and to practice boundaries and limitations with others.

I would highly recommend Wen-Do as a creative programming option that falls within our Network's philosophy and mandates. For further information you can contact the Wen- Do Organization at (416) 929-3636 or through their web site at www.icomm.ca/wendo/.

**Jennifer Ramage, Social Worker
Mississauga SA/DVCCC**

Northern Issues...**OUTREACH X 2**

The Sioux Lookout Sexual Assault Response Program took part in two (2) very important forums over the past few months - one we hosted, and one we attended - and a lot of knowledge was both shared and gained.

On December 11, 2002 our SARP hosted an Open Forum for parents on the issues of violence and sexist toys. Parents were encouraged to ask questions, and share thoughts and experiences. Representatives from social work, women's studies, and medicine conducted an open dialogue sharing information regarding the effects that violent and gender-typed toys and games have on aggressive play, gender expectations, and the desensitization of violence among children. The discussions resulted in: the development of '*Peace Days*' and toy information displays, and a decision to import non-violent, non-gendered toy alternatives to the community for the 2003 Christmas season. Another forum will be held earlier in this holiday season, to encourage parents to think about these issues before buying gifts.

On March 5th, 2003, our program took part in a forum involving 30 service providers from 12 agencies, sponsored by Victim Services and the Intergovernmental Committee on Aboriginal Youth Suicide. It was held in one of the northern areas in the Sioux Lookout Zone - Sandy Lake - a community close to the Ontario/ Manitoba border, made up of approximately 2300 First Nations people. The purpose of this forum was to:

- a) discuss the issues of sexual assault and domestic violence within Sandy Lake
- b) to review an existing Safety Plan
- c) the development of a protocol for responding to Sexual Assault survivors.

This amazing opportunity enlightened us on the unique issues service providers have to deal with in remote areas:

- concern was expressed regarding the lack of confidentiality within the community and the inability to keep women and children safe
- local providers noted they had no control over who receives services and there was obviously unequal access to available services
- some agencies were required to respond to the perpetrator as well as the survivor, and it appeared there was frequently a great deal of support and protection given to the perpetrator rather than the survivor.

It was encouraging to be invited to the community for such a discussion and to see that a good infrastructure of support services already exists. The service providers are extremely knowledgeable regarding the issues of sexual assault and domestic violence and were eager to improve services and access within their community.

There were two outcomes of this 2-day forum: a time line was laid down to develop a Community Response Protocol addressing the difficulties facing the workers in their efforts to care for survivors of sexual assault; there will also be follow-up meetings and training sessions held in the spring of this year to help support community service providers.

Debbie Topozini, Co-Coordinator
Carol Maxwell, Co-Coordinator
Heather Mesich, Nurse
Sioux Lookout SARP

Sunrise Centre...**COMMUNITY CARING**

In our community we identified a need concerning victims/survivors of violence: these people should not be shuffled from place to place for treatment, they need a system that can give them back what they have been stripped of...their dignity. Thanks to the efforts of a lot of organizations and people - we created the answer to that need.

On Friday, May 30th at 11am we will proudly unveil the *Sunrise Centre* - a suite of rooms located in the Headwaters Health Care Centre where survivors of domestic violence, sexual assault, and child abuse can attend with their support person and/or children. As May is *Sexual Assault Awareness* month, we are proud to have the provincial network represented by Coordinator Sheila Macdonald at the upcoming opening ceremonies. Also attending will be Ontario Premier Ernie Eves.

At the Sunrise Centre, survivors can be examined, treated, and provide a video-taped statement to police (*if they choose*), in a quiet non-threatening environment. The Centre has its own entrance and waiting room to ensure privacy. It has an examination/treatment room that provides a non-clinical atmosphere with a bathroom and shower - and individual toiletries will be provided. An interview room with recording capabilities, and a monitoring room for police, will have technological equipment including a videocassette recorder, computer, and telephones. Should the survivor bring children along, the Sunrise Centre has a 'kids area' equipped with a television, a VCR, a computer and a reading area. A volunteer will be available to sit with the children during the examination and interview of their parent.

The Sunrise Centre is built upon trust and good working relationships across several agencies. It is for the use of all but owned by no single agency. It truly is a Centre for *client driven* care. However, realizing this dream was no easy feat! It took *terrific* support from countless individuals, service groups and businesses within our community by way of cash and material donations, as well as offers for personal assistance during our fund-raising efforts. Financially, \$193,000 was raised!

I would like to note the organizations without whom this Centre would not be a reality:

Within the jurisdictions of the Town of Caledon and the County of Dufferin are 2 committees dedicated to ensuring that survivors of domestic violence, sexual assault and child abuse are supported in a fair, understanding

and sensitive manner: the Domestic Assault Review Team (*DART*) and the Sexual Assault Review Team (*SART*) - both formed through our Sexual Assault Advisory Committee.

On these committees are representatives from: Headwaters Health Care Centre SA/DV Program, Family Transition Place (*shelter & counselling resource*), Caledon/Dufferin Victim Services, The Crown Attorney's Office, Probation and Parole, Dufferin Child and Family Services, Victim Witness Assistance Caledon and Dufferin, and representatives from two town Police forces and two OPP Detachments. By joining together, members of the committees felt we could offer and provide a more compassionate, private and effective environment that will help facilitate a more thorough service. Together we put forth a proposal to our hospital and to our community, to build the Sunrise Centre - they answered with a resounding "YES"!

We feel that the building of the Sunrise Centre clearly demonstrates that we, as a community, are committed to providing an understanding role and the provision of compassionate supportive care for the victims of sexual assault and domestic violence. We are *proud* of our community!

**Ronnie Inglis, Coordinator
OrangevilleSA/DVP**

HIV Post Exposure Prophylaxis...STUDY FOCUS

THE CHALLENGE: The possibility of contracting HIV infection from a sexual assault is a great concern for many men and women, while for some people it's a harsh reality. Despite this, HIV infection from sexual assault has received little attention over the past two decades of the AIDS epidemic. If a victim/survivor is at risk of HIV infection, she or he can be given a drug regimen to possibly prevent HIV infection, a strategy called *post-exposure prophylaxis* (PEP). There are few published studies on optimal HIV prevention strategies and few guidelines for health care providers. However, emergency departments and Sexual Assault Treatment Centres still need to decide how to: counsel clients about the risk of HIV; offer anti-HIV prophylactic medications. Current practices vary world-wide from no counselling and no offering, to universal counselling and offering of anti-HIV medications. Presently, British Columbia is the only province in Canada with a program of HIV services.

OUR SOLUTION: The Ontario Network of Sexual Assault Treatment Centres (SATC), in partnership with the Centre for Research in Women's Health, is developing a program of HIV services at SATCs to address the needs of clients at possible risk of HIV exposure from sexual assault. The program includes: counselling on the risk of HIV transmission; the steps of how to do a risk assessment; the steps of offering HIV post-exposure prophylaxis; counselling on the drugs and side effects; the steps involved in follow-up. The project is being carried out as a Program Implementation and Health Service Evaluation.

THE GROUNDWORK: The original project was written by Sheila Macdonald, Provincial Coordinator, Ontario Network of SATCs, and was entitled: *'Emergency HIV Prophylaxis for Sexual Assault Victim/Survivors in Ontario'*. In order to evaluate the HIV PEP program, the project was expanded into a research project entitled: *'A Prospective Cohort Study of HIV-1 Post-Exposure Prophylaxis in Ontario Sexual Assault Victim/Survivors'*. Subsequently, a Research Team was put together at the Centre for Research in Women's Health (CRWH) - a partnership of the Sunnybrook and Women's College Health Sciences Centre and the University of Toronto - to work on this project. The *HIV PEP Study* was approved by the Ontario Women's Health Council in October 2002 and is fully funded by the Ontario Ministry of Health and Long-Term Care.

GOAL & OBJECTIVES: The primary objectives of the *HIV PEP Study* are to implement and evaluate an *HIV PEP* program within all Sexual Assault Treatment Centres across Ontario. The ultimate goal of the project is to identify the optimal strategy for offering *HIV PEP* to sexual assault victim/survivors. This project will provide the drugs as well as guidance on how to counsel clients on the risk of HIV transmission and how to support clients through the *HIV PEP* regimen. The strategy being adopted in this project is 'universal offering', meaning that *all* victims/survivors at risk, high or unknown, will be offered *PEP*.

EVALUATION: An important aspect of implementation is the evaluation of the *HIV PEP* program. Our study is geared towards evaluating this universal strategy of offering *HIV PEP*. Using a prospective cohort study design, the *HIV PEP Study* will determine the proportion of 'at risk' victim/survivors who accept *HIV PEP* and the proportion who complete *PEP*, the predictors of uptake and completion of *HIV PEP*. It will also help us determine the psychological impact of *HIV* counselling on clients and the ease of administration of this program. This systematic, prospective evaluation will help us to better understand the needs of clients potentially at risk of contracting *HIV*, and to improve *HIV* counselling and the offering of *HIV PEP* to clients of Ontario Sexual Assault Treatment Centres. By doing this, the *HIV PEP Study* will facilitate the development of standardized guidelines for the management of *HIV* prevention following sexual assault.

WHERE WE ARE NOW: The medical protocols and client information packages have been developed by the Research Team and the project has been submitted to Sunnybrook and Women's College Health Sciences Centre's Ethics Board. In June of this year, staff at SATCs will be trained in the steps of offering PEP and in following clients who take PEP. This will be accomplished by providing a full day of training. The format of the training will be a modified 'train the trainer' to enable a local person at each of the 31 SATCs to train other staff locally. In late summer, we plan to have the program implemented in SATCs across Ontario. The Research Team is looking forward to working with each SATC to assist with the implementation of this important program.

YOUR CONTRIBUTION: The evaluation of this program is essential for providing evidence for the best strategy for offering *HIV PEP* at SATCs. Your participation in this evaluation is critical. Our end goal is to have good data to present to the Ministry of Health and Long-Term Care in support of providing ongoing funding to the SATCs for HIV PEP medication and program sustainability.

Please join us in this exciting initiative!! Look for our upcoming monthly newsletter.

For More Information about the *HIV PEP Study*, please contact:

Heather Humphries, Administrative Assistant,

The Centre for Research in Women's Health, 790 Bay Street, 7th Floor, Toronto, ON M5G 1N8

Phone: (416) 351-3732 ext. 2538 Email: heather.humphries@sw.ca

**Hilde Zitzelsberger, Coordinator
HIV PEP Study**

The Peterborough Experiment ...**UNIVERSAL QUESTION**

With the availability of new funding for the development and implementation of Domestic Violence Programs in hospitals in recent years, new opportunities have been presented to our hospital. This allows us to better carry out the fundamentals of addressing this important health and social justice issue.

The updated version of the Peterborough Regional Health's response to domestic violence - the Domestic Violence Protocol (2003) - incorporates many aspects of the previous protocol (1998). Perhaps the most significant component is the reaffirmed commitment to Universal Screening for domestic violence.

It is recognized that not all patients experiencing violence will be prepared to share information. However, we want to maximize the likelihood that they will consider accessing support and/or intervention at some point through present and/or future contacts with our facility.

In order to maximize the likelihood that staff of PRHC will implement Universal Screening, efforts have been made to consider things that might encourage them. The Universal Screening procedure involves asking the patient a question or two about whether or not they are experiencing violence in their relationship. In the event the patient says 'yes', the resources of the Domestic Violence/Sexual Assault Response Team will be made available. In this way, both staff and patient can be assured that resources and interventions will be provided in a timely and supportive manner. Also, the staff person is free to address other priorities specific to their hospital department/role.

Implementation of Universal Screening by our staff will be supplemented by other strategies to communicate PRHC's willingness to respond to issues of domestic/family violence. These additional strategies will include:

- Availability of print materials i.e. posters, pamphlets, tear-off sheets, community resource information, etc.
- Training for all staff on an ongoing basis in issues related to domestic/family violence
- Consultation with the Coordinator of the Sexual Assault/Domestic Violence Program

Piloting of the Universal Screening Guidelines will take place within specific patient care areas before decisions are made about implementing screening across the hospital. We await the outcomes in terms of implementation percentages and will be happy to share our experiences with other Domestic Violence programs in the Network.

**Roma Rees, Director
Peterborough DV/SARP**

Filling 'Big Shoes' ...CENTRE FOCUS

As the new SATC Coordinator for Renfrew County, I'd first like to acknowledge and pay tribute to your colleague June Stewart whose life was tragically taken in July 2002. I recognize that June was a highly valued, spirited and energetic member of the Network. Her work in Renfrew County was tremendous and she is sadly missed by her many friends and clients. Needless to say, this has been my greatest challenge as I attempt to replace 'very big shoes'.

I am facing many other challenges as well. I've had to develop an orientation program while recruiting and hiring nurses to support the SATC, as the number of available nurses to fill our 'on-call' roster has dwindled over the past few years. Many of you may smile, knowing that while June was a big people person she was not a big 'paper' person, so the process of developing policies, procedures, protocols and orientation programs has been quite involved. Fortunately my background as a critical care nurse and nurse educator have facilitated my initiatives in this area.

The recent provincial funding for domestic violence initiatives allows me to focus on a new direction in the program which is a welcome change. It's different from what June's work emphasized and thus makes my presence more easily accepted by the nurses in our program and by hospital staff. It's also being well received by our community partners - particularly in Renfrew County - as our presenting number of sexual assault cases is very low and the issue of DV is more obviously prevalent. I've begun to write articles for the local newspapers, conduct presentations for hospital employees, work with police, the Crown, Family and Children's Services, Victim Witnesses, and various associated community committees. As a result, our case load has been increasing significantly. This fall, I hope to implement a routine *universal comprehensive screening* pilot project based on the RUCS model - this in partnership with the Healthy Babies, Healthy Children and the Healthy Sexuality programs of the Renfrew County and District Health Unit.

I appreciate the hard work, dedication and support I've received from Sheila Macdonald our provincial Coordinator, some colleagues in the network whom I have not yet met but who have generously shared information with me, and also from my regional coordinators. I would not have known where to begin without your help as I refocus, develop, implement and manage a program that has been in place for many years. I thank you for your assistance and look forward to meeting all of you at this conference!

**Maureen Sullivan-Bentz, Program Manager
Renfrew County SA/DVTC**

Hearing Their Needs...PROJECT FOR THE DEAF

"Trying to get help as a deaf person is like trying to reach through a black wall."

Comment on survey completed by deaf participant, 2002

Our community has a larger than average deaf population because we have a provincial deaf school here in Belleville: Sir James Whitney. When service providers met at our local coordinating committee, we heard stories - again and again - from agencies involved with people who were deaf, of hearing their clients say they weren't happy with services intended for victims of violence: they only stayed at the shelter for a day or two; when they went to the hospital, they didn't feel that people understood what they were going through; they couldn't really use services; they weren't accessible.

What did all this mean? Most of us have TTYs, most of us immediately called ASL interpreters. Why were members of the deaf community saying this? A subcommittee of the Quinte Coordinating Committee Against Violence (QCCAV) was developed with representation from: the Canadian Hearing Society, the shelter, CAS, the hospital, and a community agency working with deaf clients.

We applied for and received funding from Trillium Foundation to:

- ◆ Explore current levels of accessibility within Hastings County
- ◆ Identify barriers to service for survivors of violence who were deaf
- ◆ Develop recommendations to decrease barriers and increase accessibility

Hiring a consultant with the research skills and an understanding of deaf culture was difficult. After a thorough and exhaustive search, we approached a consultant, Judith Moses, who had worked in the field of disabilities and had research skills. She agreed to do the project.

After a difficult six months meeting with deaf individuals and hearing service providers, the consultant finished the Deaf Accessibility Research Project which identifies:

- ◆ Requirements for Accessibility
- ◆ Current Levels of Accessibility
- ◆ Barriers to Services
- ◆ Priorities for Action
- ◆ Consultant's Recommendations

We had a community launch and invited politicians, criminal justice representatives, deaf community members and service providers for lunch. Fifty people attended and many of them stated they learned something new and walked away with a report that stated some specific things they could do to increase their level of accessibility.

The next step is for the committee to implement the recommendations from the report, and we are beginning to take action. We are very pleased with the report and look forward to increasing our accessibility as a community to survivors of violence who are deaf. **Project reports are available at the Conference.**

**Susan Young, Program Coordinator
Belleville DV/SARP**

Association Cues...FOCUS ON TECHNIQUE

On February 27th & 28th our Program organized a 2-day conference entitled '*Resolving Trauma & Abuse: Moving Beyond the Survivor Identity*' led by Yvonne Dolan. 120 people - social workers, therapists, psychologists, physicians, and other professionals attended.

Yvonne has been a psychotherapist for over 25 years. She conducts training seminars in solution-focused and Ericksonian therapy throughout the U.S, Canada, Europe and occasionally in South America and the Pacific Rim. She is the author of several books including, '*Resolving Sexual Abuse: Solution-Focused Therapy and Ericksonian Hypnosis for Survivors*', '*One Small Step: Moving Beyond Trauma and Therapy to a Life of Joy*', and most recently, '*Miracles Happen: An Agency's Journey to Becoming Solution-Focused*'.

An area Yvonne focused on was helping individuals move through the three stages of healing: victim to survivor to 'thriller'. One solution-focused technique she recommended was developing 'associational cues' for comfort and security.

Here's an outline of this technique.

1. The therapist communicates comfort & security by first inducing that state in self and communicating it non-verbally. Ask the client to think of an experience of comfort.
2. Direct the client to notice and describe all details of that experience including sights, sounds, feelings.
3. Invite the client to take time to enjoy the experience, then make any adjustments (*sounds, sights, feelings*) that would enhance comfort and security, letting you know when the adjustments (*if any*) have been made.
4. When the experience is 'just right', invite the client to enjoy the experience one more time...then have the client select a symbol or 'souvenir' to be used to recall this experience in the future. The symbol may be a sight, sound, or sensory experience that can be re-vivified.
5. Re-orient to external reality, identify the symbol, and then gently distract the client from the symbol.
6. Now have the client employ the symbol to re-access the state of comfort and security.
7. Re-orient with the suggestion that the client can use the symbol to re-elicite a deep state of comfort and security whenever needed. Suggest the client will re-orient relaxed, refreshed, and alert.
8. (*Optional*) Invite client to externalize symbol by writing it or drawing it first with dominant hand and then with non-dominant hand. Client can repeat this in future to access associational cue.

I would highly recommend Yvonne Dolan as a keynote speaker. Please do not hesitate to contact our office if you would like more information on the workshop, or how you can contact Yvonne Dolan.

**Natalie Caufield, Social Worker
Sudbury DV/SATC**

Virtual Courtroom...**LEARNING THE LAW**

Each year, youth victims of a crime are involved with the criminal justice system and required to testify in court. This journey through the Criminal Justice system and appearing in court can be a daunting experience for victims and other witnesses. For many, the anxiety is enough to deter them from coming forward. However, through a unique website being developed by the Scarborough SACC/DV youth team, victims and other witnesses will be able to access a virtual 'get familiar' visit to court. This will at least help reduce the stress of giving evidence if they can't physically get to court before trial.

The idea to develop an animated courtroom came from many sources. Counsellors at the SACC who had the most contact with the youth survivors, were often seeking out information for their clients to explain the legal system - as well as providing them with support through the court system. E-mails received through the SACC website, www.sacc.to, frequently asked questions related to the justice process and the decision process involving going to court. Similarly, the Toronto Child Abuse Centre was interested in developing a 'youth focused' web site to compliment their Cory Courthouse website that is directed toward younger children. The youth website team also wanted the SACC to find a new challenge for their technical and graphic skills. Therefore - through good timing and developing good partnerships with the Toronto Child Abuse Centre and criminal justice personnel - funding and support for this project were received from Justice Canada.

The site will feature an interactive courtroom as its focal point. This component will provide a comprehensive text introduction to *Who's Who* in the courtroom and the role of key players. In addition to text, voice activation will be attached to each person to allow for an auditory explanation as well. Since the site will have significant input from youth, it will be visually appealing to youth and include text that is meaningful to them.

The youth website team involved in this project also had a great learning opportunity as they visited courthouses in Toronto, conducted preliminary legal research, and met with members of the police, crown attorneys, Victim/Witness personnel and other court officials. The information they obtain is brought back to the weekly meetings so knowledge and creativity is combined to produce an amazing site.

Support for this project has been overwhelming. As the Scarborough Court Judge, the Crown Attorneys and Victim Support Services critique the site and the content, they feel certain that this unique project will not only help victims and witnesses directly, but will also be an invaluable tool in assisting the wider public in understanding the justice system.

The web site www.courtprep.ca will be officially launched in the fall of 2003. However, in May of 2003, a test version will be ready for viewing and feedback. The coordinators of all Sexual Assault and Domestic Violence Care Centres will be provided with a link to the site and an on-line evaluation form. As the website team says "*We're aiming to make this the best site it can be!*"

**Shirley Broekstra, Coordinator
Scarborough, SACC**

Social Work/Counselling...**2003 UPDATE**

Success!!

We have finally received funding to proceed with the planning of the Sexual Assault/Domestic Violence Advanced Clinical Training!!

We plan to hire the training developer in April and proceed from there. Joanne Darlaston, Committee Chair and Jennifer Ramage will be presenting more details on the training and other work being done by the committee at the Social Work Lunch at the Annual Network Conference in Hamilton.

We hope everyone is receiving this committee's meeting minutes as they are now being distributed to all Centre Coordinators via email listings. A reminder to everyone to continue to pilot the Network Initial Counselling Assessment Form as we will soon be contacting each Centre for feedback. We look forward to seeing everyone at the Annual Conference.

**Joanne Darlaston (Chair)
Jennifer Ramage**

Personal Care Bags...**COMMUNITY CARING**

Nina's Place in Burlington, The Hamilton Sexual Assault/Domestic Violence Care Centre, and the Niagara Health System Sexual Assault Program would like to acknowledge the Soroptimist International of Stoney Creek-Niagara for their contributions of '*personal care bags*'.

This is a collection of personal care items including toothbrush, toothpaste, Kleenex, razor, sewing kit, shampoo, comb, angel pin. Each bag is hand sewn in a colourful fabric and includes a booklet on personal safety. They have also supplied each of the three programs named above with clothing including track suits, tank tops, socks and underwear. This is a significant donation to three programs from a group that does make a difference in the lives of women we serve.

Thank you to Pat Copeman and the Soroptimist International of Stoney Creek-Niagara for their generosity!

**Nancy DiPietro, Coordinator
Burlington S/DACC**

...FOR YOUR INFORMATION

Upcoming Events

14th Annual Trauma & Dissociation Conference.

Presented by: The Ottawa Anxiety & Trauma Clinic

June 26-27, 2003

Hull, Quebec

For further information please contact:

Ottawa Anxiety and Trauma Clinic

(613) 737-1194

www.anxietyandtraumaclinic.com