

APRIL 2006 Network Newsletter

Provincial Coordinator Update

We're looking forward to getting together again soon at our *Annual Conference for Sexual Assault/Domestic Violence Treatment Centres!* It takes place May 25 & 26, 2006 in Kingston. This forum provides us an opportunity to share information and knowledge with colleagues across the province. We hope to see you there. Don't forget - there's a boat cruise!

HIV PEP Study

In January, the HIV PEP Research Team presented the results of the HIV PEP study to the Ontario Women's Health Council - who funded the study. The presentation was very well received and we have overwhelming support from the Council for the continued funding of HIV prophylaxis to sexual assault victims/survivors in Ontario. They will be advocating for us to secure permanent funding. The results of the study will be presented at the conference in May. There will also be a knowledge exchange session as we develop a strategy to assist programs in implementing an HIV PEP strategy.

Pediatric Training

We continue with training for health professionals in the care of the pediatric population who are victims of sexual abuse/assault. A 2½ day session was held in February for the program social workers who provide support/counselling/case management for children and families. Geri Crisci, MSW provided the training. On March 30 & 31, the medical/forensic clinicians attended 1½ days training to learn and share knowledge about the health/forensic/legal implications in child sexual abuse/assault examinations. Both forums provided the opportunity to further discuss the development of a peer review system across the province. This process is being led by Tanya Smith, Provincial Pediatric Coordinator, Hospital for Sick Children.

Provincial Client Evaluation Tool

We are underway in developing a province-wide client evaluation tool to help us get feedback from clients about the care they receive from our service. The evaluation will include the emergency service, follow-up care, and counselling program. Hearing from our clients about how we are doing, assists us in strengthening our service delivery. Some programs already have a client evaluation in place and we hope to build on this experience as we develop this tool. Our hope is to implement the evaluation later this year.

Sheila Macdonald R.N.
Provincial Coordinator

APRIL 2006 Network Newsletter

DFSA STUDY... ‘Not in Our Community!’

Our Kenora program is taking part in the Drug Facilitated Sexual Assault (DFSA) study. When we discussed this at a joint meeting with local sexual assault crisis line workers and SA/PA nurses, comments such as, ‘*Not in our Community*’ and, “*It isn’t something that happens here in the North, only in big cities like Winnipeg or Toronto*” were heard from some hospital staff and community members. However, members of both teams know there *is* a drug problem in our community, with the increasing potential of sexual violence as a result. All present identified drug education as a key issue, and agreed to have joint sessions so we could learn together. This was the first time staff from the 2 agencies had met and good discussion was generated on other common issues as well.

We arranged a presentation on ‘*Street Drugs & Sexual Violence*’ by members of our local Tri Drug Unit. This unit has members from local city police, OPP, and native police - along with RCMP when needed - who investigate drug related activities within the region. We also opened the session to staff from the local ER, medical, nursing and the Women’s Shelter. The presentation included information on common rape drugs like GHB and Ketamine along with other street drugs currently in the region, such as crystal meth. The officers explained the common names, along with warning of some of the violence effects – especially for women such as sex trade workers. It was a great informal dialogue.

This drug education session was very successful, not only to strengthen the SA/PA nurse knowledge - as we started being a site for the DFSA study - but it raised awareness and provided education for our key partners. For one thing, it resulted in Crisis Workers developing better strategies to raise the question over the phone about whether drugging is a concern of a sexual assault. The Women’s Shelter staff learned some of the signs and symptoms of drugging as related to violence. Nurses increased their knowledge about current drugs used in the community.

Feedback from all participants was that it was a great session and we should do it again - so, a repeat session is upcoming this spring. Local community partners felt it was great that our SA/PA team was part of the DFSA study, working on addressing the care victims would need. The program also provided laminated posters about street drugs to the crisis centre and shelter, so they have a reference tool. They indicated this was very helpful and useful on a few occasions over the past few months.

More joint discussions and educational sharing *benefit* our community, so ‘Not In Our Community’ refers *only* to stopping the use of drugs for violence - not to the successful cooperation of our community partners!

**Kathleen Fitzgerald, Manager
Kenora SA/PATP**

Nature of the North ... OVERCOMING BARRIERS

As you may be aware, Northern Ontario has a lower ‘nurse to population’ ratio and this ratio decreases significantly in Northern rural and remote areas. In most areas of practice, registered nurses in rural and Northern areas have greater demands for an expanded role of practice and many times, they have less educational opportunities than their urban colleagues. Indeed, access to care is also a central concern of our communities. Additionally, registered nurses in Northern Ontario have significantly fewer clinical resource supports, with regional centres and specialized services often located some distance away. As a team of Sexual Assault Nurse Examiners, we take pride in the fact that we are overcoming many of these Northern barriers and challenges.

APRIL 2006 Network Newsletter

We find ourselves in the 'near North' here in North Bay, an area with a cold climate and a lot of snow. The beauty of living here is in the countless outdoor activities. In the summer months, we enjoy peaceful lakes and nature trails right in our backyards. Although I recently moved here from the 'far North', I am finding the challenges to be very similar across Northern Ontario. Accessibility of care for our population is often at a distance, and educational opportunities for our health care professionals also often means time away from loved ones.

I leave you with a deep appreciation of the current endeavors to bring these opportunities and services to Northern Ontario. The telehealth sessions offer comfortable real-time learning; the communication within the network is effective. On our end, we will continue to network within the Northern regions and most importantly, reach out to the isolated remote regions.

**Laurie Peachey, Coordinator
North Bay SA/DVTC**

Need For Relationship Skills ... CHILD SAFETY

A major concern facing schools and communities today is the safety and security of our children. Violence all too often jeopardizes their lives and well being. It's shocking to read national headlines about gunfire erupting in our schools and resulting in injuries or death, and to learn the prevalence of bullying, extortion, gang-related fights, sexual harassment, intimidation and intimate relationship violence. These incidents seem to mark the everyday existence of so many young people.

- One (1) in 4 young men and young women are victims of bullying and 1 in 3 reports being a bully. (*Centre for Addictions and Mental Health, 2001*)
- 29% of girls and 13% of boys experienced psychological and/or physical dating violence that was upsetting. (*Muriel McQueen Fergusson Centre for Family Violence Research, University of New Brunswick, 2000*)
- 54% of girls and 16% of boys have experienced some form of sexual abuse in a dating relationship. (*Poitras and Lavoie, 1995*)
- Students reporting the highest incidence of dating violence were females in Grade 9 and 10 involved in steady dating relationships (*Jaffe, Sudermann, Reitzel & Killip, 1992*):
 - 1 out of 2 students experienced verbal or emotional abuse (59 %)
 - 1 out of 3 experienced physical abuse (27 %)
 - 1 out of 3 experienced sexual abuse (32 %).
- The rate of charges for youth violent offences is 119% higher than it was 10 years ago. (*Statistics Canada, 1998*)

Abuse occurs along a continuum, starting with verbal insults, disrespect and threats, progressing to minor pushing, sexual touching, slapping or tripping, escalating to hitting, punching, kicking, sexual assault and confinement, and often accelerating to the use of knives, guns or other weapons. Violence is a learned behaviour. When it works to get the desired result, it is used again and again as long as the perpetrator continues to get satisfactory results and the victim feels helpless to escape.

Violence is most disturbing and destructive when it occurs within the boundaries of a relationship. Violent relationships have common elements of intimidation, isolation and fear. Violence becomes a choice whereby one person in the relationship acquires and maintains power and control over the actions and thoughts of the other. This is the message that our Team, along with our community partners (*Green Haven Shelter, New Path Youth & Family Counselling, North Simcoe Victim Crisis Services (VCARS), and SupportLink*) is trying to convey through the Dawna

APRIL 2006 Network Newsletter

Speers Program 'Choices for Positive Youth Relationships' in the five Orillia high schools. The program has been operating in Orillia since last year and our goal is to reach each high school at least once per semester. The 'Choices for Positive Youth Relationships' program is facilitated in 4-6 sessions, approximately 60 minutes each. This program would not exist in Orillia, if it was not for the dedication and commitment of this partnership.

Abuse exacts a high price in pain and suffering, forfeited opportunities and lives lost due to violence. We owe our young people the chance to learn safe and effective relationship skills that they can transport into adult relationships, challenging work situations, and parenting.

**Shannon Hunter, Coordinator
Orillia S/DAP**

PLACEMENT CHALLENGES... A Valuable Lesson

As a requirement for the Master Social Work at York University, I have the great opportunity to do my placement with the Sexual Assault and Domestic Violence team at Trillium Health Centre. Vicki Vopni is my supervisor, and a great mentor and coach.

Over the past 10 years at Trillium, I have worked as an in-patient social worker with a multi-disciplinary team – primarily in oncology. So, in some respects, my placement has been relatively easy in terms of knowing the hospital and various healthcare providers within it. However, in terms of working with clients on an outpatient basis and the skill set that is required to counsel trauma survivors, it has been a steep learning curve for me!

There are similarities in terms of social work practice. However, the tools to have control over impacts of sexual assault (*PTS symptoms*), coping and relaxation strategies, and management of flashbacks through the use of Energy Psychology and BrainGym have been new learning for me. The value of bringing the mind and body together has become clearer since incorporating these tools into my practice. I've also had the benefit of learning the value of EMDR (*Eye Movement Desensitization and Reprocessing*) with trauma survivors. Social workers here use this therapeutic modality as their treatment of choice.

In terms of the similarities in practice with both cancer and trauma survivors, I have learned a valuable lesson. Human beings are incredibly resilient beings with an inner strength that never ceases to amaze me. I am continuously learning from people's experience, their insight, and the coping strategies they employ to overcome great adversity. Be it sexual assault or cancer, clients learn to integrate their trauma experience. Dealing with life altering change that shifts their world view - how they perceive themselves, and their relationships with others - is formidable. It's been such a privilege to bear witness to someone's pain with compassion, respect and ongoing self-reflection.

I believe the skills I am learning are applicable to my inpatient practice in oncology and will be of great benefit to the staff and clients I serve.

**Olga Delgado, BSW, RSW
Mississauga SA/DVS**

Spring in St. Catharines

It was a challenge to spend funds received from the Ontario Women's Directorate within the month of April. However, we report success! We requested equipment for educational

APRIL 2006 Network Newsletter

presentations, we have the coveted Pilolight for better forensic evidence collection - and we performed much needed renovations.

We're located in a run down old building, as they plan to build a new hospital. Clients waited in a drab, dreary, depressing corridor. Our physical surroundings seemed to say in a loud voice: "*This is all you deserve.*" Without the OWD money, we would have our depressing atmosphere for at least *another* 5 years before relocating to the new site. We needed something *now* that was uplifting, positive, brighter, and welcoming.

What we were able to do:

- Replace old, unattractive carpeting from our corridor & the offices of our 2 social workers with bright flooring that can be cleaned and waxed
- Paint 4 offices, the corridor, the washroom
- Buy new chairs and a table for a cozy seating area for clients to wait for their appointment with the social worker or for HIV PEP follow up

There are many spinoffs from our work. Clients now come into a part of the hospital that looks well taken care of. Everyone who walks down our corridor feels that someone cares about them because it's bright and clean. Spring has sprung in our department and we have redecorated with optimism and hope! Our self esteem has risen. Thanks Sheila and OWD!

**Mary Essar, Coordinator
Niagara SA/DVTC**

EFFECTS OF VIOLENCE

Over 3 million children are at risk of exposure to parental violence each year (*Carlson, 1984*).

Research shows that approximately 90% of children who live in homes where there is intimate partner violence see or hear the abuse. Further, children who are exposed to family violence are much more likely to become violent than are children from nonviolent families. Children who live with domestic violence face increased risks: the risk of exposure to traumatic events, the risk of neglect, the risk of being directly abused, and the risk of losing one or both of their parents. All of these may lead to negative outcomes for children and may affect their well-being, safety, and stability (*Carlson, 2000; Edleson, 1999; Rossman, 2001*).

Children exposed to family violence are more likely to develop social, emotional, psychological and or behavioral problems than those who are not. Recent research indicates that children who witness domestic violence show more anxiety, low self esteem, depression, anger and temperament problems than children who do not witness violence in the home. The trauma they experience can show up in emotional, behavioral, social, and physical disturbances that effect their development and can continue into adulthood.

Children's risk levels and reactions to domestic violence exist on a continuum where some children demonstrate enormous resiliency while others show signs of significant maladaptive adjustment (*Carlson, 2000; Edleson, 1999; Hughes, Graham-Bermann & Gruber, 2001*). Protective factors, such as social competence, intelligence, high self-esteem, outgoing temperament, strong sibling and peer relationships, and a supportive relationship with an adult, can help protect children from the adverse affects of exposure to domestic violence.

**Dawn Dowson, Coordinator
Thunder Bay SA/DVTC**

APRIL 2006 Network Newsletter

FOR YOUR INFORMATION...

Upcoming Events

◆**2006 Northern Child Abuse Conference**

May 3 & 4

Sault Ste. Marie

Info/registration form at www.satcontario.com

◆**Annual Conference for SA/DV Treatment Centres**

May 25 & 26, 2006

Kingston, ON

Details forthcoming

◆**International Association of Forensic Nurses Annual Scientific Assembly**

Sept 27-Oct 1, 2006

Vancouver, Canada

(www.iafn.org)

◆**Sexual Assault Nurse Examiner Training**

October 16-20, 2006

Toronto, ON

(arranged through Program Coordinator)