

## Provincial Coordinator Update

### Two Funding Opportunities Available!

#### 1: The Office for Victims of Crime (OVC).

The OVC is funded by the Ministry of the Attorney General with a mandate to make recommendations to the AG for the improvement of the criminal justice system's response to victims of crime.

The OVC has just launched four grant programs to fund innovative victim service projects. Funding for the grant programs is provided by the Victims' Justice Fund (VJF). Money for the VJF is collected through provincial and federal fine surcharges.

There are two (2) grant applications that can be completed, with each application serving two (2) grant programs and having a separate purpose (*4 opportunities in all*):

- a) The *research and revictimization prevention* grant program is to promote change and advances in service provision that will benefit victims of crime by:
- Enhancing recognition of and respect for their interests
  - Increasing physical safety and security, and providing better protection from revictimization
  - Improving emotional and psychological support
  - Facilitating more comprehensive, effective, victim-focused services

Application deadline: Feb. 7, 2003

- b) The *community coordination* grant program is to improve service delivery to victims of domestic violence by enhancing the ability of community organizations to work together. One program is for community agencies, and the other involves police services in collaboration with community agencies.

Application deadline: January 20, 2003

Call the Office for Victims of Crime at 1-877-435-7661 for information/application forms.

#### 2: The Ontario Women's Health Council

The Ontario Women's Health Council will be funding projects which explore the issue of universal versus indicator-based screening in domestic violence. This project is across health-care settings. If interested, you can find more information on their website: <http://www.owhc.on.ca>

Application deadline: February 2003

### Other Updates

The Annual Conference for Sexual Assault/Domestic Violence Treatment Centres is May 1 and 2, 2003 in Hamilton. This year's theme is the *'Impact of Trauma'* on our clients, ourselves, and the community. Planning is well-underway. Mark your calendars!!

The 1st meeting of the Advisory Committee for the HIV prophylaxis project is December 12, 2003. We will be planning training sessions with SATC staff in the new year for the implementation of this project.

**Check out our Website!** at [www.satcontario.com](http://www.satcontario.com) for information about all Centres and programs and/or you can email us with information or questions at [SATContario@hotmail.com](mailto:SATContario@hotmail.com).

I wish you all a very enjoyable and restful Holiday Season!

**Sheila Macdonald R.N.  
Provincial Coordinator**

# Helping Children Communicate...**PLAY THERAPY**

Play is the window through which children see life. Child Therapist Bruno Bellelheim noted '*...play is the royal road to the child conscious and unconscious inner world. If we want to understand his(her) inner world and help him(her) with it, we must learn to walk this road.*' Thus *play therapy* is an extremely valuable therapeutic model when working with children who are experiencing stress in their lives such as an assault, or violence in the home. Children who are unable to express themselves verbally because of their stage of development, lack of vocabulary, or poor emotive language often respond with enthusiasm, given the proper tools.

When assessing pre-school and early (*latency*)-aged children, materials that I have found effective include: doll houses with dolls and furniture, family puppets, play-doh, miniature dishes, pots and pans, felt board with figures, toy telephones, crayons, markers, and of course, paper. Boys and girls also respond well to road maps and cars, recreating journeys they would not otherwise mention.

An effective therapist can learn a great deal about a child while observing her or his play. Reframing a situation involving trauma or abuse while using puppets, dolls, or felt characters is not uncommon. Children of all ages respond well to sand boxes and water tables. Sandboxes can become playgrounds, farms, snowy fields, or new subdivisions in the mind of a child. Older children often communicate more readily when drawing, sketching, or molding clay and play-doh. Leafing through age appropriate magazines often leads to discussions about school or social issues.

I structure and modify my interventions according to the needs of the child and the level of interaction he/she needs or requests. At times, I assume a non-directive, passive observant role. On other occasions, I am an active participant.

Conducting play therapy is one of the most rewarding aspects of my social work practice. It provides an opportunity that often enables children to express feelings and deal with frustrations and trauma which may otherwise be suppressed.

**Linda Toner, Social Worker  
Waterloo Region SA/DVTC**

## Talking to Teens...**TWO SOLUTIONS**

Two-thirds of the clients at Scarborough SACC are teens. In response, the Centre has focused outreach towards this age group with our most notable effort being the youth-developed website at [www.sacc.to](http://www.sacc.to). From our clinical work with this population, we noticed that for many of our clients, harassment, abuse, and unhealthy sex were the norm. In response, counsellors collaborated with two local high schools to develop and pilot creative ways to raise awareness about sexual abuse and unhealthy relationships. The selected schools are significantly different in terms of their student population and needs. Each also developed different - but equally as effective - approaches to addressing this issue.

At one school, we worked with guidance counsellors and teachers to run a '*Teen Talk Out*' that focused on relationships. Twenty (20) female students from grades 9-12 participated in this half-day workshop. The agenda, which the students helped to develop, included: large group discussions on abusive and healthy relationships, a viewing of the video '*A Love that Kills*', case scenarios, and role-playing. Feedback was very positive in the written evaluations and at a 6-month follow-up meeting. They especially liked role-playing ways of responding to 'sticky' dating situations. Delivering the '*Talk Out*' in a space outside of the school and offering lunch, helped make it a special event for the girls. We are planning on offering a '*Talk Out*' for male students at the school in early 2003.

At the second school, we consulted with students, guidance counsellors, and social workers about how to best address these issues among their multicultural student body. This school had also been directly affected by the recent gang killings in Scarborough. It was recommended that we kick-off an anti-violence campaign during the week of December 6, 2002 with school-wide assemblies, a community resource fair, and poster displays. The assemblies focused on raising awareness about violence, and empowering students to take steps to stop it. Staff, students and youth from the community spoke about the issue. Student skits showed individual responses to ending harassment and abuse. SACC staff talked about the services we offer and involved students in a myth and fact quiz. At the end of the assembly, students were invited to get involved in future anti-violence activities in the school. We hope to be a partner in these.

We found there was great interest from guidance counsellors, social workers, teachers, and students at these schools to address issues of dating abuse and healthy relationships. Although it was difficult to fit into our busy clinical schedules, doing some preventative work was rewarding. Feel free to contact us if you would like more information or to use our resources.

**Adrienne Cossom, Counsellor  
Scarborough SACC**

## **Increasing Accessibility...FOCUS ON AWARENESS**

In the past few years, we have focused on increasing our visibility, and making our program more accessible, to the diverse population of Ottawa-Carleton. Projects are decided upon by our very active *Community Advisory Committee* in partnership with community agencies and/or individuals with an interest in - and the skills to serve - our population.

**Coaster Campaign:** Our Centre produced over 40,000 coasters warning people of the dangers of date-rape drugs, distributing them to bars, pubs, restaurants, colleges, universities and high schools. The main message: alcohol is also a drug. While some bars are not supportive, we hope to encourage more participation by having the names of the bars using our coasters published in the newspapers.

**Young Women at Risk:** We partnered with the *Sexual Assault Support Program* to provide information to female young offenders and females who reside in maternity homes. A key challenge to informing those less than 16 years old is how to provide them with a confidential service and *still* maintain the obligation to report to CAS as per the Child & Family Services Act.

**People with Developmental Disabilities:** Our partner, *The Catholic Family Service*, developed a well-attended group program (*French & English*) for people with developmental disabilities, which focuses on personal safety. There are many challenges: *a)* proper training of residence staff in securing safety for survivors without making them move or restricting their freedom (*it's difficult when no charge is laid or the assailant hasn't been proven guilty and is still living at the residence*) *b)* due to a high turnover of staff, training must take place in an on-going fashion. *c)* many people in 'assisted living' situations don't have a clearly designated person to make decisions such as those related to evidence collection.

**Sexual Assault & High Risk Youth:** Our partner is a community health centre primarily serving youth from visible minority groups and/or recent newcomers to Canada. All work is done in consultation with youth. Products include *a)* a computer game in which participants learn about sexual assault *b)* 3 sets of interactive display boards *c)* and a video *speaker's corner* where youth can anonymously give their thoughts and opinions on the subject of sexual assault. This project has been presented to all youth-oriented services in the west-end of Ottawa.

Other projects include: outreach to men (*straight, bisexual, gay*), and an educational project aimed at women of African descent, seniors, and others. Even though we haven't necessarily seen an increase in utilization of our service, we hope that the information conveyed to our population will serve to perhaps prevent sexual assault from happening in the first place.

**Halina Siedlikowski, Coordinator  
Ottawa SA/DVTP**

## **Social Work/Counselling Committee...2002 UPDATE**

The committee meets bi-monthly at the Trillium Health Centre (*Mississauga*), with counsellors from Niagara, Waterloo, Hamilton, Guelph, Mississauga/Brampton, Toronto, and Scarborough SACC/SATCs. Input via email is received from Social Workers/Counsellors across the province. Minutes are distributed to all Centres since the September 11, 2002 meeting. We ask Centre Coordinators to ensure the minutes are distributed to appropriate staff as not all Social Workers/Counsellors have access to their own email.

Jennifer Ramage (*Trillium*) completed a 3-year term as the Committee Chair and is to be commended for her hard work. She is replaced by the former Co-Chair, Joanne Darlaston (*Trillium*). Sue Ann Miller-Koren (*Niagara*) is now Co-Chair.

Some Committee accomplishments in the past year:

- A funding proposal for advanced clinical training in sexual assault and domestic violence was revised. It was first submitted to the Ministry of Health in 2001. Our Ministry contract indicated there was significant interest in the proposal, and worked with us to make changes. We are waiting for final word on its approval. Meanwhile, a questionnaire is being developed to circulate to Social Workers/Counsellors about their training needs.
- A standardized counselling assessment form was developed and circulated to all Centres for a 12-month pilot test.
- An EMDR information sheet was drafted and presented to Coordinators to promote Network use of this method.
- Diana Tikasz (*Hamilton*) facilitated a Social Work/Counsellor breakfast meeting at the annual network conference. A need for more support for Social Workers/Counsellors in rural areas was identified.
- An orientation package was developed for new members to the committee.
- Valuable clinical consultation/support was provided to committee members during time set out for peer supervision.
- The committee is considering developing a collection of poems, writing and/or art from clients/survivors to provide inspiration and hope to others affected by sexual violence.

If you would like more information on the committee, or would like to contribute to our discussions and work, please contact the Chair, Joanne Darlaston at 905-451-7445 or [jdarlaston@aon.aibn.com](mailto:jdarlaston@aon.aibn.com). We are always open to new members and input from Social Workers/Counsellors in the Network.

**Adrienne Cossom, Counsellor  
Scarborough SACC/DVTC**

## Team Healing ...**FOCUS ON AWARENESS**

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**Halina Siedlikowski, Coordinator  
Ottawa SA/DVTP**

## **Nina's Place...CENTRE FOCUS**

Nina's Place is the Regional SA/DVCC located at Joseph Brant Memorial Hospital in Burlington. It celebrated its 1st anniversary December 6, 2002. Since its inception, Nina's Place has provided care to over 50 individuals who experienced sexual and/or interpersonal violence - so far most cases have been sexual assault related. We are involved with many community committees including the *Halton Violence Prevention Council* and the *Halton Sexual and Domestic Violence Collaborative*.

I am privileged to have been a part of this organization for the past 3 months. Since my arrival we have: developed a new training manual for nursing staff; expanded our roster to 17 nurses; sent 2 nurses to SANE training; and held a 2-day domestic violence training workshop with the help of Network Coordinator, Sheila Macdonald.

We are the pilot site for the implementation of the *Routine Universal Comprehensive Screening (RUCS)* protocol. This initiative involved holding focus groups at 5 hospitals in the region to examine barriers to screening for domestic violence. We have just completed a 2-day 'Train the Trainer' workshop led by *Education Wife Assault*. Ten (10) hospital employees from various departments and disciplines attended this workshop along with 5 representatives from community partners. We hope the information learned will be shared with colleagues, both formally and informally. We want our community to know that Joseph Brant Memorial Hospital recognizes domestic violence as a serious health issue and that this is a safe space to come for help.

For the future...we will be strengthening our team and continuing to build relationships within our community. We also plan to expand our service to include providing care to children and adolescents. It is our hope that Halton Region will emerge as a leader in providing comprehensive care to survivors of sexual and interpersonal violence.

**Nancy DiPietro, Coordinator  
Burlington SA/DVCC**

## **...FOR YOUR INFORMATION**

### **Upcoming Events**

Women's Health Forum & Expo  
January 17 & 18, 2003  
*Toronto Convention Centre*

Sexual Assault Nurse Examiner Training  
February 3-7, 2003  
Women's College Campus, Sunnybrook & Women's College Health Sciences Centre, *Toronto*

Annual Conference for SA/DV Treatment Centres  
May 1 & 2, 2003  
Sheraton Centre, *Hamilton, ON*