

Provincial Coordinator Update

HIV Project

Dr. Mona Loutfy and I completed the province-wide training for the HIV project during October and November. It's always wonderful to have the opportunity to travel to communities around the province. Thanks again to the hosting sites (*Smith Falls, London, Kitchener, Kenora, Toronto and Sudbury*) for organizing the training session. To be updated on project activities and progress to date, go to HIVPEPStudy@crwh.org

Network Website

And speaking of websites! The Network website, www.satcontario.com is going to be revised and reorganized. We realize we have been attempting to meet the needs of victims/survivors, professionals and the general public and it isn't working as well as we want. We have decided to focus the site toward professionals and redirect victims/survivors to other websites. We hope to have this done before the end of March, 2004.

Bill 105

In September 2003, new legislation came into effect under Ontario's Health Protection and Promotion Act. It gives medical officers of health the authority to order an individual to submit to a blood test for HIV, hepatitis B and C - when a victim of a crime, or a provider of emergency health care or emergency first aid, believes he/she has been exposed to that individual's blood and is at risk for one of these diseases.

By application, a victim of a sexual assault can apply to a medical officer of health to have the accused/suspect tested for the above diseases. This application must be done within 7 working days of the assault. A couple things to be aware of:

1. A report to the police must have been made by the victim/survivor.
2. A physician must fill out the application.
3. The victim/survivor must agree to baseline testing for HIV, hepatitis B and C.

The medical officer can approve or not approve the application. If the accused/suspect refuses to comply with the order, there are appeal processes that can take 6 months. In reality, the accused person cannot be forced to provide a blood sample.

We will need to see how implementation of the legislation works.

To read the legislation, go to www.health.gov.on.ca and look for Bill 105: Health Protection and Amendment Act.

Two New SA/DV Treatment Centres!

Welcome to Dryden and Kingston as the newest funded sites for hospital-based sexual assault/domestic violence treatment services! There are now 33 programs across the province.

Hope you had a wonderful holiday season, and wishing you all the best for 2004!

Sheila Macdonald R.N.
Provincial Coordinator

HIGHLIGHTS

Emotional Attunement
Updates on 2 Centres
Child Advocacy Centre
Internet Predators

Parental Participation...Children's Services

Now that we care for children under the age of 12 who have been sexually abused, we pay close attention to what these children and their families need. We have found that '*emotional attunement*' between parent and child is crucial for therapeutic success. In most cases the parents of these children are genuinely concerned about the welfare of their children and the impact of the sexual abuse. Also, in a large number of cases, we've noted that one of the parents was *also* sexually abused as a child. In those instances it may be difficult for the parent to clearly see the needs of the child without filtering it through their own unmet needs and the pain from their own childhood abuse. *Emotional attunement* exists only when the parent can differentiate between his/her own needs and the needs of their child.

Emotional attunement ensures the parent can provide the necessary emotional support and empathy, giving the child a feeling of being understood - helping the child feel more secure. This enables the child to engage more fully in the therapeutic process and to revisit the painful aspects of the abuse. The child can go to a deeper emotional level when given the comfort of his/her parents' presence. If the therapist is concerned about any interactions between the parent and child it might be important to approach the parent individually without the child's presence. There is great value in the child seeing the therapist and parent as a supportive team.

One of the books I recommend to parents to help develop a positive communication style with their child is '*How To Talk So Kids Can Listen and Listen So That Kids Will Talk*', written by Adele Faber and Elaine Mazlish, ISBN 0-380-57000-9. The recommended techniques can help establish a connection between the parent and child that enables the child to discuss more openly the issues he/she is dealing with. I've had parents report that this book helped them to also develop more positive communication styles with other family members and friends.

In summary, with the parent actively involved, each session has numerous possibilities to help deepen the child's level of trust. The child's painful memories can be made more bearable when his/her parent is present to comfort him/her and share the pain. If a parent has their own unresolved issues to deal with he/she is encouraged to access resources to simultaneously deal with their own therapeutic process.

There is a difference with children 12 and older - there seems to be a need for them to see the therapist individually *without* the parents' participation. The need for an older child's privacy seems to be crucial for this developmental stage.

However, with the child's consent we often include the parent in the last 10-15 minutes of the session. In the initial session, we include both parent and child and we explain clearly the issues of confidentiality and what particular issues we are unable keep confidential. We discourage the parent from keeping secrets from the child if the parent needs to discuss something with the therapist. It is explained to the parent that the abuse occurred in secrecy and in order to build a trusting relationship any issues need to be discussed openly.

**Shirley Burnett, Program Manager
Durham SACC**

Sault Highlights...Centre Focus

2004 will be the year of many new beginnings at our Centre. Our staff has undergone many changes. Bryna Coppel-Park, Coordinator, is still away on medical leave. In her absence, we have hired a part-time counsellor, 2 contract position part-time counsellors, a part-time nurse team-leader, 7 new casual nurses, and a relief intake worker as well as replacing a full-time counsellor for maternity leave. Let me take a breathe!

We had a very busy fall season with numerous call-outs for both DV and sexual assault. We've also had many children referred both for medical assessment and counselling - our paediatric money came through and so did the children.

There have been many highlights. The counsellors had a wonderful experience, both educational and social, at the Advanced Training in November. Our Medical Director and nurses were totally impressed by Dr. Astrid Heger's conference on examining children, put on by the Sudbury Centre. To start 2004, we have many plans: inviting Geraldine Crisci to the Sault; a SCAN team conference; purchasing colposcopy equipment; updating our children's areas - are already in the works, as well as many outreach projects. We are excited for all these opportunities!

Happy New Year to all! Take Care.

**Beth Desaulnier, Temporary Nurse Manager
Sault Ste. Marie SACC/PAC**

HIV/PEP Study...Sarnia Update

It's been an interesting 6 weeks at the Sarnia Centre, with the introduction of the HIV/PEP study. We've been in a position for the last 3 years, to offer PEP to our clients - based on their degree of risk, and their interest in taking the meds. Team members had an initial 4 hour in-service on blood borne pathogens and PEP, with yearly 2 hour updates. With the added 2-hour in-service on the study procedures and paperwork, we felt well prepared for this new venture.

So far we have seen 10 patients through the HIV/PEP program. Of these, 4 started PEP, 2 stopped within 2 weeks, and 2 continue with PEP. Some of the issues that have arisen are:

1. Increased time is needed to review the printed material with the patient initially if someone is unsure - approximately 45 additional minutes. Follow-up appointments are at least 1 hour, not including prep or documentation time.
2. Some of our patients wanted to take the information home to read, before deciding. We gave them a copy of the booklet for patients taking PEP as it seems to be more complete regarding the meds, side effects, etc. One patient returned the next day to start PEP, 2 others decided against it. The rest declined PEP or did not meet the criteria.
3. It gets confusing when you have several patients at various stages in the program. We developed a master list to indicate when patients attended, where they are in the process, and when they stopped. This will be destroyed at the end of the study.
4. The risk assessment form is much better than the one we'd been using before the study. The handouts are very comprehensive and the support from the study Coordinator has been prompt.
5. There was a need to be flexible in booking follow-up appointments. e.g. weekend visits
6. Our physicians and pharmacists are extremely helpful in finding additional resources for us, especially in cases in which the patient is routinely on numerous drugs. Some helpful web sites are: www.tthivclinic.com/interact_tables.html & www.hiv-druginteractions.org.
7. The lab staff helped by completing the testing quickly - we usually have the results during the patient's visit. This was particularly helpful with one patient who also experienced colic type pain which needed further investigation.
8. The order form (*by Nancy dePietro*) and the nursing documentation tool save time as check marks are used routinely.
9. It's rewarding to see our patients at follow-up visits and while helping them work through some side effects in addition to some of the problems associated with recovery from the assault.

While the HIV/PEP study has certainly increased our workload, it has proven to be an interesting challenge, with some unexpected rewards. We look forward to continuing this project and to the tremendous amount of information it will generate.

Monica Vautour, Coordinator
Sarnia SA/DVTC

Child Advocacy Centre...Pilot Project

Toronto's Hospital for Sick Children introduces a new project to change the way families experience the process of a child abuse investigation. The *Child Advocacy Centre (CAC)* is a 2 year pilot project initiated by the SCAN program (*Suspected Child Abuse and Neglect*) and other community partners, funded by the Ministry of Health and Long-Term Care. It includes the downtown Toronto Police Divisions and intake teams of Children's Aid Society of Toronto and Catholic Children's Aid Society. The Centre offers a child-friendly, multi-disciplinary approach to child abuse investigations.

The *Child Advocacy Centre* at SCAN has a brand new interview room with state-of-the-art videotaping equipment. The corridor and waiting/play room have been repainted with fun, colourful, spring-themed murals, thus providing a child-friendly environment in which police and child protection workers can conduct interviews. The child can have a medical examination in the same familiar and friendly surroundings if necessary, and also has access to other services provided at SCAN.

While there are many components to a true *Child Advocacy Centre (CAC)*, perhaps the most important is the team approach of all professionals involved in the investigative process. Investigators have easy access to consultations with medical personnel and other professionals, and have an opportunity to discuss teamwork at a de-briefing session after the investigation is complete. The *Child Advocacy Centre* also provides family support during the investigation and throughout the whole process, including referrals for service and court accompaniment.

There are over 460 *Child Advocacy Centres* in the U.S. and this model is very predominant in other areas of the world such as New Zealand and Australia. Studies indicate that CAC's produce more effective and thorough investigations, less child stress, and an increase in community resources for families.

For more information on the *Child Advocacy Centre*, please contact **Audrey Rastin, CAC Co-ordinator** at 416-813-7982 or email: rastin@tcac.on.ca.

Internet Predators...Safeguarding Children

The Internet is an excellent tool for learning and connecting with others, but it can also be a vehicle for those who prey on children.

The pornography industry has been using the Internet to transmit materials almost since its inception, and has actually contributed to the advancement of much of the technology we use today. Pedophiles have also used the Internet to communicate with each other worldwide, trading thousands of child pornographic images and tips for luring children for the purpose of sex.

The anonymity the Internet provides means a person can be whoever they desire, such as a 36 year old man representing a 16 year old boy or girl. The Internet also provides an opportunity to meet in chat rooms, putting people together who may not have met otherwise. Unfortunately this makes the Internet ideal for those seeking sexual encounters with children.

Police forces around the world are now dedicating entire units to the tracking of pedophiles on the net - and all stress that more resources are needed to adequately address the problem. Police officers pose as young girls in chat rooms and wait for the predators to approach. This past June, Toronto police had their first case of a 'cyber collar' when they arrested a Richmond Hill man who thought he was meeting a 12 year old girl for sex.

With chat rooms, instant messaging, and the new computer shorthand young people use, it can be difficult for parents to monitor their children's on-line activities. Many pedophiles also develop relationships with children over a long period of time and offer a sympathetic 'ear' for kids experiencing teenage angst. Eventually the child feels they 'know' their on-line friend...they may agree to a face to face meeting or disclose personal information so that the pedophile is able to contact the child.

On-line predators are manipulative and dangerous and are preying on children for the purposes of sex. Here in York Region we have already seen cases where young girls have been lured by men that they have met on-line and then sexually assaulted. It is hoped that more resources are soon dedicated to eradicating this problem, to safeguard our children and young people.

**Gail Rehfeld, Coordinator
York Region DA/SACC**

FOR YOUR INFORMATION...Upcoming Events

- Sexual Assault Nurse Examiner Training
February 2-6, 2004
Toronto, ON
Contact: Sheila Macdonald, Provincial Coordinator

- Pre-Conference Workshop (*to the Annual Conference*)
'The Effects of Sexual Assault in the Paediatric Population'
Dr. Astrid Heger, University of Southern California
March 31, 2004
Sheraton Hotel, Hamilton
Contact: *About Town Planners* – Phone: (905) 529-6956
Email: atemp@nas.net

- 10th Annual Conference for SA/DVTC
April 1 & 2, 2004
Sheraton Hotel, Hamilton
Contact: *About Town Planners* – Phone: (905) 529-6956
Email: atemp@nas.net