

Provincial Coordinator Update

I wish you and your family an enjoyable and safe holiday season.

Nancy DiPietro, Program Manager of Nina's Place was recognized in the House of Commons on Dec. 1, 2006, World Aids Day, for her efforts in establishing the *Nurses helping Nurses* Campaign which will assist nurses in Africa who are working and living with HIV. If every nurse donated just one hour of her/his salary annually, it would make a significant difference. Find out more about this worthy initiative by going to our website satcontario.com or to the Stephen Lewis Foundation stephenlewisfoundation.org.

Forensic Educational Opportunities

For those of you interested in forensics, there are three Canadian educational opportunities to know about:

1. Seneca College, King Campus (*north of Toronto*) offers a Forensic Health Studies Certificate Program - a multidisciplinary program. Find information at senecac.on.ca/healthsc

Nurses who have already attended the provincial Sexual Assault Nurse Examiner Training in Ontario can write a challenge exam for the FHS565 course. With a 60% grade, the student is then exempt from the course. For more information, you can contact Susan Kagan, Professor, Seneca College at: (416) 491-5050 ext. 5208 or susan.kagan@senecac.on.ca.

2. George Brown College is developing an on-line forensic nursing certificate program. This certificate will be available to nurses. The courses should be available by Spring 2007.

3. Mount Royal College in Alberta offers an on-line forensic health certificate program. Information can be accessed at mtroyal.ab.ca/elearning/coursesprogram.

HIV PEP Update

Plans are underway to train the remaining 10 SA/DVTC's for implementation of the HIV PEP program by April 1, 2007. All materials are being revised and updated under the *Knowledge to Action* project funded by CIHR. The Women's Research Institute, Women's College Hospital is our partner on the project.

I wish you *all the best* for 2007!

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

VICTIM FOCUS... **Deaf Accessibility Project**

Our DV/ARP's area covers 2 counties: Hastings is a long, narrow county and Prince Edward is a small island, with a total population of about 150,000. There is one hospital - Quinte Health Care - with 4 hospital sites with settings from a small city to a rural village. Our unique catchment area includes members of the Mohawk nation living on Tyendinaga Territory, Trenton Military Canadian Forces Base, and a large deaf population as a result of a provincial residential and day school, *Sir James Whitney School for the Deaf*.

When victims of violence who are deaf began to share that they often experienced barriers to service when disclosing, the Quinte Coordinating Committee Against Violence (QCCAV) - with a membership of about 23 agencies including our program - responded by developing a working group. This working group received funding for research from Trillium Foundation. Completed in 2003, it showed that victims of violence who are deaf face barriers to service, and recommended that information and education be directed toward hearing service providers.

The *Deaf Accessibility Project*, funded by the Ministry of Community and Social Services, is designed to decrease barriers and increase accessibility for victims of violence who are deaf. The project is 3-pronged:

- **A 1-day workshop led by a facilitator who is deaf** that includes information about the Deaf Culture, abuse, effective ways to communicate with service users who are deaf, using American Sign Language (ASL) interpreters, communications tips and actions to make our agencies more accessible. The learning environment is interactive and experiential.
- **A resource binder and a quick access DVD** for participating agencies designed to help them build accessibility within their organization. It builds on information from the workshop.
- **An ideas and action list** that will help participants take their learning back into their agency and assist them to be a resource to promote accessibility.

In early 2007, workshops will be held in the Quinte area with agencies that provide services to victims/survivors of violence. Each agency representative that attends will receive the resource binder and the quick access DVD, along with the ideas and action list.

We are evaluating the *Deaf Accessibility Project* and working toward developing Phase III, which would make the workshop available to additional service providers in the province, perhaps in Canada.

For additional information contact Susan Young at syoung@qhc.on.ca.

Susan Young, Program Coordinator
Belleville DV/SARP

'On the Radar' ... COMMUNITY SUPPORT

Our domestic violence program is in its 4th year, and in that time I've seen a shift. There's still much to be done, but it's looking more hopeful. We've had assessments of police responses and how the justice system is doing - and though we all know where improvement is needed, at least we're being asked! At a recent conference in London, Honourable Justice Grant Campbell presented his proposal for a multi-disciplinary team approach to family court 'high conflict cases' - the type of cases our DV clients have to cope with. Maybe we'll see something similar to what's happening in New Zealand, Australia and some US states, where access to children by the abusive partner is more readily restricted to supervised access only.

At community partner meetings, I'm hearing common language around the table, and understanding about risk assessment. We've completed a community response protocol for sexual assault and domestic violence that includes 35 various organizations or service providers. Built into this protocol is a process to request case reviews, especially for high-risk DV cases.

Many of our community partners have read the Domestic Violence Death Review Committee Annual Report to the Chief Coroner (2005). The report states that the majority of murders of women and children were predictable and preventable. Programs such as 'Neighbours, Friends and Families' (*which we hope to begin in 2007*) will likely have an impact, and will be a response to one of the recommendations in the coroner's report.

At our annual community conference planning meeting, we decided that our next conference should focus on how to reach young people - particularly young men - with hope of preventing abusive relationships. The White Ribbon Campaign just launched their '*Blog Campaign*' in their ongoing work to educate about violence against women. There has also been discussion from London about risk assessments for men. If the man displays certain characteristics and behaviours that appear like he is at high risk of offending (*meaning harming or fatally harming his partner*) then a safety plan is developed to outline how he's going to cope and not harm his partner.

All of these things are encouraging. There is a shift in how domestic violence is looked at in Grey Bruce - domestic violence is on the radar!

**Wendy Margetts, Manager
Owen Sound SA/PACC**

Appropriate Support... FOCUS ON MEN

During my tenure at ARCC I've encouraged men in our community to join efforts to end violence against women. I strongly believe that men must be engaged in ending this violence - it's men's actions that cause this pain and suffering. However, when I think about having men participate and take action, I worry about how to do this and not lose 'place' or 'women's voices'. I see the attention paid to men who speak about the violence done to women - look at the White Ribbon Campaign, Peter Jaffe, and Stephen Lewis. These individuals and organizations glean extensive dollars, media attention and recognition for their efforts. However, it seems to me that women are usually dismissed as feminist, or are denigrated for who they are because they're speaking against oppressive practices or attempting to take their rightful place.

As a woman, I'm feeling deeply violated and troubled by the actions of a group of men who planned December 6th activities in our community - activities I found out about by chance. This organization did not contact either ourselves or our local shelter to discuss their plans or consult with us. We had already begun planning our Commemorative Services and had booked our location. Their events conflicted with the timing of our service so I spoke to the male contact, applauded him for his group's efforts, and asked that we collaborate so people could participate in both events. He agreed to make changes to the timing of a march they were organizing so people could attend the service and *then* participate in the walk. We agreed to assist one another as best possible.

I wrote a press release that included their activities. He asked that I add that people were invited to their open house prior to the march. I did, although I was uncomfortable, given the tradition and importance of the service in honouring the young women. I then asked him to send me a copy of their press release as they wanted to send their own. I did not receive a copy and in our weekend paper there was a 4 column story about 'their' events - not a mention of ours. I called the paper for a copy of this group's press release - we weren't mentioned. The newspaper editor's assistant - a woman - agreed to do a story on the Commemorative Service prior to our event, and to cover the service.

I'm grateful the assistant editor was so supportive when I pointed out the injustice. Still, I'm incensed. This men's group callously disregarded our needs as women and was blatantly self-serving. Their actions tell me they do *not* understand what 'taking action against violence against women' is all about. My only consolation is that the men in my life closest to me understand...and that the men in our community that I have approached to join in our struggle have - for the most part - been respectful, choosing to walk beside us, rather than in front of us.

**Evelyn Dales, Coordinator
Brockville ARCC**

CENTRE FOCUS... **E**ffects of a **H**ospital **D**emerger

Sunnybrook and Women's College Health Sciences Centre 'demerged' this past April. Women's keeps the SA/DVCC services and we're still mobile to Sunnybrook should someone present in their Emergency Department (ED) requiring our services. This has brought about some other changes as well.

The Urgent Care Centre (UCC) at Women's now has no physicians after midnight until 7am. This development is both a blessing - in that we finally have our HIV PEP medical directives approved as of Dec. 5th 2006 - and unfortunate - because should we require medical intervention we may need bring a client to Mt. Sinai Hospital in the middle of the night. Our alternative has the client wait in the UCC until the physician comes on at 7am. This began November 1st. We've had 1 case in which the client had gynecological concerns - we thankfully still have an OB/GYN resident at Women's College able to attend and admit the client. So far we haven't had to venture to Mt. Sinai, but we're all set up there - and the ED staff seem very supportive.

This past January our service agreement with St. Joseph Health Centre (SJHC) went into effect. The mobile team provides service where the client discloses. This prevents the loss of the client in a transfer, the need for the client to disclose again, and ensures the client gets the right care at the right time. SJHC was chosen as:

- a) The ED staff screen for domestic violence
- b) There is a high incidence of SA/DV in the Parkdale area where SJHC is located
- c) It bridges the gap between Toronto and Mississauga SA/DVCCs
- d) They accept ambulances
- e) They have the Women's Health Centre (WHC) which provides training to ED staff with respect to identifying & responding to disclosures - and also provides counseling services to women in abusive relationships.

Both WHC and the ED managers have been very supportive in maintaining the success of this initiative. There were initially several challenges, such as the HIV PEP, Plan B, pelvic exams, and getting the word out to the physicians and nurses about the service. To the credit of those involved, we managed to address everything to everyone's satisfaction.

We have partnered more intensely with Irene Gabinet, social worker, at the Women's Health Centre. She has given priority to clients that we see in the ED. While we see both sexual and domestic assault at SJHC, Irene will do all the counselling follow-up on the DV clients while we - at WCH SA/DVCC - will continue to do the follow up for sexual assault clients. To date we've had 23 calls and responded to approximately 17, as some referrals were not appropriate, or the client left before we arrived. On the whole SJHC is impressed with the SADV service and our response, and the SADVCC nurses have commented more than once on the supportive environment they encounter when arriving at SJHC. This results in better service for the client, which is our greatest goal. We even have a couple of nurses from the ED at SJHC on the SADVCC team, which works out very well.

Petra Norris, Team Leader
WCH SA/DVCC

Canadian Expertise

Being the pediatric lead for the Central Region provides a new and challenging facet to my role as Nurse Facilitator. Our region has developed closer ties with the St. Catharines, Brantford, Burlington, and Guelph Centres. It's interesting to see how each functions differently. In Guelph the child is medically cleared via the emergency physician. One of 3 specially trained pediatric nurses carries the pediatric pager. When paged, she contacts the SANE nurse to assist her - thus they have 2 sets of hands to assess the child. In Hamilton, if a child under 13 presents to the emergency department, we, along with the pediatrician, respond. Our rationale - the pediatrician is the expert in medical care and the SANE nurse is the expert in collecting forensic evidence. Two different systems, working equally well.

Recently, I attended the Pediatric Forensic Nurse Training Seminar in Richmond, Virginia. Historically, we often gain knowledge and expertise from our neighbours from the South, but I learned when it comes to forensic evidence collection for prepubertal children, we are ahead in our practices. In 2 recent studies, evidence points to the Canadian standard of evidence collection on prepubertal children within 24 hours versus the U. S. standard of 72 hours. In a study with 273 children under 10, only 24.9% of the kits found evidence (*Christian, et al, 2000*). The study showed *no* evidence was found in children examined outside the 24-hour time frame. Research findings concluded that swabbing of the child's body for evidence is unnecessary after 24 hours, and that clothing/linen should be identified and bagged more often. Additional research in 2006 showed no forensic evidence found on children if the kit was completed after 24-hours (*Young, et al, 2006*).

I think this speaks volumes for *our* Programs as they implement evidence-based practice. *Well done!*

Mary Dempsey, Nurse Facilitator
Hamilton SA/DVCC

Forensic Nursing

As Follow-up Nurse for the SA/DVP in Kingston, I've had many opportunities to learn. The first prior to our program going live in August 2004. It was a very comprehensive orientation training event, provided by various people on a range of topics from forensic photography to gathering forensic evidence - all relatively new to me. What I knew about forensics was the knowledge gathered during a long career in the emergency department.

They say nursing is a commitment to lifelong learning, and what a lot of fun that learning has turned out to be! After the fear was put aside, the learning began in earnest. The first Conference I attended with my colleagues was in Toronto in May of 2005. It was here I first saw a magazine called '*On the Edge*' - a magazine for Forensic Nurses.

Forensic Nurses? Wait a minute - that's what *we* are! We are *all* Forensic Nurses! I also discovered a great group of nurses called *The International Association of Forensic Nurses* (IAFN). I promptly joined and the great magazine was included in the membership fee.

The IAFN has annual conferences and the latest one was September 2006 in Vancouver. What a conference! There were many great topics, many break-out groups, a *lot* of great presenters, and a great deal of camaraderie. There were nurses from all over the world. Even more exciting, there were over 70 nurses representing the first official meeting of the Canadian Forensic Nurses Group (*name to be decided*) - history in the making!

I learned more about our great profession and many new ideas about dealing with victims of violence. We also learned the importance of caring for ourselves. As Forensic Nurses we have a responsibility to our clients and ourselves to continue to learn, from every source, and the International Association of Forensic Nurses is a great source of information. If you haven't joined, do so! Maybe I'll see you at the meeting in Utah next year!

**Deb Crosby, SANE
Kingston SA/DVP**

FOR YOUR INFORMATION

Educational Opportunities

◆ **Pediatric Social Work Training**

February 22 & 23, 2007

Toronto

Speaker: Lucy Berlinger

Contact your Program Coordinator for information

◆ **Sexual Assault Nurse Examiner Training**

Feb 19-23, 2007

Toronto

Contact your Program Coordinator for information

◆ **Annual Conference for SA/DVTC's in Ontario**

May 31 & June 1, 2007

Sudbury

Call for Abstracts: www.satontario.com