

Provincial Coordinator Update

Summer has finally arrived!

It's unfortunate that we had to cancel the 2003 Annual Conference due to the SARS situation but there were too many concerns about health professionals getting together. We have rebooked the conference for April 1 & 2, 2004 at the Sheraton Hotel in Hamilton. Many of the speakers booked for the 2003 Conference will be participating. As well, we are having a pre-conference workshop on March 31, 2004 with Dr. Astrid Heger who is a specialist in pediatric care following sexual assault/abuse. We hope you will be able to attend all 3 days. More information will come out shortly.

As well, we cancelled all the HIV trainer-the-trainer sessions that were scheduled for June. They have been rescheduled for late September and October so we hope to be able to implement the HIV prophylaxis project in November.

There are various activities happening across the Network.

The **Social Work Committee** applied for and received funding to hold week long, advanced training for Social Workers from SA/DV Treatment Centres. The training will be held November 14-18, 2003 in Toronto. This has been a long process with a lot of hard work on the part of the members of the Social Work Committee. Well done!

The **Research Committee** of the Network is currently revising our quarterly report forms to collect data about both our sexual assault clients as well as domestic violence clients. The present form is focused only on information about sexual assault. Information about our pediatric population will be collected separately.

Our Network submitted two proposals to the Office for Victims of Crime. One was about sexual assault and drugging, and the other was to develop a provincial client data base so we could find out more about our clients. Neither proposal was accepted, but they will be re-submitted in the fall.

The **Nursing Committee** has reorganized and will be looking at finalizing the nursing documentation forms that were developed several years ago. Any comments our nurses have about them would help us improve the forms. Give your comments to your Coordinator who will pass them on to the Committee.

The **Website Committee** is looking for your feedback about our website: www.satcontario.com There is a questionnaire developed that you can fill out and send to us so we can make the website even better! You can get the questionnaire from your Coordinator.

The **Sexual Assault Nurse Examiner Review Committee** was unable to meet due to the SARS situation but a fall meeting is planned to hopefully make final changes to improve the SANE training.

SARS Effects

These last few months have been challenging and stressful for many of our colleagues due to the SARS situation. We send our condolences to the family of the first health professional, nurse Nelia Larosa, to have died as a result of SARS. Some programs had staff directly affected by SARS, while other programs had to deal with hospital closures and quarantines. It has also been difficult for our clients who needed to be screened when they come to the hospital. Through the hard work, dedication and professionalism of all involved health professionals, the situation appears to be under control.

Have a really great summer!

Sheila Macdonald R.N.
Provincial Coordinator

Owen Sound DV & More...CENTRE HIGHLIGHT

The Sexual Assault Care Centre at Grey Bruce Health Services in Owen Sound is now the Sexual Assault & Domestic Violence Care Centre. What a mouthful! Our DV Program officially opened January 6, 2003 with Wendy Margetts, RN BSCN SANE as our Domestic Violence Nurse. Wendy and myself have been busy with community networking via committee involvement, media announcements, interviews and displays.

2002 was the first year there was a window display at Grey Bruce Health Services, Owen Sound Site to recognize Woman Abuse Month in November. Since then, Wendy has been able to secure a display window for ongoing abuse awareness for adults and children. Program pamphlets are also available to staff and the public on the way to the cafeteria. Our goal is to have similar displays in all 10 hospital sites in Grey & Bruce.

Another project planned and co-ordinated by Wendy & Karen Kirker of the local Grey Bruce Public Health Unit was the Family Violence & RUCS Workshop on May 30th. Guest speakers included the Honourable Marion Boyd, Chair & Co-ordinator of the Task Force on the Health Effects of Woman Abuse, and Ms. Pauline Fisher RN., MSc.N, Manager of Communicable Disease & Sexual Health Middlesex London Health Unit. This workshop was so well attended there was no room for last minute attendees!

Theresa Partridge MSW and myself have been busy with our program's counselling component. Theresa looked forward to attending our annual conference to network with other social workers/counsellors, and get a sense of the Provincial Network, but alas!... SARS! She'll instead attend the training opportunity in November.

Speaking of SARS, in the first week of April, our program was deemed a non-essential service, so Wendy, Theresa and I became part of the SARS team in Owen Sound. Our program secretary, Diane, fielded calls and caught us on the fly to keep us informed of day-to-day functions. What a woman! Six weeks later, we were back in business!

With the first 6 months of 2003 behind us, we are looking forward to seeing current projects take form, & new ideas blossom.

Marcia Halliday, RN
Sexual Assault & Domestic Violence Care Centre

Muses on Parade ...FOCUS ON THERAPY

As a counsellor I often witness the incredible strength and creativity people have. Recently I was trying to help a woman who'd been sexually assaulted and had gone through 1-1/2 years in the court process. She called and told me that court was over, and while she was reasonably happy with the outcome she felt, "*lost, like there was no real ending. This sounds silly but I feel like there should be a parade or something*". I invited her to think about what she would like to do to celebrate or feel closure. Knowing her to be dramatic, I shared with her my thoughts on the idea of a puppet theatre. We talked of how a puppet show could be a good way for the life experiences of survivors to be shown in a way that shared their incredible strength. I said, "*I would love to take your courage around to others through puppets that you could make. I would love to take them on parade.*" This woman said with delight, "*I always wanted to be somebody's Muse.*" So she set out to make puppets.

Some of my colleagues had been to a play therapy workshop where they learned how making finger puppets could be a therapeutic counselling tool. Unfortunately I have not been able to locate a reference for the person who offered the workshop or I would credit them here.

The process helps people explore two sides of an issue. The idea is to make 2 puppets with heads and faces made out of sculpting material (*model magic works well, as it can be painted, drawn on with markers etc.*) Then the puppets are clothed and adorned with bits of fabric, accessories, hair, hands are attached (*can be made of sculpting material or paper*).

There is a whole process of getting to know the puppets, building their character. Usually, mixed up feelings are revealed. The puppet personalities can be animated and given voices. This can help a person come to some resolution and relief in the conflict. It can also provide an icon or a role model for the person to use when faced with other challenges in their life. The benefits are endless. It can inspire change and growth. It also seems to be helpful in bringing the process to an end.

My plan is to make similar puppets and create a puppet show. In upcoming public awareness and educational presentations we'll have: "Meet This Woman's Muses: *Melpomene, the Muse of Tragedy and Thalia, the Muse of Comedy*." The two sides of her situation reveal irony and the struggle between laughter and tears, anger and hope, fear and bravery, lightness and darkness. Thalia and Melpomene use ironic humour and dramatic expressions of outrage about what occurred.

This woman had said to me, "*I want it to be remembered, but not held on to*". I want to thank this woman who showed such courage in surviving her tragedy. Her Muses will show others how to carry on with power and strength in the face of adversity.

**Sharon Hinbest, Counsellor
Brockville ARCC**

Domestic Violence Screening...RESEARCH PROJECT

On June 23, the Ontario Women's Health Council publicly announced the research grant awarded to the team lead by Dr. Harriet MacMillian at McMaster University in Hamilton. The research project is entitled: *If, 'when' and 'how' to ask the question(s): Assessing screening approaches to identifying woman abuse in health care settings. An integrated, multidisciplinary program of research*. The research grant spans 3 years and they are now 3 months into year 1 (*funding was received in April*). Progress has been made in many projects. Here is an update on the activities of the research team:

1. A website has been launched - www.fhs.mcmaster.ca/vaw - utilizing background information, and giving a more detailed account/progress of all aspects of the project, including researchers, resources, and relevant links.
2. They have begun to conduct qualitative focus groups to explore abused and non-abused women's experiences and preferences about how best to identify woman abuse, including acceptability of universal screening approaches. Some of the groups completed include: staff at Canadian Blood Services, mothers of children enrolled in the Hamilton Aquatic Club, members of the francophone community, YWCA residents, immigrant women, and women living in shelters.
3. The meta-analysis of risk indicators for woman abuse is currently underway and should be completed by the end of July. This is the first step in the development of an indicator-based instrument for detection of woman abuse. Traditional detection tools for woman abuse are typically based on specific acts of violence, problems in the relationship, or patterns of injury. Eliciting and communicating this type of difficult and potentially embarrassing information may prevent detection and diagnosis. The indicator-based instrument will be based on less threatening risk indicators that can be elicited via routine intake questioning - things such as type of marital union, history of current and past marital separation, and presence of step-children. This instrument will be compared against *universal screening* and usual care in a large randomized controlled trial evaluating the effectiveness of screening in preventing woman abuse - to be conducted in year 2 of the grant.
4. A protocol is currently being developed to test which screening format (*paper and pen, computer-based, or face-to-face interview*) best detects woman abuse for both the universal screening instrument and the indicator-based instrument. Researchers would like to test these formats in 4 health care settings: an ER, a primary care facility, a specialty clinic, and in the community through public health services. Researchers will be contacting all potential sites for this trial in the next few months. Please visit the website for further information.

**Diana Tikasz, Coordinator
Hamilton SA/DVCC**

Universal Screening (RUCS)...INCREASE ID & SUPPORT

Our Domestic Violence/Sexual Assault Response Program has developed a partnership with Quinte Health Care (QHC) and the Hastings and Prince Edward Counties Health Unit - to increase the identification and support of abused women and their children. This past spring, Quinte Health Care's emergency departments at the 4 hospital sites and certain programs at Hastings and Prince Edward Counties Public Health Unit began asking women a routine, universal screening question about abuse.

Routine Universal Comprehensive Screening (*RUCS*) is...

Routine screening is done on a consistent basis whenever women come in contact with a healthcare professional, whether or not indicators of abuse are present.

Universal screening means every woman over the age of 12 is routinely asked questions about her current or past experience of abuse.

Comprehensive screening means women are routinely asked whether they have experienced or are experiencing currently any form of abuse: physical, sexual and/or psychological abuse.

QHC is expanding our response to women and children experiencing abuse to include health care providers, because the physical, sexual and psychological health effects of woman abuse have been established.

- 27% of women have experienced a physical assault in an intimate relationship
- 50% of women reporting physical assault have also experienced sexual assault in the same relationship (*The Canadian Panel of Violence Against Women 1993*)
- 22-40% of all women presenting in the emergency department are there because of abuse (*Noel, N. Domestic Violence: The Pregnant Battered woman. Women's Health, 1992*)

While men are abused too, in Ontario 98% of victims are women and the overwhelming majority of perpetrators are men. Our specialized team will only be providing service to women, although men will be offered service at the emergency department as always.

**Susan Young, Program Coordinator
BellevilleDV/SARP**

Assessing Pigmented Skin ...**RECOGNIZING REACTIONS**

Among the members of any population, there is a range of skin colours. In preparation for an upcoming court case I looked into the assessment of pigmented skin and thought it was worth sharing. It is important that healthcare professionals recognize reactions in individuals with deeply pigmented skin.

Lesions in white skin often appear red or brown. In pigmented skin these lesions would appear black or purple. Mild degrees of redness (*erythema*) may be masked completely in pigmented skin.

Pigmented skin shows more of a reaction following trauma or inflammation than non-pigmented or lightly pigmented skin. As a result post-inflammatory hyper/hypo-pigmentation poses particular problems for black patients. In inflammatory skin diseases like atopic eczema, acne vulgaris, and lichen planus, the post-inflammatory hyperpigmentation can persist well after the active disease process has subsided and sometimes indefinitely. Hypopigmentation may be seen with eczema, herpes zoster, fungal infections, cryotherapy for warts and topical corticosteroids. It is therefore important to review the cause of the discolouration with the patient and have them return for reassessment.

Darker skins may also have a tendency to show particular reaction patterns different from white skin. Follicular, papular and annular patterns are more frequent in Afro-Caribbean skin than in white skin. Keloid scarring may also occur more often in people with a black skin.

**Deidre Bainbridge, Clinical Manager
SA/DVCC Sunnybrook & Women's, Toronto**

Guelph Update

In March, Guelph General Hospital's DV Program was officially launched. Karen Suk Patrick and Sue Starling planned this initiative. Bobbye Goldenberg from *Women In Crisis* spoke at the opening along with Irene Pasel, VP of Patient Services GGH, and Sue Starling, our Nursing Team Leader. The hospital designated a special room for Domestic Violence services to compliment the examination/treatment area for Sexual Assault. With the implementation of universal screening for DV, training sessions were offered to staff in the Emerg and Family

Birthing areas. A new brochure for sexual assault and DV services was designed, as well as a state-of-the-art display board for education/public awareness.

Since April 2003 there's been a substantial increase in sexual assault cases and DV referrals are now coming in. It's hard to determine exactly why there's an increase, but the community work done to launch the new program probably had a positive impact on awareness.

Guelph-Wellington's ACTION Committee on Sexual Assault and Domestic Violence received government funding to develop a community protocol for domestic violence services. A steering committee is working on a request for proposal, and we anticipate a consultant will be hired for this project by the fall. This will be the second major project the Action Committee has taken on and we are pleased to be working along with our community partners!

Elizabeth Stevens
Guelph SA/DVCTC

...FOR YOUR INFORMATION

Upcoming Events

- Sexual Assault Nurse Examiner Training
September 15-19, 2003
Toronto, ON
- International Association of Forensic Nurses Annual Scientific Assembly
September 24-28, 2003
Las Vegas, Nevada
- Abuse Issues Seminar
October 15-17, 2003
London, ON
Contact: D/Cst Kelly Wood (519) 352-1122 ext. 2144
- Social Worker Advanced Training
November 14-18, 2003
Toronto, ON