Provincial Coordinator Update

The annual conference this year was well attended and the feedback was generally very positive. The 1-day pediatric session with Dr. Astrid Heppenstall-Heger was both informative and inspirational. Her suggestions and recommendations support the proposed pediatric development work outlined below.

Next year's conference will be April 14 and 15, 2005 at the Delta Chelsea Hotel, Toronto. The planning committee is underway in organizing this event.

Pediatric Initiative

Most SA/DV programs have begun to establish enhanced services for the pediatric population, and to formalize protocols between partner agencies for the care of children. One of the goals of the pediatric initiative is to ensure that care for children is provided within their own communities by qualified clinicians. Clinicians have been hesitant about being involved in the examination/care of children who have been sexually assaulted or abused for many reasons: a lack of skill and training on the medical/forensic examination, lack of ongoing educational opportunities, and lack of access to peer/expert consultation.

Over the next two years the Network proposes to address these issues through the establishment of a Pediatric Coordinator who will work to: develop a peer review process for clinicians; develop a team of pediatric experts who will be available to provide case consultation for clinicians; ensure ongoing educational opportunities; support local, regional and provincial development efforts in the pediatric service. Additionally, regional support systems will be strengthened to facilitate the ability of program staff to meet within their own regions.

While details and funding issues are still being finalized, the intent is to implement these activities early next year. We will keep you updated.

Nursing Documentation Tool for Sexual Assault

We have finalized the nursing documentation form for clients who have been sexually assaulted, and provided it to program Coordinators. This final version reflects the input provided by nurses from across the province. The use of this form is optional for Centres, however if you do use it, any feedback would be helpful. A review/evaluation of the form will probably be done in a year. Thanks to Nancy DiPietro, Coordinator (*Joseph Brant Hospital, Burlington*) and Co-chair of Nursing Committee for her hard work in compiling all the feedback.

Drug Facilitated Sexual Assault Proposal

This project will involve 7 of our SA/DV programs to establish and evaluate a standardized protocol for the care of victims/survivors who suspect they have been drugged and sexually assaulted. The protocol will included testing procedures for toxicology and swab analysis for the presence of semen. This is a collaborative effort between our programs and the Centre for Research in Women's Health. Other partners are the Centre of Forensic Sciences and the Toxicology Unit, St. Joseph's Health Centre, London. The two year project will be funded by the Ontario Women's Health Council and will hopefully begin later this year.

I am away on parental leave starting June 17th and returning at the end of October. My assistant Janelle is available should you need help with anything. Have a wonderful summer!

Sheila Macdonald R.N.
Provincial Coordinator

HIGHLIGHTS

- **Using Interpreters**
- **Caring for Kids**
- **Safety Before Romance**
- **Study on DV Screening**

*N*ot **L**ost in **T**ranslation…**U**sing **I**nterpreters

The Niagara Region receives as many refugee arrivals as Pearson Airport - people from Africa and South America. During the process of filling in the Personal Information Form, recent assaults are disclosed and referrals are often made to SA/DV Niagara. Many of these refugees speak little English

Concerned with privacy, I go to great lengths with creative therapy techniques to avoid using family members as translators. We are fortunate that *Interpreters Niagara/Hamilton* provides free interpretation for victims of domestic violence and rape. The funding is from the Ministry of Citizenship of Ontario through the Women's Directorate.

I have developed an exceptional partnership with Joan, who has a Masters degree in Spanish. I now know that having a skilled interpreter can increase not only the understanding of the facts in the case, but also the therapeutic impact, as Joan echoes the expression along with the translation. The pace changes...the rhythm is slower, measured, almost musical. It is reflection and validation. There is time to listen, *twice*, and to pay attention to emotion.

The clients so far, have been female. The interpreter and I are of a similar age while the client is typically younger. We sit in a triangle, fairly close together. We are in one sense, a very small, and supportive women's group. At the end of the session we shake hands or touch.

Refugees endure the disgrace of coming for therapy only because the trauma is burning them up. The interpreter and I represent a society where therapy is a socially accepted practice: "*This is my work - to listen to this kind of story. My job is to help you feel better because what you are feeling is a normal reaction.*"

Refugees have huge demands made on them and they are often very fragile. There are deadlines, complex paperwork, and their fear of the Board hearing. They must pay repeatedly to have papers processed. They miss accustomed food and grieve lost family.

I have learned to be very attentive to memory as body pain. I often hold off more intrusive trauma interventions. I ask carefully what is the current stress. I find that TFT and NLP help calm before a hearing without abreaction. It is extremely important that their own coping strategies not be dismantled when they must keep going.

I was worried that we, as North Americans, would be limited in our ability to help. But Canadians are kindly viewed as 'trustworthy'. Those who have been tortured or lived in fear of people in their own country are more willing to trust their secrets to a professional unconnected to that past. We express different values, but they are values that give hope to a victim: "*Your position as a person is not ruined by the rape*." "*You are not guilty.*" "*The one who hurt you bears the shame.*"

I would never have had this rich learning experience without an interpreter.

Patricia Hutchinson, Social Worker
SA/DV Niagara

New **S**pace - **N**ewer **W**ords…**C**entre **F**ocus

In September we opened our new space, which is near to the ER while not being within the department. The biggest change is having an examination room with an exam table/chair suitable for all ages and mobility, with a bathroom off this room with a *shower* - something we couldn't offer before. We also have a well-stocked clothing cabinet which includes shoes and toilettes, thanks to our partner KSAC. There is a consult room, interview/staff room which allows partners like the police and CAS to have a private space. And there's a 2nd exam room which we share with visiting consultants when they come to the hospital. Last of all, but far from least, there is a small waiting area with books and toys for the kids if needed.

Since we opened, comments from clients have been from "*Wow! It is so nice, comfortable, and home-like*," to "*The shower was great to have and I like the bag of stuff to take home*." Our partners have indicated how good it is to have a quiet, private place to do their jobs instead of standing around in the ER hallway. And....the first time we used the new exam room it turned out to be *very* handy, as the perpetrator was in the ER. The police were concerned, but then delighted when told, "...*the space made it easier to ensure the safety of the survivo*r".

We thank our staff at the hospital who helped make this a comfortable and home-like place, while being private enough to meet the needs of our clients: from the artist from CSR who designed our new poster which is on the hall in the waiting room and the ER - to the seamstress who made towels for us. We also thank Marg Stevenson, former Manager, who started the ball rolling with a dream - a dream that is now a reality! Our SA/PA Team and partners are pleased with the accomplishment and improvement to our service.

We have also been working hard over the past year on updating the Kenora Sexual Assault Community Response protocol. The Community Advisory Committee oversaw the review of this document (*created 9 years ago*). One of the new partners for the protocol is the newest police force in Canada, the *Treaty Three Police Service*. It was quite a challenge for the 3 police forces to collaborate together to review the policing section, but they did it! Our other community partners reviewed their own specific sections, then we all collaborated for the common areas. It was with great pride that we had a formal signing of the revised document on May 5, 2004 in the city council chamber - where we also had the proclamation of Sexual Assault Awareness month. It was a good start to several activities for the month, demonstrating the ongoing commitment of the community in responding to the needs of sexual assault survivors!

Kathleen Fitzgerald, Manager
Kenora SA/PAP

Caring for **K**ids…Child-Friendly Resources

The Paediatric Sexual Assault Day Clinic was initiated at Orillia Soldiers' Memorial as part of the Regional Sexual & Domestic Assault Program. The success of this program is greatly due to the interdisciplinary collaboration among nursing staff, paediatricians, social workers, child protective services, police and community partners. We at Soldiers' Memorial Hospital are very fortunate to have a team of dedicated paediatricians who rotate to provide a clinic every 2 weeks.

Initially, the clinic was held at the hospital in an ambulatory care setting. The hospital has since acquired an off-site location which is aptly named the *Children's Developmental Services* building, a location that is extremely child friendly. The deciding factor for having an off-site locale is that someone comes to the hospital because there is 'something wrong with them' or they are 'sick'. This is not the perception we want children who access the clinic to have of themselves. At the completion of the visit, the child knows that she/he is 'OK.' or 'healthy' and not 'broken'.

After the initial telephone call with the parent/caregiver, the Resource RN sends a map with directions to the *Children's Developmental Services* building, a confirmation letter of the

appointment date and time, and 2 copies of a booklet developed by the SA/DV program, entitled '*Child Sexual Abuse - Information for Parents*'. One copy of the booklet is for the parent/caregiver and the other copy is for whomever they choose to share this with. The booklet contains information on child sexual abuse, what the parent/caregiver may be feeling, what their child may be feeling, and how the parent/caregiver can respond to and support the child. On the back cover of the booklet are invaluable community resources for the family. These resources can be accessed to provide additional support and guidance in the weeks and months to come.

Social workers are able to begin 'crisis of disclosure' counselling with the child and family as soon as the Child Protection Agency and Police investigations are concluded. If the parent/caregiver wishes to access this counselling, the social worker contacts the caregiver before the actual clinic date to assess their anxiety level and to assist with positive coping strategies. After the clinic visit, the social worker is able to meet with the child and family in their own community, thanks to our partner agencies who provide space for the counselling to occur.

The sexual abuse of children is a very complex issue that becomes even more complex when it happens within the home. The most important message a child needs to hear is that they are not to blame and that they are believed. Reinforcing these messages will have a direct and positive effect on the child's healing process.

Mary Metcalfe, Nurse
Orillia S/DATC

Safety **B**efore **R**omance…**I**nternet **D**ating

Due to busy lives and the advancement of technology, on-line dating services have become a popular means for people to make connections - there are now literally hundreds of Internet sites. In the context of on-line dating services, people may have either positive or negative outcomes.

Unfortunately, within our Sexual Assault and Domestic Violence Services, there has been a definite increase in the number of youth and adults who have experienced very negative outcomes. Clients have described how they've been sexually assaulted and physically attacked after meeting someone they had communicated with over the Internet. The Peel Regional Police Child Abuse and Sexual Assault Bureau concurs, noting increased reports of Internet luring, whereby sexual predators try to solicit off-line contact

It's important to educate ourselves about the possible risks and dangers, so if we chose to use on-line dating services, we can do so safely. The following are some simple preventative steps both adults and youth can take to ensure safety when using an on-line dating service:

1. Always remember that people you meet on-line might not be who they seem to be. People post false information and false pictures in attempts to gain your trust.
2. Be careful of any private information or pictures you post on dating sites. You have no control over how this information will be used and whom it may be forwarded to.
3. If you decide to initially meet with someone, meet in a public place you know well, where you feel comfortable.
4. Tell a friend or family member where and when you are meeting with the person - or better yet , take a friend with you when you meet the person for the first time.
5. Never leave, or go home, with someone you have just met. Most sexual assaults take place in someone's home or car.
6. Ensure you have your own means of transportation and money available in case you need to call a cab, a friend, or a family member.

7. Never give out your home address or phone numbers (*home or cell*) – at least when first meeting someone. This can leave you open to harassment from someone you do not want to have further contact with.

Jennifer Ramage, Social Worker
Mississauga SATC

About **DV S**creening…**S**tudy **F**ocus

As DV becomes more recognised as a detriment to health status and as a major public health issue, research in the area of DV screening has proliferated. Ramsay et al (2002) has written a systematic review of 20 research studies in order to, '*...assess the evidence for the acceptability and effectiveness of screening women for domestic violence in healthcare settings...*'. Although the article was published in the British Medical Journal, all studies are from North America, Australia, or New Zealand. Below is a summary of the findings:

- In the short term, many studies demonstrate DV screening helps identify more cases than non-screening in ER and antenatal programs
- DV screening is deemed acceptable by half or more of female patients in primary care involved in the studies, especially those who survived abuse
- Many nurses and physicians do *not* support the idea of routine screening for DV for various reasons including fear of offending, lack of time, lack of effective interventions, fear placing the survivor at risk

Screening research findings from other authors include:

- Some qualitative interview and focus group studies find that discussion with physicians about abuse alters survivors' view relating their situation, even when they choose not to disclose
- Missing abuse as a diagnosis or factor affecting health status can lead to irrelevant investigations or interventions
- Most women support routine screening

Directions for future research:

There remains a dearth of evidence relating to what happens after a disclosure of abuse occurs. In other words, it is not known at this time whether screening helps improve outcomes. This is why Ramsay et al (2002) believes that recommendations for mass implementation of screening may be premature.

Lack of evidence relating to screening outcomes does not mean that screening is not a important activity. Many healthcare and social service providers can attest that domestic violence is an important threat to our communities and has considerable ramifications on personal, familial, and community well being. Many authors recommend screening because of the potential for positive outcomes, the desire that many women have expressed for screening, and the impact screening can have on accuracy of diagnosis and appropriateness of treatment.

Sexual Assault Treatment Centres have an exciting opportunity to help find 'outcome related' evidence to inform practice through research, perhaps through collaboration with local health and social agencies, educational institutions or masters' or PhD level students and of course, with other SATCs.

Glass, N., Dearwater, S., Campbell, J. (2001). Intimate partner violence screening and intervention: data from eleven Pennsylvania and California community hospital emergency departments. Journal of Emergency Nursing. 27(2): 141-149

Ramsay, J., Richardson, J., Carter, Y, Davidson, L., & Feder, G. (2002). Should health professionals screen women for domestic violence? Systematic review. *British Medical Journal.* 325(7359) p. 314…

Rhodes, K., & Levinson, W. (2003). Interventions for intimate partner violence against women: clinical applications. JAMA. 289(5) p 601-605.

Wathen, C., & MacMillan, H. (2003). Interventions for violence against women: scientific review. JAMA. 289(5). P 589-600.

Sue LeBeau, Coordinator
North Bay SA/DVTC

FOR YOUR INFORMATION:

- The Hospital Report Research Collaborative, led by the University of Toronto, has developed methods and reports on hospital performance in Ontario using the balanced scorecard format. Sponsored by the Ontario Ministry of Health and Long-term Care and the Ontario Hospital Association, this work has resulted in one of the most comprehensive sets of performance measurement reports internationally. The reports include a broad range of sectors including acute care, emergency department care, complex continuing care, rehabilitation and mental health. Nursing & women's health perspectives are being integrated into the reports developed for all health care sectors. www.hospitalreport.ca
- **Evaluating Services for Survivors of Domestic Violence and Sexual Assault** *written by:* Rebecca Campbell & Stephanie Riger
- **WHO Report - Guidelines for Medico-Legal Care for Victims of Sexual Violence** For a copy of this report, email your request to: permissions@who.int