JULY 2005 Network Newsletter

Provincial Coordinator Update

While summer tends to be a slower time *administratively* speaking, it is also the busy time for our on-call teams and counsellors responding to victims/survivors of sexual assault and domestic violence.

Drug-Facilitated Sexual Assault Study

This study will officially begin on June 23/05. The 7 participating Centres - Windsor, Hamilton, Scarborough, Toronto, Renfrew, Kenora, Ottawa - have worked hard to get the project in place in their own sites. Nomi Rotbard, our project coordinator, has done an exceptional job to ensure we have completed all our tasks. Good work Nomi!

Annual Conference

Our conference which was held April 14 and 15, 2005 at the Delta Chelsea Hotel was well-received by participants. We had 242 registrants for the conference which is a slight decrease from the previous year. A summary of your comments is being sent to the next conference planning committee. Next year we are in Kingston and the conference is being organized by the Eastern Region SA/DVTC Coordinators.

Have a great summer!

Sheila Macdonald R.N.
Provincial Coordinator

Pediatric Initiative Update

As Centres begin, and continue to develop, their pediatric programs, many new and exciting initiatives are emerging. My role as the Provincial Pediatric Sexual Assault Clinical Leader has allowed me to work with the regional pediatric Centres as well as local Centres in the development of regional protocols, training, continuing education and address clinical practice issues. The Pediatric Committee includes: myself, Sheila, the Coordinator's and clinical RN's from Ottawa, London, Sudbury, Thunder Bay and Hamilton. Our group has met monthly for the past 5 months and is planning a 2 day meeting at the end of June to discuss goals and objectives for the group and future planning for the pediatric initiative. We hope to be able to provide leadership to the province on various issues and encourage you to contact your regional pediatric Centre for any issues that you would like to be addressed. The Pediatric Telehealth sessions held monthly have been a great success, with 18 Centres in attendance at our last session. We are looking to you for feedback on the sessions and ideas for future topics. Please feel free to contact me if you have any questions, comments, future ideas for the pediatric initiative at tanya.smith@sickkids.ca.

Tanya Smith, RN, MN, ACNP
The SCAN Program, The Hospital for Sick Children

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CLIENT FOCUS...Caring & Efficient

Dealing with a patient requiring a sexual assault assessment and kit is a big job. Before you know it, hours may have passed since you first met the patient in the ED. How can we be empathetic, caring, considerate, patient, informative, thorough, and yet efficient? It's a big challenge that becomes easier with experience. Here are some helpful suggestions:

1. Know your goals for the time you spend with the patient. These are:
   - Obtain enough history of the events to understand what evidence may need to be collected, what type of injuries have been sustained, what are the risks for Hepatitis B and HIV
   - Complete a full physical assessment
   - Gather the appropriate swabs and other pieces of evidence that may be on the patient
   - Provide appropriate medications and follow-up
   - Complete all documentation
   - Provide support

2. Know the various forms & the content of the SAEK well so you can walk through the forms in your mind. Lay out the forms in an orderly fashion on the desk and turn each one over and put it aside when it has been completed. They may include:
   - Blank piece of paper or the progress note for documentation of what you did
   - Consent forms *(kit)*
   - History page (*(kit)*
   - Physical assessment form
   - Pages to guide you in collecting evidence *(kit)*
   - Lab requisitions for urine, blood and swabs
   - Standing orders form
   - Discharge information envelope for patient & booklet
   - HIV discharge information

3. Know where things are in your Centre. Know what equipment you need and in which order. They may include:
   - Camera, ultra-violet light lamp (*best used at time of physical assessment to scan for body fluids*)
   - Speculum, swabs, the lamp (s*et in an orderly fashion within easy reach*)
   - Various tubes for blood collection
   - Forensic evidence kit

4. Develop your own system so you're comfortable with the process. Try to do all the history taking elements in one block of time, all the physical examination components in another block of time, then all the follow-up tasks.

If it's been a while since you've done a case, take an imaginary walk through a scenario. Visualize in your mind all forms and equipment you need - how you'd lay them out. Think of the bits of history and physical information that are important to obtain, and how to keep yourself structured and on track. Ask your colleagues for secrets on staying organized. Hopefully, developing this system will enable the job to go more smoothly, freeing you to focus more on developing the therapeutic bond between you and your patient.

It *is* a big job. I wish you all well doing it and hope that you achieve much personal satisfaction from a job well done!

Joyce Lock, Medical Director
Burlington SADVCC

Changes Abound! ... CENTRE FOCUS

In the past 2 years at the Guelph-Wellington Care and Treatment Centre for Sexual Assault and Domestic Violence we have added two positions - Social Worker Anne Hougham & Nursing Team Leader Siobhan Furst - both of whom share the Coordinator role. They continue to provide direct patient care while playing a part in outreach education and organizational planning.

As part of our new plan, our Team has focused its education outreach to direct referral agents such as the police services, F & CS, shelters and transitional programs. Our Team has also been directly involved in the development of a formal community protocol involving 23 community agencies, which is now near completion.

Universal Domestic Violence Screening hospital-wide was introduced in September 2004, and as part of this new policy, mandatory training of all staff was implemented. This was a fantastic opportunity to address myths and profile our program throughout the hospital!

In the past 3 years we adjusted our program structure to include increased in-house support and follow-up to patients - we believe this change has been essential to the growth we now see in referrals. The introduction of a formal paediatric sexual abuse program at the hospital has seen our pre-pubescent numbers grow by 300%. As well, increased profiling of our domestic violence program has nearly doubled our patient volume in the last year.

Our Team continues to be one that relies heavily on nursing for direct patient care. Our SANE nurses provide all of the direct patient care with the exception of some paediatric cases requiring physician involvement. We believe it is this strong nursing role that led to competition when openings on the Team were available in the Spring.

Siobhan Furst, RN, SANE, MS, CPNP
Anne Hougham, MSW, RSW
Guelph-Wellington CTC-SA/DV

Ethical Dilemma ... HARD CHOICE

Should evidence collection be conducted on an unconscious patient/victim of sexual assault? This issue is very complex, and certainly meets the definition of an ethical dilemma as defined by the CNO's Code of Ethics for Registered Nurses: *a situation arising when equally compelling ethical reasons both for and against a particular course of action are recognized and a decision must be made.* Although this situation has not presented itself to us here at Bluewater Health, it has occurred in other Sexual Assault Treatment Centres.

We contacted a Practice Consultant at the College of Nurses of Ontario, who rightly identified this as an ethical issue, and wished us luck! Then, we asked for assistance from Dr. Robert Butcher, our Ethics Consultant at Bluewater Health. In the fall of 2002, the Southwest Regional Committee hosted a Nursing Update in Chatham and invited Dr. Butcher to be one of our key speakers. Dr. Butcher led us and our colleagues in a lively debate that gave voice to many of our concerns. Here are just a *few* of the concerns raised by those examiners who perform forensic medico-legal examination:

1. Is it ethical for health care providers to conduct an elective procedure without a patient's fully informed consent (*collection of evidence is for legal reasons, not medical reasons*)? Which institution of power has the right to speak for the patient/victim - medical or legal?
2. Would this practice undermine the basic principal of autonomy and self-determination by the patient/victim? Is autonomy possible in a health care setting where sick patients are dependent on the care and goodwill of their caregivers?
3. Are there potential legal risks for the attending examiner of being charged with battery? Could the collection of forensic evidence from an unconscious patient be viewed as bodily invasion without consent, much like the crime of sexual assault?
4. Is there the potential for a woman to sue the examiner for not collecting evidence, if she regains consciousness after the time has elapsed for collection of viable evidence?
5. By not collecting evidence when it is available, have we effectively limited the patient/victim's options about police involvement?
6. Is the decision to collect evidence while the patient is unconscious serving the interests of institutions (*legal system*) and public good over her own? Who is our client?
7. Is it the role of the substitute decision-maker to decide on elective procedures, bearing in mind that often perpetrators of these crimes are family members, friends or ex-intimates?
8. Are examiners obliged to assist the legal system with their investigation of a crime?

As you can see, there are numerous contentious concerns. Our Sexual/Domestic Assault Program is proactively addressing this issue sooner, rather than later. Research has now been conducted at the *British Columbia Centre of Excellence for Women's Health* on this subject, and will guide us as we begin

developing our own guidelines. Until then, examiners will be required to rely heavily on both their professional and personal values and experiences when considering what is the 'right' decision when caring for the unconscious patient and the voiceless victim of violence.

Alice Stoner RN, SANE
Sarnia SA/DVTC

ON RETENTION... Value Added

The North Bay Sexual Assault/Domestic Violence Treatment Centre opened its doors 3 ½ years ago. Like all other Teams of nurse examiners, we have seen many changes. Most of all, I am very proud to be part of a Team of nurse examiners who devote their time, their expertise and their caring approach to survivors of sexual assault and domestic violence. This impressive Team is composed of 10 nurse examiners...nurses from a variety of settings: emergency nurses, Nurse Practitioners, family practice nurses, nurse clinicians, nurse educators and reliable, flexible, retired nurses! It is truly a pleasure and an honour to work with this group of nurses.

Like most Teams, we have seen turnover but I'm proud to congratulate our 5 'original' nurse examiners. Through their perseverance, their reflection and their feedback our program is growing and our survivors receive quality care!

I have taken some time to review and to submit feedback from our Team of nurse examiners on retention. They have said that the following points would keep them on the response Team:

- Support and debriefing after a call-in, and after a long stretch *without* a call-in
- A post-orientation review to identify learning needs, and a learning plan
- Educational opportunities including 'buddying' as needed
- Input into team activities, program needs

- Monthly team meetings, including outings to community agencies
- Flexible self-scheduling, including ½ shifts with fair distribution of nights and weekends
- Community outreach activities
- Lunches, social activities
- Support and flexibility from other employers to facilitate participation in Team activities
- Clear info at interview about commitment, role and responsibilities

Laurie Peachey, RN, BScN, MN, Coordinator
North Bay SA/DVTC

Up and Running! ... CENTRE FOCUS

The Kingston General Hospital Sexual Assault/Domestic Violence Program has successfully launched their program, providing 24/7 emergency medical and nursing care to adult victims of recent sexual assault and/or domestic assault.

The SA/DV team consists of a roster of registered nurses available 24/7, a .7 social worker and a .3 follow-up nurse both of whom will see each client within 24-72 hours of the initial crisis, a medical director, .2 clerk and myself as manager.

In an effort to ensure equitable and rapid access to victims across Frontenac and Lennox and Addington Counties, service agreements have been established with partner hospitals. In fact, we travel to the L&A County General Hospital in order that a victim may receive services in her/his home community. Additionally, the co-ordinated care with community services and supports is evidenced through signed agreements with agencies such as Kingston Interval House, Frontenac Community Mental Health Program and the Lennox and Addington Addiction Services.

We have developed an extensive follow-up nurse and social work role (*40 and 37 face to face visits respectively in 7 ½ months of activity*), within the program. Our social work complement provides service in the '...community environment of choice...' addressing the two-county catchment area by meeting clients in their home, community, a coffee shop or in a hospital setting.

Extensive and ongoing community development has meant numerous presentations, and has resulted in a willingness by support agencies, police and courts to consider the KGH SA/DV Program as a partner in the community network of care for victims of assault. To that end, we are now represented on the Sexual Assault Protocol Committee, Co-ordinating Committee Against Domestic Assault on Women, and on the Domestic Violence Court Advisory Committee.

I am proud of the KGH SA/DV team, a dedicated group of staff that are sincere in their efforts and desire to provide a client centered program. As of March 31st, we have supported 51 individuals who presented to the various emergency departments and 4 additional clients who were referred from our provincial colleagues. Important to note, that this represents 7 ½ months of activity, which would equate to approximately 81.6 cases had we experienced a full year of activity.

Most recently, the KGH SA/DV Program expanded our service to provide a 24/7 response to paediatric sexual assault/abuse, as well as, a weekly paediatric follow-up clinic with Dr. R. vanWylick.

Lastly, we take pride in continuing to meet the health needs of sexual assault victims through the continuation of the HIV PEP initiative through the development of pre-printed orders, delegations and changes to the KGH Formulary.

We look forward to our continual growth and development in the form of participation with various Network research pilot projects and working with our Eastern Ontario colleagues in

sponsoring the 12th Annual Sexual Assault/Domestic Violence Treatment Centre Provincial Conference in Kingston.

The Ontario Network has and continues to be a wonderful resource. I have found everyone to be generous with their time, information and experience – for that, I thank you.

Donna Joyce, Manager
Kingston SA/DVP

FOR YOUR INFORMATION...

Upcoming Events

♦ International Association of Forensic Nurses, Scientific Assembly
September 21-25, 2005
Arlington, Virginia.

♦ Sexual Assault Nurse Examiner Training
October 17-21, 2005
Toronto

♦Domestic Violence Conference: hosted by the Ontario Government
November 28-30, 2005
Toronto
(*more details to follow as available*)