

Provincial Coordinator Update

Thank-you again to the conference planning committee for organizing such a great event in Kingston! The conference was well attended.

HIV PEP Interim Funding

I am pleased to let you know that the Ontario Women's Health Council has provided us with short term funding to ensure that we can continue to provide HIV prophylaxis to our clients. A permanent funding solution is being sought.

EMS Training on Partner Violence

Petra Norris RN Nurse Educator/outreach for the SA/DV program at Women's College Hospital has developed a training package for emergency medical services (*paramedics*) to assist them in responding to situations of domestic violence. Petra has made this training available to all SA/DV programs in Ontario. Thanks for sharing such terrific work, Petra! For more information, contact Petra at Petra.Norris@wchospital.ca.

Pediatric Initiative

The pediatric committee continues to work on organizing peer review and educational sessions. We intend to provide further training to Social Workers and Medical/Nursing staff on sexual assault in the pediatric population. The training will happen in early 2007. We'll let you know as soon as the dates are arranged.

Have a great summer!

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

A Commentary: Sheila Macdonald

Subsequent to the conference, I heard concern from some participants about comments made by Judy Rebick and I feel compelled to respond. The concern expressed is that Ms Rebick's views were negative towards men which may have been off-putting to our male participants. I was really surprised to hear these comments, mostly because I thought Ms Rebick was extremely moderate in her views and very respectful of our audience.

I think what she did articulate very well was the history of the women's movement in the 1960's and 70's that positively benefited both women and men. We need to understand our past as we move forward and recognize the commitment and efforts of those strong feminist women who worked tirelessly against a male dominated system to advance women's rights. A woman's right to reproductive choice, to have sexual violence within a marriage recognized as a crime, improvements in pay equity - are all results of their efforts.

Our own SA/DVTC hospital-based programs came about because of women advocates in the 70's who lobbied the government for improvements to services for victims of sexual assault. As much as we may want to think that the playing field is equal for women and men, it is not - look at representation in government, leadership positions in companies. Women make up only 21% of Parliament and in corporations a mere 3.4% of top management positions in Canada are held by women.

I am always pleased that we have men in attendance at our conference. As Ms. Rebick pointed out, we do need men's participation in ending violence against women. I hope more men attend our conference next year in Sudbury.

Would like to hear your thoughts/comments. I will include your responses in the next newsletter if you want. Send comments to: Sheila.Macdonald@wchospital.ca

PSYCHOLOGICAL FOCUS... Relationship Terrorism

In May, the Halton Violence Prevention Council hosted a 3-hour education session on 'relationship terrorism' by Dave Franklin, a retired RCMP officer. His powerful presentation compared the terror of domestic violence to that of hostage victims and survivors.

Dave questioned the label of 'domestic violence', noting how minimizing it is considering the potentially lethal outcomes. In understanding the 'terror' an abused woman is regularly subjected to through intimidation, domination, control and violence, we can more easily see similarities to hostage situations, where hostages are dominated, violated, fear for their lives, and rely wholly on the hostage taker to survive. Dave Franklin proposes that a more accurate term for 'domestic violence' is, in fact, 'relationship terrorism'. The psychological label of understanding 'relationship terrorism' is the Stockholm Syndrome.

The Stockholm Syndrome is a psychological phenomenon identified in the 1970's, after a botched bank robbery in Sweden where hostages sympathized with hostage takers. Bank robbers took 4-people hostage for 131-hours. When freed, hostages exhibited a bond with their captors, being concerned with their well-being, and fearing the police. One woman even became engaged to her hostage taker on her release from hospital. The *Stockholm Syndrome* begins as a defence mechanism where a person realizes (*consciously and subconsciously*) that they depend on the aggressor for survival. Dave Franklin refers to this process as 'traumatic psychological infantilism' where the person reverts to an infant state. **The main features of the Stockholm Syndrome are:**

- Empathy with the captor
- Positive bonding with the captor
- Person who is threatened to kill is perceived to have the ability to do so
- Natural reaction is frozen
- Hostage taker feeds misinformation and controls environment
- Hostage taker is seen as kind and caring
- Hostage taker is associated with imminent death
- Hostage behaviour is driven by impulse to survive
- Hostage is quickly overcome with feeling defenseless

There are 5-stages to Stockholm Syndrome:

Startle-Panic Stage

- Is associated with imminent death, hostage - behaviour is driven by the impulse to survive
- Quickly overcome with feeling defenseless

Disbelief-Hope Stage

- People believe very strongly that someone will save them - disillusionment
- Conditioning of hostages is occurring

Hypervigilance

- Help orientate to immediate environment
- Own space becomes very important
- Appear compulsive about whatever they can control
- Degree of resistance depends upon our commitment
- Resistance is broken down by captor
- Most effective tactic used is isolation
- Captor starts mixing violence/caring

Depression

- Begins to confront what is lost or missing
- Feels isolated – no hope, no help coming

Resignation/Acceptance

- Dependency on captor(s) established

- Lives day at a time - some thoughts to past, but not to future
- Life becomes mechanical
- Waits for direction
- Individualism disappears

For more information, here are some helpful websites:

- www.mental-health-matters.com/articles/article.php?artID=469
- www.au.af.mil/au/awc/awcgate/fbi/stockholm_syndrome.pdf
- [Http://samvak.tripod.com/torturepsychology.html](http://samvak.tripod.com/torturepsychology.html)

**Nancy DiPietro, Manager
Burlington, SA/DVCC**

Change, Celebration, Time... CENTRE UPDATE

Change is constant. It can be difficult, stressful and draining...it can *also* be positive and exciting. In London, we're experiencing a *lot* of change.

Anne Finigan's sense of adventure prompted her to make a change: we wish her well in her new capacity in the *Shared Care Program* with Regional Mental Health Care. Anne had been our Program Coordinator since the beginning - about 15 years ago. She's been an outstanding contributor to our program and the provincial network, and earned the respect of not only her peers and colleagues, but also the London and area communities. Happily, Anne has agreed to stay on as an Examiner, continuing to share her wealth of experience and expertise.

Gerry Bryan is our new Program Coordinator. He comes to us from the Regional Cancer Clinic, and his nursing and work experience have a rich and extensive knowledge base: pediatrics, family medicine, PACU, intensive care unit, surgery, and oncology. He was involved with our Team in the early years working closely with Dr. McNair, our Medical Director, at the Family Medical Centre. Gerry is working very hard and looking forward to the next Network meeting to meet the members.

Cheryl Marks now handles Anne's clinical role, and spent her first week at specialized Pediatric Training in Wyoming. She's been with the Program since 1997. Cheryl is a graduate of Fanshawe College and Lakehead University and will be beginning the primary care NP/CNS curriculum in September, 2006. Her work experience includes many years in neonatal intensive care, and the past 5-years in Infection Prevention and Control. Cheryl is thrilled to be working in our field full time, and is also looking forward to meeting the network members soon.

With all this growth and change, I feel we need to take time to reflect and celebrate both the leadership of the Network, specifically Sheila Macdonald, as well as ALL the Program Coordinators and Medical Directors across the province past and present. I've had the privilege of attending some Coordinator's meetings and know just how hard these people work for us. They constantly identify needs and work towards meeting those needs as our programs continuously expand their mandates and roles, always attempting to improve client care *and* our working conditions *and* the quality of our work life. To all the 'on-call' Team members, please also take time to celebrate *your* devotion and commitment to this very valuable and specialized work. Without you, we couldn't be what and where we are today. I am very proud to be a member of the Ontario Network of Sexual Assault Treatment Centres and celebrate my affiliation, the clients, my terrific colleagues, and the very special and important work we all do.

Find time to enjoy the beauty and warmth of this season before it slips away as seasons and time seem to do - far too quickly! *Happy Summer!*

**Judi Tapp, Program Nurse,
London SA/DVTC**

COMMUNITY OUTREACH... **Increasing Awareness**

Scarborough's Centre continues to focus on community outreach and has been very busy over the past few months. In March and April domestic violence presentations were given to 5- police platoons at one of our local police divisions. This series is designed to promote awareness of sexual assault and domestic violence, as well as informing participants about the emergency and counselling services we offer to clients.

In May a new project was initiated, and the first of several public school presentations was successfully completed by our social worker and nurse duo. We directed these presentations toward several hundred Grade 7 and 8 students and their teachers. They piled into their school gym over a 2-day period to interact in a 1-hour '*Healthy Relationships*' presentation. Their teachers had initiated the first phase of the series in the weeks leading up to the presentations, and there was to be follow-up of the presentation content in the classroom afterwards.

June saw us participate again in the second annual Chinese Outreach Committee's Health Fair, a 1-day venue well-attended by over a thousand people. Our booth attracted many people who participated in the computerized sexual assault quiz, which was translated into Chinese (*the incentive to participate in this, was getting a score of 90% which allowed the participator to spin the wheel for a prize*). In addition, a variety of 'subject specific' information sheets, translated into Cantonese and Mandarin, was given out to interested parties - and our Cantonese and Mandarin-speaking counsellor indeed added to the booth's success!

Future outreach initiatives include a presentation to the Ministry of Community Safety and Corrections Services, Probation and Parole.

Additional outreach continues to take place within our hospital group with presentations given to the social work department, obstetrical nurses. Future in-house presentations will be given to the Emergency and Psychiatric departments.

**Anne Paré, Clinical Nurse
Scarborough SA/DVCC**

One-Stop Caring... POSITIVE CHANGE

In April - thanks to funding through the Ontario Women's Directorate (OWD) and the support of Sheila Macdonald - the Waterloo Region Sexual Assault/Domestic Violence Treatment Centre received a grant to register and send a number of our community members to attend the San Diego International Family Justice Center Conference.

The conference included 3-days filled with great information, and networking from around the globe and was well worth the long flight. The focus was on the provision of service to victims of domestic violence, in a seamless manner, for the most part from 1-site. The Family Justice Centre is located throughout 3-floors of a 10-storey building in downtown San Diego. Services available include supports for: financial, child care, and housing needs; medical intervention, including forensic collection and photography by physician and SANE; legal needs such as restraint applications, police, prosecutors; as well as counselling for parents, children, and friends of clients.

Representatives (16) attending from Waterloo Region included: Vice President from St. Mary's General Hospital, physician representative and myself from SA/DVTC, 2-personnel from the local women's shelter, 2-detectives from the Domestic Violence

Investigations Branch, 1 from Elder Abuse team, 2 from Family & Children's Services, 3 from a family counselling agency, 1 from PAR, and 2 assistant crown attorneys. The conference was very helpful to us in our ongoing efforts to provide a more meaningful offering to women who experience domestic violence

In Waterloo Region, outreach workers from the shelter, workers from F&CS, police from the domestic violence branch, and our administrative and counselling offices are now all co-located in a family counselling centre. Plans to have an assistant crown attorney join us are also in the works.

We believe that coming together is innovative, makes sense, and provides a better service to women and children who have experienced violence. We are most appreciative to OWD which supported our belief by making it possible for us to visit the Family Justice Centre in San Diego, and to Sheila Macdonald for her support in the belief.

**Casey Cruikshank, Director
Kitchener WRSA/DVTC**



“I've learned that you can't have everything and do everything at the same time.”

Oprah Winfrey

FOR YOUR INFORMATION... Upcoming Events

◆International Association of Forensic Nurses Annual Scientific Assembly

September 27-October 1, 2006

Vancouver, BC

www.iafn.org

◆Sexual Assault Nurse Examiner Training

October 16-20, 2006

Toronto, ON

To be arranged through Program Coordinator