

Coordinator's Update

It's great to be back at work after my 4 month leave of absence. Time flies (*despite a really cold, long winter*). Thanks to everyone who helped me out during this time by taking over specific tasks for the Network.

A lot is happening so the following will update you on the work underway:

Sexual Assault Evidence Kits

The SAEK Revision – *is finished!!* Consultations were held by the Ministry of the Solicitor General in 5 locations around the province – Windsor, Ottawa, St. Catharines, Sudbury and Orillia. They collected feedback at these consultations and will make revisions based on your comments. A final product should be available by early fall. I attended the Orillia consultation and realized that the SAEK had been changed since the final meeting of the SAEK Committee. I (*and others*) have voiced our concerns to the Centre of Forensic Sciences (*CFS*) about some of the changes. I do know that 'head hair pulling' has been deleted once again from the kit. There are other changes to the kit that are also a concern and *CFS* will let us see the final revision before the kit is produced.

Domestic Violence Pilot Project

All SACC/SATC's will have expanded mandates to include domestic violence by the end of next year. The Ministry of Health approved funding for the remaining SACC/SATC's this year, so service delivery will start in 2002

Services for Children

The Federal Government has provided funds to SACC/SATC's to expand services to include children who have been sexually assaulted. I know some programs already provide this service. Next year's conference will focus on the pediatric and adolescent population to assist you in providing care for children.

Sexual Assault Nurse Examiner Program

We are going to review and update the SANE program this summer/fall. The program has been operational since 1995 and changes are needed to keep us current. A questionnaire will be sent to you asking for your opinion about what is needed, so please help us out by providing feedback.

Weather-wise, can't seem to get enough of this warm weather and sunshine - *finally!* Hope you have some wonderful holidays planned for this summer, and that you enjoy every minute of them!

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

FOCUS ON AWARENESS

Coaster Campaign

The Windsor SATC/DVP and Safekids program has produced educational coasters on date-rape drugs. The 2-sided drink-accessory is utilized in many bars/nightclubs in Windsor as 26-thousand coasters have been printed so far. The Canadian Women's Foundation & Powermat (London) fiscally and physically assisted in this awareness project.

With the rise in drug-facilitated sexual assault (*currently our SATC see 3-5 cases per month with suspected drug-facilitated sexual assault*), the campaign is timely. Through creative and eager brainstorming, and the collaborative efforts of the SATC Coordinator Kathy McIntosh and staff, the preliminary coasters were produced. Kathy McIntosh finalized the end product shown here.

The coasters are utilized in bars by bartenders/wait staff serving drinks with the coasters on top of the glass. This increases awareness to the patron of the possibility of date rape drugs. It will be interesting to compare the number of victims related to drug-facilitated assault prior to the coaster campaign, and after. If your Centre is interested in having their name and number put on the coaster, or wish further information on this product, call Kathy at (519) 255-2234.

**Darlene J. Szecsei-Albano, RN, SANE
Windsor, SATC/DVP**

Your Expertise Required

NEW CHALLENGES

The Peterborough SAP cares for individuals in the counties of Peterborough, Victoria, Haliburton and Northumberland. I recently filled the half-time position as Coordinator and am eagerly working my way out of the "big black hole" of needing information. The Coordinator position was vacant for over a year with the departure of Roma Rees.

I am reaching out for some assistance. Feedback is requested and welcomed from other Centres regarding the following issues.

1. Are Centres moving toward the standard of having all roster nurses trained as SANES?
2. Are other Centres experiencing a lack of availability of Pediatricians to complete physical assessments?
3. Do Centres, particularly in *rural* catchments, have established protocols with Police and hospitals to call ahead to the Emergency Department/the SAC *before* transporting the client, to establish the availability of a Pediatrician for the physical assessment?
4. The SANES in Peterborough are interested in training in the area of Pediatric Sexual Assault and look forward to hearing more about this through the Scan Program, HSC.
5. Given the rural nature of our catchment and the fact that the half-time Coordinator is a Social Worker, maintaining the weekend-*only* schedule for Roster Nurse call-backs is a challenge. During and after regular business hours Monday through Friday, roster nurses are called in as needed. I'm sure many of you have had to struggle with this as well. Your suggestions on this will be especially appreciated!
6. Our Sexual Assault Roster Nurses ask if any Centre has come up with a way to streamline the work involved in handwriting the labels to be completed for the Evidence Kit.

Thank you in advance for your consultation regarding any of these issues. I can be reached at Women's Health Care Centre and welcome your input. You can call me at: (705) 743-4132 or email me at: klynch@prhc.on.ca

Kelly Lynch, Coordinator

Recruitment & Retention of Nurses

NORTHERN EXPOSURE

The Sioux Lookout Sexual Assault Response Program commenced in March 199 with 9 nurses participating in the on-call roster. Presently we are fortunate to have 17 nurses who contribute to our monthly schedule including the *original* 9 nurses who are still active with our Program.

Our call roster is comprised of 11 RN's and 6 RPN's. We initially introduced the idea of RPN's to provide improved call coverage and this has been a very accepted and successful idea. The RPN's all have their pharmacy course. However, since sexual assaults are seen in an acute care setting they are not covered to administer the medication. Either the emergency room nurse or the physician who is involved with the assault gives the meds. The RPN's work independently initiating care and treatment options as well as commencement of Bag #1 and Bag #2 of the Kit. Currently the doctor on call collects all the evidence for Bag #3 Genital and Anal Evidence even when working with an RN so the physicians have been supportive of the RPN's in their role in caring for sexual assault survivors.

We feel we have several reasons for success in recruiting and retaining on-call nurse:

- 1) Our nurses are not committed to sign up for a minimum number of hours on call per month, as many of them are providing this service over and above a full time job.
- 2) Our nurses are not committed to specific shifts. They are able to sign up for periods of time that are convenient to them so we have 4, 6, 8, 12, and 24 hour shifts on our roster.
- 3) Every 2nd month we have a staff meeting when we host a breakfast, lunch, or supper meeting.
- 4) The nurses are impressed with the respect and consideration they receive from the Program, and we try to ensure that everyone is regarded in this manner
- 5) For our 1-year anniversary, we have ordered book bags with the Program logo embossed on them. All nurses will receive one they complete their first year with our program.

Deb Topozini/Carol Maxwell
Sioux Lookout SARP

NORTHERN EXPOSURE

Effective Recruitment Techniques

Recruitment of on-call nurses is a serious issue. From London, Ontario we offer you our ***Top Ten Recruitment Benefits for On-Call Nurses***. As you can see, we explore *all* of the hidden benefits of working on our Team.

- 10) It gives you an excuse to get out of family reunions
- 9) You can brag about receiving lots of phone calls. People will think you have a busy social life.
- 8) You do it for the 'big bucks'.
- 7) It's the perfect job for an insomniac.
- 6) If you volunteer, you can work every weekend.
- 5) You can tell people that you never have to buy Christmas presents because you only make \$2.50 per hour.
- 4) You get one free glass of wine, hard cheese, and stale crackers if you arrive early at the Annual SACC/SATC Conference wine and cheese party.
- 3) If it is really busy, you can arrive unshowered, unfed, and dishevelled for work.
- 2) You get to be part of a program that is never mentioned by your own organization in Annual Reports.

And the *Number One* benefit of being an On-Call Nurse...(drum roll here)

- 1) You get to meet men in uniforms at all hours of the night who carry 'big guns' ...and they *always* want your name and phone number.

Anne Finigan, Coordinator, London DV/SAP

FOCUS ON CHILDREN

Effects of Violence

In Canada we are blessed with many natural resources, but our greatest resource is our children. It is everyone's responsibility to care for, and see that all children are nurtured, clothed, fed, loved, educated, and do not suffer from abuse.

When a mother experiences verbal, physical, emotional, or sexual abuse, the children are most definitely affected.

Child assault often begins while the child is still in the womb. As much as 40% of wife assault begins during the time of the woman's first pregnancy.

Infants who experience violence, often have poor health, poor sleeping habits, are irritable and crying, which often leads to more violence towards the mother. Living in fear of her husband, she may be unable to cope with the demands of an infant.

Pre-schoolers who witness violence may display signs of terror, irritable behaviour, hiding, stuttering, and sometimes regress to earlier stages of development. Children are unable to express their feelings - they feel insecure and may think the abuse is their fault. When these children start school they often use aggression on the play ground because this is how their role models handle situations. This behaviour causes social isolation as no-one wants to play with them. The children also face physical injury or fear of being caught in the path of their father's violence. Because of the terror-filled nights, the children are often too traumatized to learn or develop normally. They may be inattentive, resulting in low achievement. Abuse instils fear and results in low self-esteem and feelings of helplessness.

Teenage boys who live in a home where violence is the norm are usually guarded and secretive about the family situation and may use violence to solve their problems. They begin to see the mother's suffering as part of a daily routine and sometimes blame her for the abuse. Older boys may be disruptive, aggressive, abuse their siblings and their mother. They may also feel responsible for stopping the abuse, or for saving their mother's life. In the USA, 63% of the young men between the ages of 11 & 20 who are serving time for homicide, had killed their mother's abuser (*March of Dimes '92*).

Teenage girls who come from a home where the mother is abused are at a greater risk of becoming victims of physical and sexual abuse, as they have learned that it is acceptable behaviour for men to hit women. They can be in great danger of falling victim to physical violence from a boyfriend, as they see controlling and abusive behaviour as a sign of 'love'. They may exhibit withdrawal, clinging, and dependent behaviour, or have a general mistrust of men.

The mother who has been abused is broken in spirit and may not have the energy to support her children emotionally. She may be so victimized that she is unable to function to her full potential in building a strong positive relationship with her children.

With our Domestic Violence Centres, we are able to offer the mothers who come to us choices, enabling them to see that there are alternatives to living with violence, and a community willing to help. In doing so, we should never lose sight of the fact that the children are an integral part of this. That in helping the mother to make choices, and to heal, we also are helping the children - and thus making an important investment in our own future.

**June Stewart, Coordinator
Renfrew SA/PAP**

FOR YOUR INFORMATION

Annual Scientific Assembly, International Association of Forensic Nurses

When: September 27-October 1, 2001

Where: Orlando, Florida

For Information: www.forensicnurse.org

Current Issues in Child Maltreatment, 2001

The Suspected Child Abuse and Neglect Program at The Hospital for Sick Children

When: Oct. 12-13, 2001 **Where:** Metro Toronto Convention Centre

For Information: Continuing Education, Faculty of Medicine, University of Toronto
(416) 978-2719

2002 Annual Conference for Sexual Assault/Domestic Violence Care/Treatment Centres
in Ontario

When: April 11, 12, 13 2002 **Where:** Colony Hotel, Toronto

Theme: Sexual Assault and the Pediatric/Adolescent Population

Planning is currently underway.