NETWORK NEWS

Ontario Network of Sexual Assault/ Domestic Violence Treatment Centres

APRIL 2009

Provincial Coordinator Update

Annual Conference

Despite challenging economic times making it difficult for programs to send clinicians, the conference was well received. We had an increase in participants from our community partner agencies which enriched our learning and networking.

Thank you to our speakers for sharing their knowledge with us and to participants for contributing and actively participating. We held a World Café which was a unique experience for us. The final report from the Café will be posted on our website along with many of the presentations.

Stephen Lewis' closing address on sexual violence against women in the Congo was poignant and unsettling, not only because of the terrible atrocities being committed against women, but also to the lack of global response to stopping the violence. Playwright and activist Eve Ensler created V Day, a global movement to stop violence against women and girls. To learn more and become involved in joining this effort, go to www.vday.org As well, the Stephen Lewis Foundation supports work in the Congo to help the victims/survivors of the abuse. Go to www.stephenlewisfoundation.org/panzi.htm. We need to get involved and make a difference! Let's find a way to be part of ending violence.

Network's 'New Look'

We launched the new Network logo, brochures and website at our recent conference. These changes support our goals through ***better communication*** and ***more effective marketing*** of who we are, and what we do. Thanks to: Sarah Kaplan *(Cornwall)*, Shirley Broekstra *(Scarborough)*, Richard Tomlinson *(Ottawa),* Dawn Dowson *(Thunder Bay),* Cheryl Marks *(London)* and Brenda Adams *(Adams/Jette Marketing Consultants)*.

LOGO - The three circles of the logo design symbolize **networking, cooperation, working together.** The various pieces of the circles represent the treatment centres **coming together to form something larger** and more complete (*the Network*) - we are bigger and stronger together. The incompleteness of the shapes suggests that the arms of the circles are closing, moving together indicating **learning and growth.** There is also a **feeling of protection** and a suggestion that the whole (*the Network*) is growing, **getting stronger.**

BROCHURES - We developed two brochures one for our community partners and one for the general public. They are available at your Centres.

WEBSITE - We have refocused our website - www.sadvtreatmentcentres.ca - towards professionals working with survivors of sexual assault/domestic violence and child sexual assault. Survivors will be redirected to other website resources. This is an ongoing project as we intend to make our site more dynamic, current and, at some point, interactive.

Sheila Macdonald R.N.
Provincial Coordinator

HIGHLIGHTS

USE OF NAATs...

STI Testing for Children

Sexually transmitted infections (STI) in prepubescent children are rare. However they may be the first sign that a child has been abused. *Ingram et al, 2001* found the following positive percentages out of 2973 children evaluated for sexual abuse:

1.7% Gonorrhea
1.3% Chlamydia
0.3% Syphilis
1% Trichomonas
1.7% Condyloma acuminata (*genital warts*)
0.3% Herpes Simplex Virus

While these results seem quite low, according to the Center for Disease Control, '*...the identification of a sexually transmissible agent from a child beyond the neonatal period suggests sexual abuse'*.

Many issues should be considered when evaluating these cases such as: transmission, testing, treatment, and impact on disclosure. With the recent emergence of nucleic acid amplification tests (NAATs) for sexually transmitted diseases, the impact on practice in the area of sexual abuse must be carefully considered. While these tests are becoming more readily available and in some instances may be the more sensitive and specific test, caution must be used when they are utilized in the prepubescent population. Due to low prevalence of STIs in the pre-pubescent population, the positive predictive value of this testing is considered low, which leads to the potential for false positive results. Minimal testing and research has been conducted on the use of NAATs in the prepubescent population.

While the potential impact of testing with NAATs may present a better picture of improved detection and treatment of these infections one must consider the legal consequences of positive results and have a plan for confirmatory tests. '*Cultures have been the preferred method for medico-legal purposes, but NAATs may be acceptable if positive results are confirmed by a second set of primers or, in some cases, a second test sent to another laboratory' Public Health Agency of Canada, 2008*.

Ultimately, if you are to test a child for STIs, primarily gonorrhea and/or chlamydia, currently it is best to do a culture. If only NAATs are available, be prepared to do a *secondary* NAAT test if the initial result comes back positive. All positive results of gonorrhea, Chlamydia, trichomonas and other STIs should be referred to the Children's Aid Society immediately..

Tanya Smith, MN, Nurse Practitioner – Paediatrics
Karla Wentzel, MN, Nurse Practitioner – Paediatrics
Toronto Sick Kids SCAN program

On 'Being a Man'

...MESSAGE FOR MEN

In March our *Violence Prevention Co-ordinating Council* brought inspirational speaker Tony Porter to our community. He's an American educator/activist working in the social justice arena - and founder of the national organization *A Call to Men* which addresses men's violence against women. His message to good, well-meaning men is that it's their responsibility and obligation to speak out and to maintain strong coalitions with women's organizations doing this work.

In the presence of women, Porter lovingly challenges the beliefs and myths that men have been culturally groomed to live by. He calls it being locked in a 'man box'. He explores the various definitions of 'being a man', such as always being strong, not being vulnerable, and how vulnerability is seen as weakness, being 'like a woman'. He points out that this belief devalues women.

He reminds men that to break through these social norms is an act of courage and it takes a strong man to speak out. He presents this in a way that's affirming and respectful to women, while expressing genuine care and hope for men. He points out all the changes that have come about because strong people voiced their opinions. He used the example of Rosa Parkes having taken a stand in the 1960's. Who could have believed that 50 years later a man of colour would be president of the United States of America?

Tony Porter re-ignited my hope, and his words inspired us to continue on with our work. I was reminded of the changes in our own Network when I see the good men sitting in co-ordinator positions, joining us in our purpose. Let's never forget why we chose this work! I am proud to be one of 'us'!

Shirley Burnett, Program Manager
Durham SACC

VICARIOUS TRAUMA...

More Ways to Care for Yourself

Impressed by Guelph Coordinator Mary Dempsey's article on *Vicarious Trauma (January 2009),* I wish to add to this very real situation many of us face.

Driving home from work you turn on the radio, but can't get rid of those thoughts. You can't escape the waves of nausea, the spinning or fuzziness that seems to be a constant in your head. All of sudden you're gripped with an overwhelming feeling of fear. You arrive home and snap at your children and spouse. Sound familiar? *Acute stress disorder, posttraumatic stress disorder, critical incident stress, vicarious traumatization, compassion fatigue, secondary traumatic stress, indirect traumatization, cumulative stress, burnout,* and *traumatic coutertransference* - all name a *single* condition caused by exposure to a traumatic event.

Donald Meichenbaum defines '*traumatic event'* as a situation so extreme or severe, so powerful or threatening, that it demands *extraordinary* coping measures. According to *Charles Figley,* secondary traumatization is an occupational risk to **all** professionals who provide **direct** or **indirect** patient care.

What distinguishes a secondary traumatic stress response from the primary response is the proximity of the doctor, nurse, or social worker to the event. In secondary trauma, the person is exposed to a traumatic event through contact with the patient.

Being aware of what secondary trauma is and following these basic self care strategies can help build resistance to the harmful effects of traumatic stress:

- ***Get adequate rest -*** lack of sleep increases irritability, decreases concentration and undermine our ability to handle stress
- ***Be active -*** exercise provides a terrific means of dissipating restlessness and tension
- ***Eat properly*** - adequate nutrition provides the metabolic energy necessary to endure stress
- ***Recognize and accept*** - our professional and personal limitations

Follow *Self Care* strategies:

Self reflect - on how you feel after exposure to a traumatic event. What do you think? How do you behave? Pay attention to your physical symptoms and to thoughts and feelings.

Keep a journal - it's an excellent way to express yourself and attempt to make sense of what's happening to you. Sit in a quiet place and write about whatever is on your mind. Slowly, thought and feelings will emerge.

Talk with a trusted colleague - about a distressing clinical situation and listen to their perspectives. This can validate your clinical perceptions and help you to reflect on important things you may have overlooked. **Be aware** however that informal conversation can be harmful when frustration is directed toward others, when anyone avoids responsibility for negative outcomes, or if your coworkers are also dealing with traumatization by the same event.

You're ultimately faced with 2 choices in coping with the aftermath of a traumatic event: repress it or try to integrate it. *'In the end, the issue is not **whether** you will be affected by secondary traumatization, but **how** you are going to handle it when it happens.' (Bessel Van der Kolk)*

Elizabeth Harrison, Nurse Clinician
Belleville DVSARP

COMMUNITY EVENT...

The Butterfly Project

What happens when a sexual assault counsellor is strongly committed, personally and professionally, to raising awareness of issues related to gender based violence? We recently found out in Sault Ste. Marie, when one of our SACC counsellors recognized an opportunity that allowed individual clinical work to spill out of the counselling room and into the community.

A woman, who'd almost completed the counselling portion of her healing, had a vision. She felt compelled to celebrate her transformative work by joining meaningfully with others who had been impacted by sexual abuse/assault. She saw butterflies - thus, the '*Butterfly Project'* was born.

"*There's a lot of isolation in being a survivor...that's what I found to be the most difficult...I was prompted to have the Butterfly Project take flight so survivors of sexual abuse would not feel so isolated, to provide hope and support, to educate the public, and to let perpetrators know that we are taking back our lives... As a survivor, you go through many stages of healing..... kind of like the butterfly in the cocoon...*"

The *Butterfly Project* was aimed at helping end the isolation and silence about sexual abuse. People were invited to make a difference by standing in solidarity with those who had survived, those who were perhaps struggling, and those who were just beginning their healing journey. Butterflies are symbols of change, growth and hope.

It provided a way for survivors - as well as their family, friends, and the community - to honor those who survived sexual abuse/assault. Through media campaigns, partnerships with schools and city agencies, and word of mouth, people were encouraged to create a personalized butterfly. Hundreds of butterfly creations were then displayed in a local coffee house throughout the month of May 2008. On May 15th, our SACC hosted a community-wide gala for an evening of partnership, and the sharing of music and words.

Mary Walsh, MSW
Sault Ste. Marie SACC

Forensic Nurse Testimony

...IMPORTANCE OF DOCUMENTING

The forensic nurse plays a key role in domestic violence cases by documenting the abuse and assault that takes place in intimate partner relationships. Although there's been a lot about domestic violence in the media lately, we know most domestic abuse takes place in private.

I read a recent story from CNN in which the abusive partner videotaped his physical assaults on his wife. The 51 minute videotape was an important piece of evidence, but the prosecutor was able to get a much stiffer sentence due to the years of abuse documented by the victim's boss. She had made notes in her calendar and documented the bruises. The prosecutor emphasized in the article that *'...you need to document your injuries...*". (CNN, March 12, 2009)

A colleague and I recently testified in court regarding a domestic violence case in which several charges were laid, including attempted murder. The client had been seen acutely but refused to have her injuries documented. Fortunately, she came back for follow-up and I was able to photograph and document her multiple injuries. The photographs, body maps, and strangulation record were entered as evidence at trial and circulated among the jury members. I described each of the bruises I had documented. An expert witness, who is a pathologist, was also called to speak to the injuries and the cause. In the end, the jury found him guilty of all charges except for attempted murder because they were not convinced, beyond a reasonable doubt that he'd intended to murder her. The feedback from the crown and investigating detective was very positive. They felt that our evidence and testimony were key to the case, and hope to get a sentence of 6 years.

I also work with individuals who have *not* had their abuse or injuries documented. They are now trying to safely end their relationships and get custody of their children through family court. Many are in high risk domestic violence situations (*as per ODARA and Danger Assessment*). There is, however, no physical evidence and they continue to struggle in fear with abusive and manipulative ex-partners on a regular basis.

Whether or not police are called, at some point most women with abusive partners could benefit from evidence of the domestic violence they experience. It can be utilized in criminal court as well as in family court, by the children's lawyer, at the criminal injuries compensation board, or on an emergency housing application.

Forensic nurses who document and provide evidence in an unbiased, professional manner, have made, and can make an important difference to the outcome, for clients and their children, in many ways.

Linda Reimer, Coordinator
York Region DA/SACC

"*Women's sanity has been saved by bringing these hidden experiences into the open, naming them and turning our rage into positive action to reduce and heal violence.*"

Gloria Steinem, foreword to The Vagina Monologues

WE WELCOME YOUR INPUT!

We invite you to share:

- Articles
- Updates
- Questions
- Successes
- Comments
- Challenges
- Information

Etcetera

Please submit via email in a Word document to:

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and
Cynthia P. Colby, *Editor*
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Upcoming Events

* The **Seneca College** ***Forensic Health Studies Certificate Program*** offers 3 workshops:

Forensic Photography
May 21-23, 2009
Cost: $395

Forensic Issues in Mental Health
June 1-3, 2009
Cost: $395

Legal Nurse Consulting
October 16-17, 2009
Cost: $265

For *workshop descriptions* & *registration* checkout: www.senecac.on.ca/healthsc

*** International Association of Forensic Nurses Annual Scientific Assembly**
October 21-24, 2009
Atlanta, Georgia