



NETWORK NEWS

Provincial Coordinator Update

AUGUST 2008

Congratulations!

... to Kathleen Fitzgerald (Kenora *SADVTC Program Coordinator*) on being accepted to present at the International Nursing Conference in Beijing, China this fall. She will be presenting the RAO Woman Abuse Best Practice Guidelines.

... to all the forensic nurses who were accepted to present at the IAFN Scientific Assembly in Dallas, Texas in September. There are at least 7 nurses from across the province presenting a session!

Work in Progress

The *Drug Facilitated Sexual Assault Study* report deadline has been extended until September 30, 2008. At that time, a final report will be submitted to the Ministry of Health and made available to you.

The development of our Network marketing and communication plan is well-underway and we are excited by the results so far. We have developed a new Network logo, are redesigning our website, developing information brochures (*one with a public focus and one for agencies*) and are expanding our efforts to promote our programs.

Reminders

- HIV PEP online education is accessible via our website: www.satcontario.com
- Online learning for screening/identifying/responding woman abuse: www.dveducation.ca

Next Year

The GTA (*Greater Toronto Area*) programs are in the process of organizing next years' Annual Conference with a theme of '*Challenges, Changes, Choices*'. The conference will be March 26 & 27 2009 in Toronto. A one-day preconference pediatric workshop will be held on March 25. Details to follow.

HIGHLIGHTS

- First Nations Workshops
- Universal Screening
- Editorial Committee
- EA Coordinator needed
- Placement Benefits
- Focus on Orangeville

I hope you had a wonderful and safe summer.

Sheila Macdonald R.N.
Provincial Coordinator

FIRST NATIONS...

Grade By Grade

We presented a workshop on sexual assault/abuse at the Pikangikum First Nations Youth Conference, March 25-27, 2008. It was a great opportunity to speak with youth in a community which experienced tremendous challenges in the wake of residential schools, and the overall marginalization of First Nations people. Their determination for survival - and receptivity to dealing with sexual abuse/assault, substance abuse, grief - is a testament to the strength and resiliency of the people who live in this remote, isolated community.

The workshop for Grades 5-6 was presented using a metaphor: a small growing tree must survive many cold angry winters (*abuse, violence, bullying*), exciting springs, warm sunny summers, and sad, quiet falls (*death, loneliness, suicide*). But the tree has many roots burrowing deep to help it survive and grow into a big strong tree. The people and services the children listed to help them were written on paper roots then fastened to the tree. Afterwards, the children coloured their own tree pictures and wrote down the 'roots' meaningful to them.

We presented to the grade 8-12 students more openly. Topics included: what is sexual assault, what to do if you've been sexually assaulted, what services the Assault Care and Treatment Program offer, etc. Students teamed up to paint a t-shirt in each of 6 presentations - each t-shirt a colour on the medicine wheel: 2-white, 2-red, 1-yellow, 1-black. The t-shirts were then hung on a 'clothes line' - using clothes pins having 1-of-7 grandfather teachings - which was carried in a parade organized by the art therapy workshop leaders.

At the end of every workshop, presenters passed out paper, asking students to write a question to hand in. The questions were pulled randomly, read aloud, and answered in front of the class.

The people and children of Pikangikum were wonderful! Their humor, curiosity and honesty were inspirational and energizing. There was a strong sense of hope for the future, and a determination to continue exploring new ways of increasing the capacity of the youth and rejuvenating a beautiful culture. The Sioux Lookout ACT Program thanks the leaders and teachers of Pikangikum for inviting us into the classroom, the students for their participation, and the youth conference organizer for all his hard work!

Heather Mesich RN, MBSN, SANE
Sioux Lookout ACT Program

Universal Screening

... CENTRE ANNIVERSARY

Cornwall Community Hospital celebrates its 7th year in implementing a ground-breaking new policy: having all health care providers take the time to ask patients a critical question on domestic violence, "*Do you feel safe at home?*"

Health care providers have the opportunity to help many hidden victims of domestic violence, but only if they're properly trained on how to screen patients, identify abuse, and provide referrals. So at the Cornwall Community Hospital, we implemented *Routine Universal Screening* and give our doctors and nurses the tools they need to effectively address abuse. Health care providers can log on to www.dveducation.ca to increase their confidence in assessing and responding to DV situations. As a result, *Routine Universal Screening* at our hospital is the Assault and Sexual Abuse Program's top referral source (*36% of referrals to our program*). Clearly, more victims are getting the help they need!

Experience and research teach us that properly trained doctors and nurses are uniquely qualified to help victims, who seek medical treatment for routine and emergency care. Yet, a study published in the *Journal of the American Medical Association* in 1999 found less than 10% of primary care physicians routinely screen patients for partner abuse during regular office visits. This needs to change. Many victims murdered by their partners had seen health care providers to treat previous injuries from abuse.

The immediate health consequences of intimate partner violence can be severe and sometimes fatal: 69% of intimate female homicide victims were abused prior to their deaths; 41% of these were seen in a hospital care setting in the year prior to their deaths. In addition, new research also links a history of victimization to long-term chronic and behavioural health risks, which in turn, costs our government a lot of money: health-related costs of violence against women in Canada exceed \$1.5 billion/year.

The good news is that domestic violence is a problem we can solve – and health care providers can play an essential role in that critical effort. We're committed to doing our part to end abuse and we hope that more health care providers in our community - and across Canada - will join us in screening patients for domestic violence.¹

Angèle Lynch, Community Development Worker
Cornwall A/SAP

¹ Information gathered from www.endabuse.org

We have established an Editorial Committee for our *Network News* to have a process for approving newsletter submissions. The Committee will approve the topic and substance of the article, as well as the final draft of the newsletter. There are 3 Committee members: a social worker, a nurse, and the Provincial Coordinator. The purpose of the newsletter is to provide a forum to share information, ideas, experiences so that we can all learn from each other. We encourage topics that will advance our collective knowledge.

The responsibility for contributions is shared among all SADVTC programs. The attached schedule indicates the due date for the article from each program. The article can be submitted by any team member of the program, or by a member of a partner agency, through the program. The Program Coordinator approves the final submission. Each newsletter is now posted online on our website at www.satcontario.com.

NETWORK NEWSLETTER SCHEDULE - 2008 – 2010

Publish Date: October 1, 2008

Article Due: September 10th

Contributors: Toronto (WCH), Hamilton, Brockville, Owen Sound, Kingston

Publish Date: January 1, 2009

Article Due: December 10, 2008

Contributors: North Bay, Cornwall, Ottawa (CHEO), Sarnia, Guelph

Publish Date: April 1, 2009

Article Due: March 10, 2009

Contributors: Durham, Toronto (HSC), York Region, Sault Ste. Marie, Belleville

Publish Date: July 1, 2009

Article Due: June 10, 2008

Contributors: Lanark, Chatham, Windsor, Brantford, Thunder Bay

Publish Date: October 1, 2009

Article Due: September 10, 2009

Contributors: North Bay, Mississauga, St. Catharines, Kenora, Orillia

Publish Date: January 1, 2010

Article Due: December 10, 2009

Contributors: London, Waterloo Region, Ottawa, Burlington, Scarborough

Elder Abuse Coordinator

... POSITION TO FILL

Our program is looking for an Elder Abuse Coordinator for a 3-year pilot project in Renfrew County. Approximately 20% of our population is over age 65. The usual challenges in addressing issues around elder abuse are compounded by the fact that Renfrew County is the largest geographical area in Ontario with a great number of seniors living in an isolated rural setting. As a result of this, in July, 2004 a group of concerned service providers established the *Response to Elder Abuse Prevention and Awareness Coalition* (REAPAC).

REAPACs challenge is in how to address the issue of abuse among the senior population. This includes education on elder abuse and how to increase awareness on this issue, as well as identifying ways to respond to seniors and service providers when issues of abuse are identified. Much has been accomplished by the network based on in-kind work. However, the need for a consistent point of contact, available to implement, and assist in the delivery of, a coordinated response to issues of abuse, has been identified.'

Our Regional Assault Care Program - in partnership with REAPAC - sought funding from the *New Horizons for Seniors - Elder Abuse Awareness Funding Program*. We want to run a pilot project over the next 3 years to demonstrate the benefits of having a coordinated approach, through a point of contact, in addressing and responding to issues of elder abuse.

If given the opportunity for an Elder Abuse Coordinator, Renfrew County could then fill a gap that would allow an improved, more consistent and effective approach to awareness, education and response across Renfrew County.

Jennifer Valiquette, Clinical Nursing Manager
Renfrew County RACP

CREATIVE CONTACT...

Placement Benefits

In 2006, our program received a request from Trent University for placement of a 4th year forensic science student with an interest in clinical forensics. Surprisingly, it developed into a mutually beneficial relationship that continues to this day!

'Devon' wanted her final research project and presentation of scientific evidence to be based on a 'living' crime scene in a clinical setting - focusing on the role of SA/DV Nurse Examiner. She planned to integrate the study of science, law and investigative skills into an actual case, determining how realistically the issues related to justice, society, and legal procedures. She also wanted to see if this would have relevance, meaning, and impact to outcomes for victims, care providers, and the criminal justice system.

Right from the start it was a mutual fit. We'd just purchased a *Polilight* and our nurses were struggling with the best way to use it in a clinical setting. Devon observed as many calls as possible with me, then conducted her research experiment, entitled, '*Polilight* fluorescence of semen with different substrates and environmental conditions over time'. Together, we came up with a practical procedure on: effectively integrating the *Polilight* into the care of sexual assault/domestic violence victims for me, and a Forensic Science Thesis project for Devon - one she successfully defended at the university level against her peers, and program coordinators Dr. Paul Wilson, and Dr. Barry Saville. We were graciously invited to this dissertation.

To our great benefit, we formed a relationship with a university housing the newest DNA labs and most up-to-date Forensic Research Centre. We have access to labs that house *Polilights* and digital cameras that our team can use for training, by instructor Michael Iles. Michael is not only a professor at Trent, he's an OPP Forensic Identification expert. We are now a 'Placement Partner' for this program, and get special invitations to hear guest speakers.

Each of our 3 placement students made a significant contribution to our program. Amy, our second student, with an interest in clinical forensic photography, helped us immensely with photography protocols. Our current student Jenna wants to continue on with forensic photography. As for Devon, our first student, after graduating with honours from Trent, she is successfully completing her Bachelor of Science in Nursing at the University of Toronto. I know that all will carry with them an understanding and empathy towards victims and their families, and towards the work we do.

These students are amazing! We will be happy to share with you any of the protocols that they helped refine.

**Mary Waters, Nursing Team Leader
Peterborough SA/DVTC**

Orangeville County

...CENTRE FOCUS

The Sunrise Program at Headwaters Health Care Centre in Orangeville is one of Ontario's 34 treatment centres for sexual assault and domestic violence. Although the volume of clients we see is not as high as some of the larger urban centres, we're unique in that we're the only program operating within the boundaries of the Central West LHIN (*Local Health Integration Network*). We share a unified vision with our 14 community partners that, "...no door is the wrong door..." when seeking care.

No matter which 'door' a client chooses to enter the program, we strive to work together to improve access and to support the client in their move from service to service. We collaborate with our partners to promote community awareness about the services provided by the Sunrise Program. The SA/DV Program at Headwaters plays a vital role in the LHIN because many clients choose the hospital program as their 'door of entry' following a domestic or sexual assault. Not only is our program the only Centre in the Central West LHIN, but we service an extremely large area, extending as far southeast as Etoicoke and Rexdale, and as far north as Dundalk.

LHIN number 5 services a diverse group of individuals exceeding 720,000 with 40% of those being visible minorities. We have the highest birthrate of all the LHIN's. With this being said it is important for us to move forward with our Community Partners to educate and provide the best services, and care, while promoting public awareness to the patients within our LHIN.

**Joy Halbert, SANE, Tracey Vail, SANE
Orangeville SA/DVP**

FOR YOU...

Educational Opportunities

- **Sexual Assault Nurse Examiner Training:** October 20-24, 2008 Toronto. Arranged through your Program Coordinator
- **Network Pediatric Education:** These education sessions are for all clinicians at SA/DVTC programs. Telehealth sessions need to be booked through your hospital Telehealth site. Please contact your Program Coordinator for arrangements. Web-ex is a computer based program. The log-in information is sent out one week prior.

DATE	TIME	HOST CENTRE	
September 16, 2008	1:30-3pm	Education: Sudbury	Telehealth
Oct 9, 2008	8:30am – 10am	Peer Review-Provincial	Via Web-Ex
Nov 18, 2008	1:30-3:00pm	Education: Hamilton	Telehealth
Dec 11, 2008	8:30-10am	Peer Review-Provincial	Via Web-Ex
Jan 13, 2009	1:30-3:00pm	Education: Toronto	Telehealth
Feb 12, 2009	8:30-10am	Peer Review-Provincial	Via Web-ex
March 10, 2009	1:30-3pm	Education-Thunder Bay	Telehealth
April 9, 2009	8:30-10am	Peer Review-Provincial	Via Web-ex
May 12, 2009	1:30-3pm	Education-Ottawa	Telehealth
June 11, 2009	8:30-10am	Peer Review-Provincial	Via Web-ex

In the News...

(March 28, 2008) Women in New Brunswick will soon have the tools they need to recover and heal from the devastating effects of sexual assault and dating violence, thanks to an investment from the Government of Canada. The Fredericton Sexual Assault Crisis Centre is granted funding in the amount of \$345,000 for its project entitled *Branching Out: Development and Evaluation of Innovative Service Delivery Models in New Brunswick Communities*. This project will benefit women across the province who are survivors of sexual assault. Executive Director Lorraine Whalley says, "Our project will fill a real gap, testing and developing new approaches that will reach out to women and girls survivors throughout New Brunswick." The money comes from the Women's Community Fund of the Women's Program of Status of Women Canada. "The value of community in empowering women is at the very heart of the Women's Community Fund, and this initiative reflects that," says Minister Josée Verner. As announced in Budget 2008, the Government of Canada will develop an Action Plan to advance equality for women by improving their economic and social conditions, and their participation in democratic life.

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

- **International Association of Forensic Nurses Scientific Assembly**
September 17-20, 2008
Dallas, Texas
Contact: www.iafn.org
- **Forensic Photography Workshop**
November 7-9, 2008.
King Campus, Seneca College of Applied Arts and Technology
Contact: www.senecac.on.ca/healthsc