

# Networks News

*Increasing knowledge, enhancing care*

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## Provincial Coordinator Update

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

### Client Evaluation of SA/DVTC Emergency Service

A client evaluation study of SA/DVTC emergency services is underway. Currently, we are working hard to complete the required "ethics applications" for each of the 35 hospitals where a SA/DVTC program is located. Some centres have started the study now, but others may not complete the ethics approval process until the fall. Data for the study will be collected for one year at each site.

### Sexual Assault Nurse Examiner (SANE) Training

The next Sexual Assault Nurse Examiner (SANE) training will be held the week of November 23–26, 2009 in Toronto. The required online training will be available later this month. Please note that the online training **must be completed** prior to attending the in-person training. More information will be available through the SA/DVTC coordinators.

## Researching Work–Life Issues for Nurses

Starting this September, I'll be pursuing a Ph.D. in Nursing at the University of Toronto. My research will focus on work–life issues faced by nurses who work at sexual assault/domestic violence treatment centres on either a casual, part-time or full-time basis.

When the time comes, I hope that all nurses from the centres will participate with me in this work!

Enjoy the rest of your summer! ☺





## In the Community

# Youth Awareness Workshop Explores Teen Dating Violence

By Sue Gallagher, MSW, RSW, Waterloo Region Sexual Assault Domestic Violence Treatment Centre

**On April 22, the Waterloo Region Sexual Assault/Domestic Violence Treatment Centre participated in the first annual Youth Awareness Conference. The theme of the conference was, *Let's Talk About Healthy Relationships in the High School Years*.**

Local Assistant Crown Attorney Jane Young and her niece Rachel Radyk (a local high school student) spearheaded the well-attended, half-day workshop, with support from the Family Violence Project of Waterloo Region.

One male and one female Grade 11 student from each of the Region's public, separate, and private high schools were invited to learn and share information about issues of relationship violence in the teen years.

The students began the day by listening to a presentation by Rachel about issues of relationship violence, followed by Sergeant Kathy Black of the Waterloo Region Police Service and Jane Young who provided the legal perspective.

The role of our centre was to offer a victim's perspective. We did this with the help of a young woman who had been in a controlling and abusive relationship for three years, beginning in Grade 11. A bright, articulate, attractive, and athletic young woman from a great family who is now at a local university, she debunked some stereotypes about the types of people who find themselves in violent relationships. She also fielded many questions from the young people in attendance. My role was to occasionally provide a general context or framework for her experience.

Having a peer highlight the relationship issues victims might experience was extremely powerful. Members of the group commented on the impact of her story and the context provided by WRSA/DVTC.

The morning ended with small group discussions where students shared insights, such as:

- the amount of relationship violence young people in their age group experiences or witnesses is significant

- it's important to be clear that "violence" does not have to mean physical abuse
- text messaging is used as a means of control
- the term "teen dating violence" is much preferred over "domestic violence" (they see the latter term as irrelevant to them, something that applies to "old married people")

In their evaluations of the event, participants indicated they had learned a lot about relationship violence. At the start of the day, 67% of the students said they knew very little about relationship violence. After the workshop, 96% reported they had learned a lot about the subject.

Asked about their knowledge of community resources, most participants (83%) began the day saying they knew very little. At the end of the day, the same percentage reported they now knew a lot more.

Most importantly, all of the students committed to taking the information back to their respective schools and to working together to increase the momentum of awareness and prevention initiatives. <sup>es</sup>

## Domestic Violence News

### Economic Crisis Can Exacerbate Domestic Violence

*Submitted by the Lanark County Sexual Assault and Domestic Violence Program*

There is growing evidence that the global recession is making people more vulnerable to physical and mental abuse. Job loss and the resulting loss of income do not cause violence, but they do create conditions—sudden change in circumstances, acute financial problems, loss of self-esteem—in which violence is more likely to occur.

Obviously, there is no excuse for domestic violence. Many men who suffer a sudden drop in income or lose their jobs do not lash out against their partners and children. But pre-existing abuse is likely to get worse if a man is enraged, depressed and spending more time at home because he no longer has a job.

According to the *UN Special Report on Violence Against Women*, studies have shown that:

“...violence against women intensifies when men experience displacement and dispossession related to economic crises, migration, war, foreign occupation or other situations where masculinities compete and power relations are altered in society.”

Poverty also increases vulnerability by raising the degree of conflict in relationships, diminishing women's economic power and reducing men's ability to lead what they think of as successful lives.

Amnesty International, which has run a high-profile campaign against domestic violence around the world, sees poverty and marginalization as both causes and consequences of violence against women. Poor women in developing countries, as well as here in Canada, find it more difficult to escape abusive situations, get protection from violent partners or obtain redress from the criminal justice system. This is particularly true when women are illiterate and live in countries where patriarchal attitudes persist within the government and the criminal justice system.

The impact of the recession on already-troubled relationships is only just being recognized. As unemployment and job insecurity affects more families, it is depressing to hear—but not surprising—that women are becoming scapegoats for their partner's feelings of anger and humiliation.

Job losses are being reported daily and men who have lost their own incomes may resent that their partners are still working, even if they are in minimum-wage jobs. As economic forecasts for the next year get worse, efforts to change attitudes must include strategies to challenge norms of masculinity during financial crises. <sup>es</sup>



### Forensic Nurses' Society of Canada: A Unique Networking and Learning Opportunity

Formed in 2006 and recognized as a special interest group of the Canadian Nurses' Association (CNA), the FNSC is an organization for nurses who work with victims of crime, violence or disaster, or with offenders.

The FNSC provides members with an opportunity to

- network with other forensic nurses and professionals;
- discuss evidence-based practice in forensic areas;
- provide input to government and other stakeholders about issues relevant to our profession; and
- access information on forensic education and research.

Membership is open to Canadian registered nurses (RNs) or registered psychiatric nurses. There are also memberships for associates (for non-Canadian RNs, practical nurses, and other professionals such as physicians, police, paramedics, and advocates) and students.

**Join today!** Membership applications are available online at [www.forensicnurse.ca/members/members.htm](http://www.forensicnurse.ca/members/members.htm). <sup>es</sup>



## Perspectives

### On-call Nurses: Why We Do What We Do

By Dawn Dowson, Coordinator, Thunder Bay Sexual Assault/  
Domestic Violence Treatment Centre

As on-call nurses, we are constantly challenged in our ever-changing roles by the evolution of forensics, of programs and nursing expectations. As our roles change, we too evolve—not only as professionals, but also as people. Balancing hectic home and work schedules can be difficult, and being part of a team that provides care to patients in traumatic circumstances can take its toll.

Often, we have little opportunity for follow-up, to “see how the patient is doing,” leading to doubts. We ask ourselves, Is what I am doing beneficial?

Follow-up nurses have the benefit of seeing the patients during their healing process and watching the progress they make. But theirs, too, is a challenging role because of non-compliance and difficulty contacting patients. On the upside, it can be rewarding to witness the patient’s journey toward spiritual and physical healing.

So why do we do the job we do?

It’s certainly not for

- the money—three dollars extra per hour to be on call does not pay many bills;
- the hours—the irregular hours and call-backs at inconvenient times;
- the insecurity—it may be weeks or months between calls (*How do I keep my skills up to date?*);
- the burn-out—absorbing the trauma of others has a clear effect on us.

### **The Positives**

**1:1 care.** Having worked in an ER department where we saw 250 patients a day, what a pleasure it is to have time to actually sit and *listen* to a patient, to allow them to choose their own care, and to be able to do health teaching. It’s an opportunity to spend time with a patient at what may be the most vulnerable time in their life and help them start their journey to healing.

**Opportunity.** To have support from a provincially recognized network, to have access to diverse training and education opportunities, is a definite plus.

So, why do we do the job we do?

### **Because We Care!**

From myself—and on behalf of all the coordinators—I want to say thank you to all team members. We recognize your dedication to the victims and your determination to meet the challenges posed by the different roles you play. <sup>es</sup>

## Tips and Tools

### Sexual Assault Forensic and Clinical Management Virtual Practicum: An Invaluable Resource

Submitted by the Windsor  
Regional Hospital Sexual  
Assault Treatment Centre

The Windsor Regional Hospital Sexual Assault Treatment Centre has incorporated the Sexual Assault Forensic and Clinical Management Virtual Practicum into its annual competency review.

The practicum, while lengthy, not only provides essential components for a novice practitioner, it also offers the experienced Sexual Assault Nurse Examiner (SANE) an invaluable tool and innovative resource on best-practice standards.

It has been welcomed by our team as a supplementary reference source in addition to learning modules already in place, such as HIV post-exposure prophylaxis (PEP), digital photography, updates, and reviews of sexual assault evidence kits (SAEKs), and point-of-care competency.

Developed and produced by the Interactive Media Laboratory at Dartmouth Medical School, the practicum is available online at the International Association of Forensic Nurses (IAFN) website at [www.iafn.org](http://www.iafn.org) and is eligible for Continuing Nursing Education (CNE) credits. <sup>es</sup>



## Centre Spotlight

### Chatham-Kent Domestic Violence Bail Safety Program An Innovative, Proactive Approach to Domestic Violence Investigations

Submitted by the Chatham-Kent Sexual Assault/Domestic Violence Treatment Centre

The Chatham-Kent Police Service (CKPS) is committed to thoroughly investigating all calls related to domestic violence. The organization looks at the issue of domestic violence as a *community issue*, one that requires a coordinated community response. This stems from a belief that the police and the community, working in partnership, can deal more effectively with domestic violence than any one group working on its own.

In 1998, the CKPS—in partnership with the Crown Attorney's office and the Chatham-Kent Women's Centre—established the *Domestic Violence Bail Safety Pilot Project*. In 2006, the project was adopted by the Ministry of Community and Safety and Correctional Services, which provided funding for a Domestic Violence Bail Safety Officer to work with the CKPS DV Coordinator.

The purpose of this program is to offer a more effective service to victims of domestic violence by providing increased safety through enhanced prosecution using a "victim-centred" approach.

The Domestic Violence Bail Safety Program starts when someone is charged with a domestic violence-related offence. The accused is then held in custody for a bail hearing. (If the accused is not immediately located, a warrant is issued for their arrest.)

The investigating officer then meets with the victim to offer emotional support and provide referrals to community services such as Chatham-Kent Victim Services.

The victim is also given an appointment to meet with the Crown attorney. At that meeting, a risk-assessment questionnaire is completed and reviewed and the victim's concerns regarding the accused are discussed. Victims also have an opportunity to express their expectations, or make requests, regarding communication or other conditions placed on the accused. Finally, victims are referred to the Victim Witness Assistance Program, which provides emotional support and assistance with safety planning and court preparation.

At all times, the victim's point of view is respected and discussed, along with the risk factors involved, to ensure the right outcome.

Chatham-Kent's project is recognized throughout Ontario as an innovative, proactive, and responsive approach to domestic violence investigations. Statistics gathered in the municipality of Chatham-Kent since 2007 indicate an increase in the number of incidents being reported, as well as an increase in the number of charges being laid. ☞



## Educational Opportunities and Events

### Legal Nurse Consulting Workshop

October 16 and 17, 2009

Seneca College of Applied Arts & Technology Forensic  
Health Studies Certificate Program  
Seneca College, King Campus  
King City, Ontario

[www.senecac.on.ca/fhs](http://www.senecac.on.ca/fhs)

### International Association of Forensic Nurses Scientific Assembly

October 21–24, 2009

Atlanta, Georgia

[www.iafn.org](http://www.iafn.org)

### Canadian Pediatric Sexual Assault/ Abuse Training Course

November 23–26, 2009

Suspected Child Abuse and Neglect (SCAN) Program  
Sick Kids and Ontario Network of SA/DVTCs  
Courtyard Marriott Hotel  
Toronto, Ontario

[tanya.smith@sickkids.ca](mailto:tanya.smith@sickkids.ca)

## We Welcome Your Input!

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Questions?  
Topic ideas?***

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and other information—anytime!***

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Please email your articles in Microsoft Word format.



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