



# NETWORK NEWS

## Provincial Coordinator Update

JANUARY 2009

So many activities underway and nearing completion!

### Mark Your Calendars

Our Annual Conference for SA/DVTCs will take place March 26 & 27, 2009 with a Pediatric Pre-Conference Day. More information is available on our website, [www.satontario.com](http://www.satontario.com). Registration opens in January, 2009.

Our new Network logo, website, and brochures will be launched at the Conference.

### Nursing/SANE Online Education Program

It's nearing completion and we anticipate piloting the modules in February, with further revisions in March. The future plan for SANE training is still being developed and you'll be updated as it evolves.

### Domestic Violence Advisory Council (DVAC)

I recently attended a meeting - along with representatives of community agencies - hosted by the Office of the Minister Responsible for Women's Issues, Honourable Deb Matthews. A Domestic Violence Advisory Council (DVAC) has been established to review and provide suggestions to the Minister on improvements to the system, in order to better meet the needs of abused women and their children. The recommendations will be made by March 2009. A similar process is underway regarding sexual assault services.

### Survivor Voices

The Ontario Association of Interval & Transition Houses (OAITH) has produced a document titled "Survivor Voices: Calling on services and policy makers to include survivors in their work". I believe that OAITH is hoping to have it accessible on their website: [www.oaith.ca](http://www.oaith.ca) so please look for it or contact your shelter for a copy.

### HIGHLIGHTS

- Treating Offenders
- Photograph Evidence
- Vicarious Trauma
- Medical Service Award
- Centre Focus: CHEO

Seasons Greetings!

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

Sex offenders are the most vilified group in our society. When we read about child molesters taking advantage of innocent and trusting children, we're instinctively repulsed. Our hearts reach out to the victims and hope that they receive the proper services to help deal with the hurt and the trauma. We hope the offenders get the punishment they deserve, locking them up for life and casting them out of society - keeping us safe.

Often, we feel social pressure to denounce sex offenders as human beings worthy of services. We're often emotionally clouded in judgment by the inhumane acts they commit. We need to focus on the root of the problem - we need to focus on the individuals who perpetrate sexually

What if, we could prevent the assault from happening altogether?

We, at the Cornwall ASAP, developed a proposal for a research project looking into the feasibility of a local treatment program for sex offenders and individuals with inappropriate behaviours. The Cornwall Public Inquiry accepted our proposal to fund this project. Our mission is to enhance public safety by providing sex offenders evaluation, education and treatment in order to reduce recidivism.

In our preliminary findings, we have identified areas of concern:

- Some sex offenders mandated or seeking treatment are not getting treatment due to transportation issues; unreliable volunteer transportation and financial barriers. Shockingly, these offenders are sometimes *excused* from getting treatment.
- Sex offenders are being sentenced without an evaluation or risk assessment due to location barriers
- Some francophone sex offenders needing treatment are forced to wait for treatment due to limited francophone services
- Children with inappropriate behaviours are often refused treatment, a offence needs to take place
- The unreported sex offender population won't seek treatment for fear of being arrested
- Public and professional education about sex offenders
- Gap in services for sex offenders needing therapy for past personal victimization.

Realistically, all of us have crossed paths with a sex offender in our lives, whether we know it or not. Sexual offence is a very complex problem that cannot be resolved purely by punishment that includes public shaming and demonizing. That method is short-sighted and too simplistic. In order to stop a sexual perpetrator, we must first treat them as humans and not as monsters.

Literature demonstrates that treatment for sex offenders reduces recidivism. A sex offender cannot be 'cured' but control is possible: diabetics can learn to avoid sugar, alcoholics can abstain from drinking, and many molesters can find ways to refrain from at-risk thoughts and situations, thus protecting potential victims.<sup>1</sup> But "if the sex offender is ostracized, stigmatized, and isolated, rather than reintegrated into the community, it becomes more difficult for them to resist Re-offending."<sup>2</sup>

<sup>1</sup><http://www.therapy-key.com/>

<sup>2</sup> "The Vilification of Sex Offenders: Do Laws Targeting Sex Offenders Increase Recidivism and Sexual Violence?" by Hollida Wakefield.

**Angèle Lynch, Community Development Worker  
Cornwall ASAP**

## Photographing Evidence

... WORKSHOP FOCUS

The Seneca College *Forensic Photography Workshop* is facilitated by Patrick E. Besant-Matthews M.D. who has over 40 years experience. Participants gain the understanding and skills needed to ensure that each forensic photograph taken is useful: accurate color balance, proper use of scale, correct view points, as well as how to maintain proper storage, filing, and reproduction of forensic photographs.

Participants learn to effectively use a 'point & shoot' digital camera. They also develop an understanding of forensic photography principles such as: focal length and shutter speed, lighting and perspective, how to properly utilize a flash, along with many practical applications to overcome common photographic barriers. Dr. Besant-Matthews also gives an introduction to higher end digital cameras and the different lens types and their functions.

This workshop is beneficial to all first line service providers who find themselves using photo documentation in medico-legal cases. It helps provide the confidence needed to ensure high quality images that accurately represent case findings when presented in a court setting...not to mention some credentials to back up the photographer's credibility.

**Wendy Margetts  
Grey Bruce SA/PACC**

## VICARIOUS TRAUMA...

# Minimizing the Problem

Compassion fatigue, secondary traumatization, empathetic strain, and vicarious trauma arise through exposure to someone else's trauma. Listening to stories of abuse or hardship over and over again can make a health professional more susceptible. If their personal history makes them more empathic or involved with the client, this can also heighten the risk.

The effects are cumulative, and can create a permanent, subtle, or marked change in the personal, spiritual and professional outlook of a health care worker. It can even affect how they view their own relationships and connections to families, friends and community. Understanding how to minimize the effects of vicarious trauma in our own lives and in our organization is therefore of the utmost importance.

No one is immune to vicarious trauma, and a lot can be done to support people. Healthy work environments and healthy work practices are the answers to minimizing the effects of vicarious trauma. In the work environment - good supervision, positive listening, and teamwork provide support and help to decrease the effects:

- Make certain good communication techniques are in place.
- Show staff they are respected and valued.
- Acknowledge work well done.
- Include staff in decision-making processes
- Invite input for policy development and implementation.
- Take time to celebrate small successes.
- Provide time for workers to debrief & share experiences
- Let staff members express their feelings.

Focus on promoting realistic self-care practices. A simple walk after a stressful experience, meditation, a three-minute breathing exercise, or a warm cup of tea during a debriefing session, can provide necessary self-nurturing. It's all about care for the caregiver.

Understanding and working with vicarious trauma is an individual and organizational challenge. It is well worth the time and effort! So make sure you have some of these suggestions in place.

**Mary Dempsey, Coordinator  
Guelph SA/DVP**

## In the NEWS...

PHARR - A 9-year-old girl's letter to Santa Claus asking that a relative stop touching her and her sister led to the arrest of a 55-year-old Pharr man on charges of continuous sexual abuse of a young child. Andres Enrique Cantu, remained in the Hidalgo County jail after his arrest.

Police first charged the man Dec. 12, after the girl pleaded for help in a holiday wish list assigned by her elementary school teacher at Cesar Chavez Elementary School. After reading it, the teacher reported the alleged abuse to a counselor, who called Child Protective Services and the police.

The sisters told interviewers at the Children's Advocacy Center in Hidalgo County that the relative had been touching them under their clothes for the past four years. Police Lt. Guadalupe Salinas said the case is now turned over to the Hidalgo County district attorney's office. Salinas said the girls' mother was unaware of the abuse.

The suspect works as a computer lab aide at Lamar Academy, an alternative high school in McAllen. McAllen Independent School District spokesperson Mark May said there were no reports of wrongdoing by the suspect on campus.

The charge against Cantu is a new one, created by the Texas legislature last year. It carries five to 99 years to life in prison and a \$10,000 fine upon conviction. It is part of a series of changes to the penal code called Jessica's Law, designed to heighten punishments of sexual predators. If convicted, Cantu could face 25 to 99 years in prison

## MEDICAL SERVICE AWARD

The Domestic Violence Coordinating Committee (DVCC) of Nipissing is a multi-disciplinary, advisory committee formed in 1998 to effectively address domestic violence. Its goal is to develop and facilitate the implementation of a coordinated, effective response to the identification, assessment, response and prevention of domestic violence. It also maintains a strong focus in other areas including: enhancing the quality of service delivery to victims of domestic violence, their children and abusers; improving the community's overall response to domestic violence; developing, implementing and monitoring local policies, procedures and protocols; and ongoing prevention and education efforts.

The DVCC, along with North Bay General Hospital, has introduced the *Medical Service Award*. The purpose of this award is to recognize and pay tribute to a professional(s) in the medical field who has shown commitment and dedication to the service of those affected by domestic violence. We are currently calling on both DVCC and Hospital staff to nominate a colleague who's made a difference in the life of an individual(s) affected by domestic violence. The award will be presented at a special ceremony at the annual Domestic Violence Conference.

**Tanje Ng, Coordinator  
North Bay SA/DVTC**

## CENTRE FOCUS: CHEO

This past year, we've seen an increase in child/adolescent victims of sexual abuse/assault at the Children's Hospital of Eastern Ontario (CHEO) program. There's also been an increase in pre-pubescent cases both acute and historical. Our Acute program extended its services to include victims up to 2 weeks after the assault, versus the 72 hour period. Children and youth with historical sexual abuse are presenting with acute disclosures and acute needs. A Social Worker and SANE assess all cases, providing an improved comprehensive, supportive service from medical to psychosocial needs and community links.

The Acute Sexual Assault Program (ASAP), in collaboration with the Child Youth Protection Service, is developing a critical pathway for sexually abused or assaulted children and youth, to assist in facilitating care in the ER. Our services include Pediatric Infectious Disease specialists who have a specialized clinic to follow-up all cases initiated on HIV-PEP. CHEO also provides in-house counseling services through our abuse and trauma team. Most acute cases are assessed within 1 week after their initial ER visit.

Part of CHEO's mission is outreach services and support to community hospitals and centers. Members of the acute SA Team and the Child Youth Protection Team will be providing sexual abuse training to the 17 centers within the Champlain LHIN region. This training will include ER physicians, community physicians, nurses, child protection agency members and law enforcement people.

**Brigitte Richard, Clinical Leader  
Ottawa SAP CHEO**

## 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

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## Upcoming Events

- ***Provincial SANE Training***  
January 26 – 30, 2009  
Toronto (*arranged through Program Coordinator*)
- ***Annual Conference for SA/DV Treatment Centres***  
March 26 & 27, 2009  
March 25 Pediatric Pre Conference  
Toronto