

# Networks News

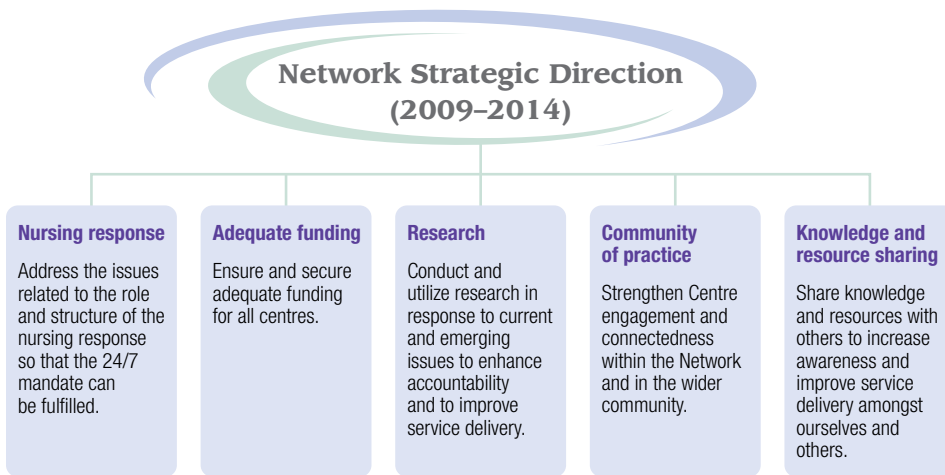
*Increasing knowledge, enhancing care*

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## Planning for New Challenges

**Five-year strategy focuses on meeting current and future needs of clients and communities**



## Vision

To be a unifying voice and catalyst for change in responding to the health and forensic needs of women, children and men who have experienced sexual assault and/or domestic violence.

## Mission

The Network supports SADV programs through advocacy, education and research.

## Core Beliefs

We believe:

1. All individuals have the right to a life free of violence.
2. Violence is a gender-based and widespread human rights violation. It reflects and reinforces inequities between men and women and compromises the health, dignity, security and autonomy of its victims (adapted from a Statistics Canada definition).

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## Provincial Coordinator Update

*By Sheila Macdonald, RN, Provincial Coordinator*

In November 2009, program coordinators approved a five-year strategic plan for the Network of SA/DVTCs. The plan identifies the key areas that will be the focus of our energy and actions over the coming years. The plan is guided by our statement of philosophy, vision, mission, core beliefs and principles of service.

We believe this plan will ensure we are able to continue to meet the needs of our clients and communities and, at the same time, adapt and respond to changing needs.

If you have any questions, please contact your program coordinator or the provincial coordinator. [cs](#)

## Statement of Philosophy

The Ontario Network of Sexual Assault/Domestic Violence Treatment Centres is committed to operating from a feminist analysis of violence that recognizes the embedded social, cultural and systemic imbalances

within society that promote and maintain violence. As such, we recognize the importance of promoting choice, respect and empowerment, while honouring differences.

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3. Sexual assault and domestic violence have long-term impacts on our society.
4. Sexual assault and domestic violence are crimes and perpetrators need to be held accountable.
5. Sexual assault and domestic violence must be addressed collectively by the health care, legal, social and political systems.
6. Everyone has the right to services to aid in their recovery.

## Principles of Service


*Inclusion and equity* — Everyone has the right to effective, equitable and timely services.

*Client-centred* — Our services must be individualized, accessible, consistent, sensitive and non-judgmental.

*Informed choice* — Clients can make informed choices when information is delivered in a timely, accessible and responsive way.

*Education* — Professional development and ongoing education are key to delivering quality services by competent professionals.

*Collaboration* — Collaboration and networking encourage information exchange, reduce isolation and facilitate resource sharing.

*Accountability* — Centres and professionals demonstrate accountability to both the people receiving our services and our funders through data collection, program evaluation, and delivering evidence-based quality services. 

## Wise Words

**“People will forget what you said; people will forget what you did, but people will never forget how you made them feel.”**

—Maya Angelou

## Centre Spotlight

### Strangulation-awareness training

**Program for community partners increases disclosure and improves collaborative response**

By Cathie Cullen RN, SANE  
Waterloo Region Sexual Assault/  
Domestic Violence Treatment Centre



**As professionals providing care to victims of intimate-partner violence, we are well aware of how important it is to determine whether strangulation was part of the violence experienced. Because victims often minimize the violence and, in the absence of other injuries requiring medical attention, strangulation may go undiscovered. Often, our community partners are the first—and perhaps the only—ones to receive a disclosure of strangulation.**


In an effort to improve our response to those experiencing abuse, we have found it valuable to provide strangulation-awareness training to our community partners. We emphasize that strangulation symbolizes the power and control abusers have over their victims. It is also an indicator of the escalation of violence.

Training participants learn to understand the mechanism of strangulation and to recognize potential signs and symptoms. Most importantly, they learn to appreciate it as an indicator for potential lethality and the importance of medical intervention.

Referrals to our Centre because of strangulation have increased because of the training; it is not unusual for the community partner who has identified a victim of strangulation to accompany the victim to the hospital.

Training is tailored to the partner organization requesting it. It is provided routinely to women's crisis services workers, rural domestic violence programs, police domestic violence units, Crown attorneys, victim services, and witness-assistance programs. Local family and children's services providers have made the training mandatory for their domestic violence team.

**Strangulation symbolizes the power and control abusers have over their victims. It is also an indicator of the escalation of violence.**

Offering presentations about strangulation not only better equips our partners with appropriate assessment and intervention strategies, it also provides an opportunity to connect with our partners to increase our collaborative response to those experiencing intimate partner violence. 

## In the Community

### Partnership In Learning: Nina's Place and Local Rape Crisis Centre Team Up on Workshop For Youth Workers

By Ancilla Ho-Young (charge nurse), Tamara Vukelic (social worker) and Audra Petrusis (social work student), Nina's Place

As the Regional Sexual Assault and Domestic Violence Care Centre of Halton, Nina's Place has a vested interest in the well-being of youth who have experienced sexual assault. For that reason, in August 2009, Nina's Place successfully sought and obtained a grant from the Ontario Network of Sexual Assault/Domestic Violence Care Centres to create a workshop for those working with youth in Halton Region.

Nina's Place then approached the Sexual Assault and Violence Intervention Services of Halton (SAVIS), a local rape crisis centre, asking them to collaborate with us on this initiative. SAVIS was pleased to come on board.

The mandate of our workshop was to be youth focused. We titled our workshop *Youth and Sexual Assault Disclosures: Effective Intervention Practices for School and Community Professionals*. Our collaborative team met every two weeks for several months to plan everything from who to invite to the number of muffins to be ordered.

The half-day workshop was held at the Halton Regional Building in Oakville. The registration list totalled 125 participants, including child and youth workers, school social workers, school principals, youth outreach workers, guidance counselors and child protection workers.

Staff members from Nina's Place and SAVIS delivered modules on sexual assault dynamics, medical implications and management of sexual assault disclosures.

Guest speaker Zahra Dhanani, legal director for the Metropolitan Action Committee on Violence Against Women and Children (METRAC), provided a comprehensive look at the legal implications of sexual assault as it relates to youth and disclosure. A panel of representatives from Nina's Place, SAVIS, METRAC, the Children's Aid Society of Halton, and the Halton Regional Police Child Abuse and Sexual Assault Unit wrapped up the workshop by answering case-specific questions from the audience.

The success of the event was rooted in the partnership between Nina's Place and SAVIS. Each team member brought a particular expertise to the

table and our individual skills were utilized and valued. As a grassroots agency, SAVIS has had significant experience facilitating workshops for the community and this was evident in their leadership regarding workshop logistics. Equally important was the discussion among Nina's Place and SAVIS representatives regarding the dynamics of sexual-assault disclosures by youth. The medical component of sexual assault, which was highlighted by Nina's Place, also added significant value.

The feedback from participants was overwhelmingly positive and encouraging. Many were pleased with the organization of the workshop as well as the content and relevance of the information presented. The majority of participants expressed interest in attending another Nina's Place-SAVIS workshop and offered ideas for potential topics. ☺



## Focus on Domestic Violence

### Reducing the Risk of Lethal Violence Conference: “Use Your Voice” to Overcome Roadblocks and improve Collaboration and response

By Diana Tikasz, Program Coordinator, SA/DVTC Hamilton Health Sciences Centre and Judi Tapp, RN, SA/DVTC St. Joseph's Health Centre, London

A few of us throughout the ONSADVTC attended the recent conference *Reducing the Risk of Lethal Violence* that was sponsored by the Centre for Research and Education and funded by the Ontario Women's Directorate.

Held in Hamilton in early February, the conference provided an opportunity for community partners to come together to discuss challenges and benefits of cross-sectoral collaboration and to build stronger relationships to ultimately increase the effectiveness in responding to high-risk cases of woman abuse/domestic violence.

We all have different challenges, risk-assessment tools and concerns—but our primary goal is to maximize the safety for victims and their families. We all want to prevent the tragedies that we read about in the annual reports of the Ontario Domestic Violence Death Review Committee.

The consistent message throughout the conference was this: Use your advocate voice and push your own systems both within your community and within your own organization. To overcome roadblocks, we need to think outside the box. No obstacle is insurmountable.

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To quote one of the speakers, “Remember, we go on to our next case, while victims are left alone, sometimes drowning in the system and grieving their losses.”

The conference highlighted some important messages for each community:

- Establish your own unique high-risk process that works for your community.
- Think and consider beyond your own mandate and agency barriers.
- Have a discussion about what “high risk” means in your community—not everyone needs to use the same tool but they do need to speak the same language.
- Issues of confidentiality need to be thoroughly explored. There are ways to work together while mutually respecting issues of confidentiality and balancing those with victim safety consideration.
- Collaboration is a must—no more working in silos!
- Engage survivors—victim voices need to be central, especially the voices of women who were victims of attempted homicides.
- Be inclusive. Take care to reflect the diversity of your community—don't just invite the usual partners around the table.
- It is vital to develop standards/ protocols and memoranda of understanding between partners.

As members of the ONSADVTC, we know how important collaboration is. We appreciate that we have been invited to the table—to have a voice and the ability to remind all sectors of the important work we do. Now, collectively, we must educate our own communities and partners—once again—that we are underutilized yet extremely helpful to them and to victims of abuse. We are a vital link. Let us all get out there and tell people proudly about the work we do, if only because the less people know about each other the easier it is to misunderstand each other.

Be proud—we do make a difference! 



## Tips and Tools

### Going to Court, Part 1: Preparing to Testify at a Sexual Assault Trial

Shirley Broekstra, Program Coordinator,  
Sexual Assault Care Centre,  
Scarborough

Going to court is like travelling to a foreign country—in both cases, there are strange rules and words we don't often hear. If you don't prepare yourself, it can be overwhelming and scary. Much like travelling, it's always best to familiarize yourself with the local customs before leaving home.

With this in mind, the SANEs at The Scarborough Hospital are planning to develop a guide on going to court. Over the next few newsletters, we will provide some witness tips for before court and after court—and everything in between. We are counting on your personal courtroom experience to assist us and enrich this guide and these articles.

Although the prospect of testifying in court provokes anxiety in most people, you may surprise yourself and find that participation in the judicial process to be very enlightening.

Although each Centre may work with their local court in different ways, the process—for the most part—is similar throughout Canada.

#### **Receiving a subpoena**

When being called as a witness, there are two types of subpoenas you may receive when an accused has entered a plea of not guilty.



A *Subpoena to a Witness* (form 16) is a document that compels you, the witness, to attend the Ontario Court of Justice. This will be for a preliminary inquiry or a trial. All criminal cases start in provincial court and over 95 percent of criminal cases are completed there. Provincial court judges preside over less-serious criminal cases, non-jury trials and preliminary trial hearings.

If you receive a *Criminal Subpoena* (form 16), you are required to give your evidence at the Superior Court of Justice. The judges of the Superior Court hear the more serious criminal cases under the Criminal Code of Canada. Trials can be by judge and jury, or judge only, depending on the request of the accused.

**Although the prospect of testifying in court provokes anxiety in most people, you may surprise yourself and find participation in the judicial process to be very enlightening.**

Depending on your region, a peace officer from the court will serve the subpoena at the Centre's office, the nurse's workplace or the nurse's home.

The subpoena will include the name of the accused and details about the offence or offences committed, including type, date and location.

All of the offences have a reference number that corresponds to a section of the Criminal Code of Canada. For example, in the case of the sexual assault of an adult, most subpoenas will refer to C.C. 271: Sexual Assault; C.C. 272 (1)(c): Sexual Assault Causing Bodily Harm; or C.C. 279 (2): Forcible Confinement.

The subpoena will also provide you with the date and time you need to be in court, together with the address and courtroom number. The name and phone number of the police officer managing the case (usually the investigating officer) is often written on the subpoena as he or she serves as the liaison between you and the Crown attorney.

After the subpoena has been served, and the date is getting close, it is important to get prepared.

For the basic summaries of the Criminal Code of Canada sections that deal with sexual offences, you can go to [www.sacc.to/sya/crime/law.htm](http://www.sacc.to/sya/crime/law.htm). This web page also includes a link to Justice Canada's website, which includes more detailed information on sexual offences.

*In Part 2, we will provide information on how to prepare for court. In the meantime, if you have some valuable tips, please forward them by email to [sbroekstra@tsh.to](mailto:sbroekstra@tsh.to).*

## Events

International Association of Forensic Nurses  
18<sup>th</sup> Annual Scientific Assembly  
October 27–30, 2010

Pittsburg, Pennsylvania, USA  
[www.iafn.org](http://www.iafn.org)

Ontario Network of Sexual Assault/Domestic  
Violence Treatment Centres Annual Conference  
and Suspected Child Abuse and Neglect (SCAN)  
Conference  
November 17–19, 2010

Toronto  
[www.sadvtreatmentcentres.net](http://www.sadvtreatmentcentres.net)



## We Welcome Your Input!

**Do you have news?  
Questions?  
Topic ideas?**

**Share your articles, questions, successes, comments,  
photos, updates, and other information anytime!**

**Just send an email to [sheila.macdonald@wchospital.ca](mailto:sheila.macdonald@wchospital.ca).**

Please email your articles in Microsoft Word format.

## Networks News

*Editorial Committee*

**Sheila Macdonald, Provincial Coordinator**  
Ontario Network of Sexual Assault/  
Domestic Violence Treatment Centres  
Women's College Hospital  
416-323-6400, ext. 4472 /  
[Sheila.Macdonald@wchospital.ca](mailto:Sheila.Macdonald@wchospital.ca)

**Casey Cruikshank, Director**  
Waterloo Region Sexual Assault Domestic  
Violence Treatment Centre  
St. Mary's General Hospital  
519-749-6994 / [ccruikshank@smgh.ca](mailto:ccruikshank@smgh.ca)

**Carol Maxwell, Coordinator**  
Assault Care and Treatment Program  
Sioux Lookout Meno Ya Win Health Centre  
807-737-0015 / [cmawell@slmhc.on.ca](mailto:cmawell@slmhc.on.ca)