



# NETWORK NEWS

## Provincial Coordinator Update

OCTOBER 2008

### Drug Facilitated Sexual Assault Study

Our report has been submitted to the Ministry of Health. It will be available to you through your program Coordinator and the results will be presented at our *Annual Conference* in March 2009. Several publications are in progress. A summary of the findings will be included in the next newsletter.

### Client Evaluation

We'll be undertaking a client evaluation of our services. Ethics approval has been granted at both *Women's College Hospital* and the *Hospital for Sick Children*. We will now seek Ethics approval in Waterloo and Kingston, pilot the project in those sites, make adjustments as necessary, and then implement the evaluation across the province. *Stay tuned!*

### Good Showing in Dallas

The *International Association of Forensic Nurses Scientific Assembly* in Dallas, Texas was well represented by nurses from our programs. We were involved in 6 sessions and 2 posters which were well received. Petra Norris (*Women's College*) won 2<sup>nd</sup> prize for her poster on EMS education re: domestic violence. Well done Petra! We are increasing our participation in the organization and in our new Forensic Nursing Society of Canada. I encourage forensic nurses to join both organizations and get involved. We need your help! The IAFN website is [www.iafn.org](http://www.iafn.org) and the FNCS is [www.forensicnurse.ca](http://www.forensicnurse.ca)

### SANE Online Program

This program is nearing completion but may not be 'ready to go' until sometime next year. We're holding a SANE training in October and I think we may need to do it again in February. A decision will be made shortly.

### Recognizing Mary Carter

I want to recognize and thank Mary Carter, SADVTC Coordinator who has moved on to new ventures. Mary was the program Coordinator in Sudbury for at least 18 years and significantly contributed to the development of the Sudbury program *and* the growth of our Network. All the *best*, Mary!

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

### HIGHLIGHTS

- Trauma Counselling
- High Risk Committees
- Sheatre – Reaching Youth
- Enhancing Follow-up
- Paediatric Clinic

## GUIDELINES...

# Trauma Counselling

I received a lot of useful knowledge in earning my certificate in Trauma Counselling from the *Gail Appel Institute Hinks-Dellcrest Centre*. I'd like to share the guidelines I learned for helping people who experience trauma. It all depends on what their reactions were related to:

- An acute stress reaction
- Grief resulting from loss due to trauma
- Re-living a specific incident of trauma
- Untreated acute reactions leading to symptoms of PTSD (*Post Traumatic Stress Disorder*)
- Multiple or ongoing abuse (*physical, emotional, sexual*) leading to complex trauma

I was taught to match treatments to the reactions. Here are some examples:

- *Acute Stress*: normalize, provide support, explain that reactions are normal given impact of stressors, focus on relaxation
- *Loss Due to Trauma*: bereavement work.
- *Avoidance*: identify emotions that lead to anxiety
- *Re-living Trauma*: flashback management, Prolonged Exposure Therapy (*PE*), Eye Movement Desensitization (*EMDR*), Cognitive Processing Therapy (*CPT*) Cognitive Behaviour Therapy (*CBT*)
- *Rewriting the Narrative*: encourage adding to their schema's (the way they think about what happened) ideas about their resiliency, strengths and coping (*i.e. combining Cognitive Behaviour Therapy (CBT) with Narrative Therapy*), play and art therapy to get at deeper meanings and feelings together
- *Complex trauma/Recent Trauma & Re-Experiencing Past Trauma(s)*: stabilization of current life, look at client's developmental issues (*i.e. not having mature coping, unable to tolerate emotions, in-secure attachments*), teach healthy boundaries, repair rupture in trust, autonomy, therapy as in vivo experience or relationship repair. For extensive trauma repair – Dialectical Behavioural Therapy (*DBT*)

Sharon Hinbest, Counsellor  
Brockville ARCC

## High Risk Committee

## ...DOMESTIC VIOLENCE

Many Ontario communities are developing *High Risk Domestic Violence Committees*. In Hamilton, we have a *Community Advisory Committee* for our police-led *High Risk Committee*. It meets monthly and allows community organizations - shelters, CAS, Mental Health Services, Probation, our Program, etc. - to advise police on approaches when working with high risk offenders and their at-risk partners.

It's not sharing confidential information, but providing *additional* information for police. We now have safety measures in place that were previously not considered. We've also written successful letters to parole boards requesting that early release be denied to an offender, or that the offender *not* be released into *our* community where the victim lives. Another benefit is that we better understand each organization's role. I also think offender-organizations are developing a greater understanding of the impact of abuse on women.

Our committee successfully applied for a grant to purchase 35 GPS-outfitted cell phones to give to women at risk. They said this gave a huge boost to their sense of safety, allowing them to refocus on daily living activities.

Because we know police will not be the first contact point for many women, we recently developed an in-depth community training program for the *Danger Assessment Tool* developed by Jackie Campbell. It helps women consider their safety issues, as well as setting out a common language for service providers in discussing risk levels. When a woman accesses our service, we use the *Danger Assessment Tool* to let the woman see the level of danger she's in, and to have her consider police involvement. If agreed, police will be informed about the noted level of danger, at which time they would assess further for consideration for the High Risk Committee and/or the specialized cell-phones.

The community training was well received, as its practical focus goes beyond Jackie Campbell's research to actually teaching - item by item - how to use the tool. Many local agencies are now using it which ultimately increases collaboration, and benefits women.

Diana Tikasz, Coordinator  
Hamilton SA/DVCC

## Reaching Young People

To try and reach young people in our community, we've been working with a theatre group called *Sheatre*, founded in 1985 ([www.sheatre.com](http://www.sheatre.com)). We first met at the director's request to discuss a potential play on 'date rape'. This led to an education and information session with the future actors. The interactive part of this play appealed to the young people: actors perform the play, then students (*grades 7-12*) offer suggestions to alter the outcome. After some trial runs, professional actors were hired and the production offered to our local schools. The actors resembled young adolescents and had only a few props. They had lots of energy and really engaged the students. The play, called '*Far From the Heart*', was presented 26 times in Bruce and Grey county schools to over 2,000 students. Many of our community partners joined in to help: at each production there were two counselors available in case any students were upset. At the end, these counselors spent time answering students' questions and providing more information about local resources.

The *Neighbours, Friends and Family* campaign was another big project we were part of last year. *Lunch 'n Learn* presentations took place at the Grey Bruce Health Services. The 3 campaign pamphlets were sent to the homes of every hospital employee, along with a note from our program.

Also, we'll soon be starting our second round of the *Sexual Abuse Group* for women. The women expressed how beneficial they feel it has been for them – they even requested an extra meeting at the end. We also have a group for *Partner Abuse* survivors. We set this up over the last few years and this year partnered with local women's shelters to have them help co-facilitate and recruit enough women to make a group.

Getting the message out is definitely an ongoing, creative and persistent project, but we feel we are making good headway.

**Wendy Margetts**  
Grey Bruce SA/PACC

## Enhancing the Healing

### ... FOLLOW UP CARE

Follow-up care for clients who experience sexual assault is a benefit. Advantages include: detection and treatment of sexually transmitted infections, pregnancy testing, management of injuries, discussion of legal issues, and supportive counselling (*Ackerman et al, 2006*). Since 1 in 6 women is sexually assaulted before the age of 18, there's potentially a huge scope of care and healing for clients (*Boykins & Mynatt, 2007*).

In reality, the rates of clients who return for follow-up care are poor. It's possible clients may prefer care at a family practice or sexual health clinic, but reported rates for follow-up are only 10-31%. (*Ackerman et al, 2006*). Reasons suggested for failure to follow-up include not wanting to be reminded of the incident, and a change of residence or phone number due to fear. Mental health issues such as major depressive episodes, alcohol and drug use, as well as anxiety disorders may also cause some clients not to seek treatment (*Herbert, Grams, & Berkowitz, 1992 and Boykins & Mynatt, 2007*). Assault characteristics associated with follow-up visits include clients who were assaulted in their homes, clients who had genital trauma, and those who were impaired (*Ackerman et al, 2006*).

While further research is needed to identify strategies to enhance follow-up care, literature has suggested that nurses play an important role (*Herbert, Grams, & Berkowitz, 1992 and Boykins & Mynatt, 2007*). *Ackerman (2006)* suggests that linking medical and counselling appointments improves rates of follow-up. The difficulty in contacting clients by phone while respecting privacy remains a challenge in this practice setting. However, our supportive role in crisis intervention and the prevention of psychological distress has been suggested as the reason that clients continue with care. The question of how to enhance follow-up care for victims of sexual assault may be challenging, but is a worthwhile consideration in the work that we do.

**Joanne Louis, Follow-up Clinic Nurse**  
Toronto WCH SA/DVCC

**Ackerman, D.R., Sugar, N.F., Fine, D.N. & Eckert, L.O.** (2006). Sexual assault victims: Factors associated with follow-up care. *American Journal of Obstetrics and Gynecology*, 194, 1653-9.

**Boykins, A.D. & Mynatt, S.** (2007). Assault history and follow-up contact of women survivors of recent sexual assault. *Issues in Mental Health Nursing*, 28(8), 867-81.

**Herbert, C., Grams, G.D. & Berkowitz, J.** (1992). Sexual assault tracking study: Who gets lost to follow-up? *Canadian Medical Association Journal*, 147 (80), 1177-1184

Since June 1, 2005, the Kingston General Hospital SA/DVP has been supporting child victims (*15 & younger*) of sexual assault, and their caregivers, from the Kingston/Frontenac and Lennox & Addington Counties area. The program also provides an access to our SA/DV colleagues in the east and west. Lanark, Leeds & Grenville, Hastings & Prince Edward Counties are invited to refer children who have presented in either an acute or non acute fashion; medical second opinions are commonly requested. We serve children and their families in acute and non acute crisis and through a scheduled Paediatric Sexual Assault Clinic.

This clinic is held, as needed, on Tuesday mornings in the SA/DV treatment room and is hosted by Dr. Richard vanWylick, Laurie Bryden SA/DV Social Worker and an SA/DV nurse. Dr. VanWylick, our SA/DV Program Paediatric Medical Director, is an expert in paediatric sexual abuse.

A clinic visit is like going to a family doctor. Members of our staff meet the child and caregivers at the main KGH entrance, and help them register. The SA/DV treatment room is bright and cheery and age appropriate toys are set out. Each child is offered a teddy bear to keep. The child meets our social worker and the SA/DV nurse, then we engage the child very often through play. The room is set up so the child is always in view of the caregiver who can comfort and provide security. It's important to speak to adolescents alone to assess their ability to provide consent for medical care and to assess their consent for parental involvement.

The child and caregivers are much relieved when we reassure them the medical examination is non invasive. We explain that the possibility of recovering evidence decreases quickly and is unlikely after 24 hours for prepubertal children and after 72 hours for adolescents. The exam is one piece of a puzzle which fits together with police and CAS investigations. We discuss the collection of genital photographs for the sole purpose of Peer Review. This enables Dr. vanWylick to seek input from the four other sexual abuse experts in the province without requiring re-examination of the child.

The child can have the support of the caregiver during the exam. Every step is explained in age appropriate language. Most children enjoy the toy medical kit provided. Dr. vanWylick will give the child a checkup from head to toe. A visual exam of the genitalia is performed with the child: sitting on the caregiver's lap, draped in a 'frog leg' position, or 'knee-chest' position. A speculum exam is contraindicated in prepubescent female children. Female genital examination techniques include gentle labial separation, labial traction and downward traction. If the child is anxious the examination can easily be rescheduled. Often the child asks to stay longer to play after the exam. Hanna Montana, Dora and Spiderman stickers are very popular parting gifts.

We strive to effectively manage these difficult cases by ensuring a skilled, trained and professional staff is available 24 hours a day to the needs of children and their families. We value the opportunity to work collaboratively with our colleagues in Hastings, Lanark, and Leeds and Grenville Counties to ensure that children receive the best evaluation and follow-up care.

**Cindy Jeffrey, SANE**  
**Kingston SA/DVP**

## Upcoming Events

- ***Forensic Photography Workshop***

November 7-9, 2008.

King Campus, Seneca College of Applied Arts and Technology

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

- ***Annual Conference for SA/DV Treatment Centres***

March 26 & 27, 2008

March 25 Pediatric Pre Conference

Toronto

## 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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