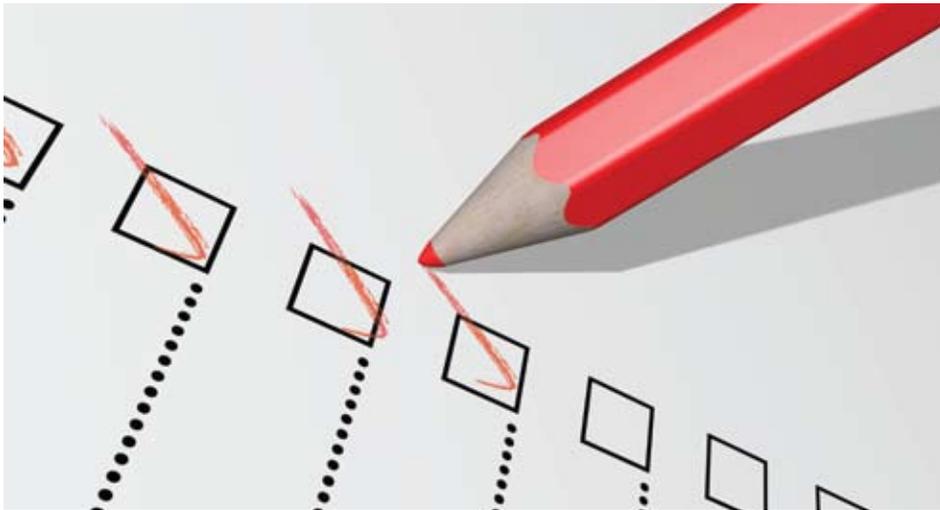


Networks News

Increasing knowledge, enhancing care

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Provincial Coordinator Update

By Sheila Macdonald, RN, Provincial Coordinator

Emergency Services Survey

The province-wide client evaluation of our services is underway. Thus far, ethics approval has been obtained in 14 of 35 programs. Our hope is that all SA/DVTC centres will participate.

In this study, we are asking emergency-service clients to complete a questionnaire to find out if we are fulfilling the mandate and core values of our service. Completing a survey does not require ethics approval, but the collection of personal health information from clients does.

We have a numbered "client data form" that will be matched to a similarly numbered client survey (the data is anonymous). Collecting information about the client, the

assault circumstance and other information will assist us in further understanding who is satisfied or not satisfied with our service—and why.

It is important that you make clients aware of the survey and provide them with the opportunity to participate. The survey results will assist in strengthening service locally and enable us to share our findings with others programs both in Canada and beyond.

SANE Online

Our online Sexual Assault Nurse Examiner (SANE) training went "live" last week. We are currently addressing numerous glitches but hope to have things running smoothly shortly. The training is

in the member area of our website (www.sadvtreatmentcentres.net).

To be approved for SANE training, your coordinator must register you through the provincial office and invite you by email to access the program online. The online training component must be completed prior to attending in-person training.

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Continued from page 1

Commemorating 25 years

This year recognizes the 25th anniversary of the SA/DV treatment centre at Women's College Hospital—the first hospital-based program in the province. While there is a sense of celebration and accomplishment, it does reinforce the reality that sexual and physical violence continues.

This is my 20th year in this work and the needs of our clients feel greater and more complex than when I started. I've always thought that the ideal goal for our programs would be *not to be needed*. Until then, I hope we continue to provide skilled and compassionate care to our clients. ☺



In the Community



Strength. Confidence. Safety.

Evaluation of Mississauga's Sexual Assault and Domestic Violence Services self-defense course for women

*Submitted by the Sexual Assault and Domestic Violence Services Counselling Team
Trillium Health Centre, Mississauga*

More than 190 girls and women have learned how to defend themselves by taking part in the Wen-Do (women's self-defence) course offered by Sexual Assault and Domestic Violence Services at Trillium Health Centre in Mississauga.

In the course, girls aged 10 years and up and women of all ages, abilities and backgrounds learn easy-to-remember, common-sense self-defense techniques.

Two Wen-Do courses per year are subsidized through the Care and Compassionate Fund, used primarily to assist clients who require emergency transportation, clothing and food. The fund is made possible by the continued generosity of community donors and hospital staff.

A total of 11 courses were held between September 2002 and October 2008. Approximately 84% of participants completed a survey evaluating their experience.

Using a five-point rating system, a strong majority of participants assigned a rating of "excellent" to a number of elements, including the personal value of the course (88%), the facilitator's ability (98%) and the course itself (92%).

In terms of the benefits of participating, five themes emerged. Participants said they: (1) gained knowledge and awareness, (2) built confidence and self-esteem, (3) learned new skills, (4) valued the leadership of the Wen-Do instructor and (5) found connection with other women. ☺

Focus on Domestic Violence

Violence is everybody's business: Building a coalition to respond to violence against women

*By Elaine Cybula and Mary Essar
Sexual Assault/Domestic Violence Treatment Program
Niagara. St. Catharines*

It's safe to say that, within the network of sexual assault care and treatment centres, we abandoned the "silo approach" to providing services a number of years ago. We realized that the best approach is through coordination, cooperation and coalition building.

The concept is simple, but the execution can be daunting... meetings, sub-committees, more meetings, defining goals, planning, networking, agendas, minutes—and more meetings.

Along with Niagara-specific agencies, we are working with agencies that, like our own Ontario Network, are members of groups with representation across the province. Each has a role that may involve emergency shelters' housing agencies, police, probation and parole services, victim's services within government, multicultural services, Native centres, French-language services, counselling services, child protection, community education and violence awareness and prevention programs.

As a representative attending meetings and facing the challenge of staying on top of the discussions and planning processes that contribute to victims' safety and support, one can lose sight of the great benefit there is in having such committed providers in our community.

The Coalition to End Violence Against Women (CEVAW) is a group of organizations in the Niagara Region who have come together to help end violence against women (www.cevaw.com).

In the past year, CEVAW took up the challenge of bringing the Neighbours, Friends and Families program to our region. Neighbours, Friends and Families is a public education campaign designed to raise awareness of the signs of woman abuse (www.neighboursfriendsandfamilies.ca).

However, a few years ago, forward-thinking, interested members of our community who were not service providers explored the question of violence against women. They worked under the rubric of "It's Everybody's Business," a program established to provide employers, employees and unions with data and resources concerning the effects of violent situations as they present in the workplace. They developed community presentations. We were faced with an embarrassment of riches!

Through open communication and networking we now have a program that embraces the work of both programs and included input from the francophone, Aboriginal and multicultural communities in our region.

The program is also a way for us to fulfill the recommendations of the coroner's jury following the inquest into the death of Lori Dupont, specifically, "...that all workplaces design and implement a policy to address domestic violence (also known as intimate partner violence) and abuse or harassment as it relates to the workplace" (www.whsc.on.ca/pdfs/Dupont.pdf).

These examples of collaboration and dialogue demonstrate an overall realization that, if we are to protect victims, we truly must believe that violence IS everybody's business. 



Centre Spotlight

Kenora's RNs and RPNs: A Collaborative Nursing Team

By Kathleen Fitzgerald, RN and Lori Ann Rioch, RPN
Kenora Sexual Assault/Partner Abuse Program

For over 10 years, Kenora's sexual assault/partner abuse team has included both registered nurses (RNs) and registered practical nurses (RPNs).

The RPNs on the team have several years of clinical experience in areas such as medical-surgical, mental health and emergency. The care they provide to our clients is comprehensive, although it does not include the vaginal examination. They are knowledgeable in procedures for collecting forensic evidence and testing for sexually transmitted infections (STIs). They also assist the sexual assault nurse examiner (SANE) or emergency-department physician.

With the change in the RPN scope of practice by the College of Nurses of Ontario in 2006, the registered practical nurses on our team sought approval to complete all the care— independent of SANE/physician involvement—including the genital examination, documenting injuries and testing for STIs.

As a team and as a hospital, we began discussions and consultation with stakeholders regarding the RPN scope of practice in providing care to victims of sexual violence. Over the past year we have been actively work towards achieving this, starting with having two RPNs attend the SANE training provided by the Network.

One of the RPNs has completed the required supervised vaginal examinations and has demonstrated the knowledge, skill and judgment required for the role. Our clients have not voiced any objections to an RPN providing the care; in fact, they were pleased with the care provided.

A second RPN is in the process of gaining the required skills and knowledge to work independent of SANE/physician involvement. A third RPN who has experience and skills doing "well-woman" exams has just been hired—an asset for the team.

This integration of RNs and RPNs is a concrete example of nursing professionals working collaboratively to meet clients' needs. 

Tips and Tools



North Bay General Hospital and Northeast Mental Health Centre are currently working collaboratively on a new policy aimed at identifying behaviour that constitutes workplace violence, and defining procedures for reporting and resolving incidents.

Workplace Violence Prevention Policy

Defining procedures for reporting and resolving incidents of workplace violence

Tanje Ng, Coordinator
Sexual Assault and Domestic
Violence Program
North Bay General Hospital

The policy is founded on the belief that a safe workplace is built on a solid partnership of management, employees, union representatives and health care professionals.

Recently, the joint committee invited two focus groups and distinguished panelists to a working "lunch and learn." The purpose was to have employees review and critique the

Workplace Violence Prevention Policy and the Disruptive Behavior Algorithm.

Attendees were divided into small groups and given a case scenario of workplace violence. Groups were asked to navigate through the policy and the algorithm and report to the committee about the effectiveness of these tools.

The committee has reviewed the valuable feedback and has been working diligently on the recommended changes. We hope to test the revised policy on two more focus groups in October and then initiate training throughout both organizations. 

Perspectives

Looking Back: Lots of Changes But Still an Incredible Team

By Mary Metcalfe, RN
Orillia Sexual Assault/Domestic Violence Treatment Centre

December 2009 will mark my 12th anniversary with our SA/DV program. Actually when I joined the team it was just the SA program. In fact, I remember that one of the questions in my interview was about the implementation of the DV portion. “Would you have any problem working with women who were abused by their partner?” My answer was the first thing that popped into my head. “I know you shouldn’t answer a question with a question but...why would I?”

I remember being part of the on-call team, attending team meetings and looking around the room thinking to myself, “What an incredible group of women. Will I ever be as capable as they are?” Then I went to my first Network conference, the room full of hundreds of women from all over the province—and I was still thinking the same thing.

I attended the Network conference last year. There are many new faces as well as those I fondly think of as “the lifers.” These women are our mentors. They are never too busy to share their wisdom and caring.

Over the past decade I have witnessed many improvements to our program. We’ve gone from a single patient room in the older wing of our hospital with a crank bed and Polaroid camera to three rooms in our new Community Tower complete with new examination chair, digital camera and medscope. We added the domestic violence portion of the program and a pediatric day clinic. The six- to eight-inch-thick training manuals have gone digital.

I have learned many things during these years: I can juggle three part-time jobs with the help of a day-timer; it is okay to call my peer at 2:00 a.m. and ask a question or

debrief; the body and mind are capable of withstanding a lot more than most people think; filling out the stats form completely is important; it is not a good idea to sign out the keys to the treatment room and then put them in your pocket only to drive home with them five hours later.

Something was said to me many years ago and it applies to every SA/DV nurse reading this. “When that pager goes off, know that you are the only person in a 100-kilometre radius that has the knowledge and expert skills who is willing and able to help that person in need on the other end of the phone.”

I will always remember the first client I saw, the first male client and the first pediatric client.

When people ask you “On what floor of the hospital do you work?” I hope you say proudly, as I do: “I am a member of the sexual assault and domestic violence care team.” ^{CS}





SA/DVTC at Women's College Hospital turns 25

*Petra Norris, RN
Sexual Assault/Domestic Violence Treatment Centre
Women's College Hospital, Toronto*

It is hard to believe that it was in 1984 that the Sexual Assault Care Centre (SACC) at Women's College Hospital (WCH) first opened its doors to women and men who had experienced sexual assault.

Over the past quarter-century we have seen many changes, not only to the program itself, but also to society's response to violence against women. Client assault histories have become more complex and new options for medical and forensic care have been added, such as freezing of the sexual assault evidence kit, anonymous reporting and HIV Post-exposure Prevention (PEP) treatment. Counselling services have expanded and now include narrative therapy, art therapy and sensorimotor psychotherapy. The overarching framework is feminist, anti-oppressive, client-centered and collaborative.

Our centre now includes a medical director and an HIV specialist available for consultation. We have three social workers and an art therapist who provide individual and group counselling for survivors of sexual assault and domestic violence.

With the elimination of the on-call SACC physician and the implementation of the SANE role and medical directives, we can now provide comprehensive care and limit the number of professionals that have to be involved in an intimate physical exam.

These changes have come about through increased education and research into evidence-based practice.

Today, the SA/DVTC at WCH is a collaborating partner in the Ontario Network of SA/DVTCs, strengthening the health care response for victims/survivors of sexual assault and domestic violence. We continue to participate in a variety of research aimed at improving client care. We have shared our experiences with guests from other countries who want to improve their response to victims. We participate in outreach; many of our staff are involved in advisory committees, educational initiatives and conferences both on a local and international level.

While we have done a great deal to improve our services, there is still much to do. In its first year of

operation 25 years ago, the centre saw 220 women and four men. Today, the SA/DVTC provides service to an average of 350 clients annually; about 5% are men. In 2008, our counsellors provided service to 342 women and 9 men and our non-emergency health care provided services to 349 clients.

In addition to serving clients directly, we must continue to break down the myths about sexual assault and domestic violence so that, no matter where a client goes for help, she will get a supportive response that starts her healing process and does not re-victimize her.

I would like to thank all those who have provided leadership to the SA/DV treatment centre at Women's College Hospital, our past coordinators, administrative staff, the many physicians, nurses, social workers and art therapists who have made the team what it is today. Also, to all our collaborating partners in the community and in the Network, thank you for your support and dedication to ending violence against women. CS

Integrity

Caring

Respect

Knowledge

Collaboration

Research

Expertise

Educational Events and Publications

EVENTS

International Association of Forensic Nurses Scientific Assembly

October 21–24, 2009
Atlanta, Georgia
www.iafn.org

Ontario Network for the Prevention of Elder Abuse National Conference

November 2–4, 2009
www.onpea.org

First International Online Child Sexual Abuse Prevention Conference

March 11, 2010
<http://childsexualabuseprevention.wikispaces.com/Online+Conference>

PUBLICATIONS

Screening for Intimate Partner Violence in Health Care Settings: A Randomized Trial

Harriet L. MacMillan, MD, MSc, et al. *Journal of American Medical Association (JAMA)*, Vol. 302 No. 5, August 5, 2009, pp. 493–501.
<http://jama.ama-assn.org/cgi/content/abstract/302/5/493?etoc>

Predicting Sexual Assault Prosecution Outcomes: The Role of Medical Forensic Evidence Collected by Sexual Assault Nurse Examiners.

Rebecca Campbell, et al. Sage Publications. *Criminal Justice and Behavior*, July 2009, pp 712–727.
<http://cjb.sagepub.com/cgi/content/abstract/36/7/712>

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Topic ideas?

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Just send an email to sheila.macdonald@wchospital.ca.

Please email your articles in Microsoft Word format.



Networks News

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