

Provincial Coordinator Update

I hope everyone had a wonderful, relaxing summer. It went by so fast!

HIV Training

Dr. Mona Loutfy and I are looking forward to coming to your region for the HIV training. We will be training Coordinators, the Medical Director of the SATC, and follow-up care providers for sexual assault clients in the HIV prophylaxis. You will be trained by them subsequent to the regional training. We hope to start full implementation in November. As a front-line nurse on a SACC team, I recognize and appreciate the difficulties in implementing this project. It can feel difficult to discuss HIV with the victim/survivor given all the other issues she/he is thinking about. As well, there is additional time needed for the process and paperwork. However, the end goal is to have a better defined protocol for the provision of HIV prophylaxis in sexual assault. There has been so little research done in this area.

I hope you will stay committed and involved in this important project despite the difficulties. For the victim/survivor of sexual assault, HIV transmission *is* a concern, and as much information as we can provide can only benefit our clients as they consider this health concern.

Costa Rica Connection

I recently had the privilege of visiting Costa Rica as a consultant to the Costa Rican government. It is collaborating with the Centre for Research in Women's Health in Toronto on initiatives relating to violence against women. People there are extremely impressed with our Sexual Assault/Domestic Violence Treatment Centres. They are exploring the possibilities in responding to domestic violence/sexual assault within the health care sector, not only in hospital settings but from a public health perspective. Most of my discussions revolved around our role as Centres and the services we provide to our clients, as well as our collaboration as a Network of SA/DVCC's.

By the way, Costa Rica seems like a wonderful holiday destination - nice people, lots to do, and I hear the beach resorts are fantastic.

Update on 3 Issues

We will be re-submitting a proposal to the Ontario Women's Health Council to examine the issue of sexual assault and drugging. This project will probably be carried out in selected areas instead of across the Network due to funding limitations, but at least we hope to identify what drugs are being used in suspected drugging situations. A specific protocol will be developed that will assist the examiner in determining when to submit blood/urine samples for testing.

We have been funded to set up a Network-wide data base system that will make it easier for us to collect data about our clients and to share the data with each other. How the system will be set up has yet to be determined.

The week long Social Work training is approaching quickly (*November 14-18*). For those attending, have a wonderful week - learn a lot, network with your colleagues, and have fun! Your conference organizers have planned the week to achieve all three goals.

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

Preparing for Court ...**10 SUGGESTIONS**

- 1. Read Your Notes:** your notes can be reviewed in the Health Records Department. Try to focus on reading only your own notes, so you remember what you documented.
- 2. Meet with Victim Witness:** They are a valuable resource whose purpose is to prepare you for court. They will answer questions about the court process.
- 3. Dress Appropriately:** Capri pants are not court attire! Conservative, professional clothing is recommended. Have at least two outfits for court.
- 4. Meet with the Crown Attorney:** This can help both of you as it informs the crown of your testimony, and prepares you for the questions the crown will ask. They may also have some insight into the questions the defence may ask.
- 5. Know Where You are Going:** Sounds simple enough but it really does alleviate a lot of stress if you know exactly where to park and what floor your courtroom is on.
- 6. Keep Receipts:** You will be reimbursed for mileage and parking.
- 7. Bring Lunch Money, and a Book:** You will probably spend some time waiting so be prepared. Witnesses cannot sit in the courtroom until they give their testimony.
- 8. Keep Calm:** Remember your testimony is not the whole case. Important as it may be, there are other witnesses.
- 9. Watch Your Mouth (so to speak):** Don't discuss your case with anyone, and know what language is appropriate for court (*You never know who is sitting beside you*).
- 10. Use Your Coordinator:** Your coordinator is a wonderful resource and support. She will act as a liaison between you and the court.

**Michele Veenendaal, SANE
Burlington S/DACC**

Peterborough Highlights ...**CENTRE FOCUS**

As the new coordinator of the Peterborough Regional Health's Centre's Sexual Assault/Domestic Violence Program I would like to take this time to thank the Belleville, Brockville, Cornwall and Ottawa coordinators for allowing me to visit and 'pick their brains'. It was extremely informative and exciting to hear how other Centres are organizing their programs. In addition, everyone in the Network has been very generous with their time and helpful tips. *Thank-you so much!*

The development of the Domestic Violence Program in Peterborough has been top of the list for the last 4 months. We made it through SARS, hiring freezes and black-outs - now it's full steam ahead! We have organized a community education day - '*Just Ask... Domestic Violence: Your Question Can Make the Difference*' - on October 22, 2003 with Marion Boyd as the keynote speaker. The focus of the training is on universal screening, and community linkages that will help our hospital and community identify victims of domestic violence and coordinate services for them. It will also be an opportunity to explain

our Domestic Violence Program to the community. As well, we have a second training day planned solely for the team and ER nurse representatives. Provincial Coordinator Sheila Macdonald has been kind enough to agree to attend and provide training for the domestic violence nurses. We will also focus on Vicarious Trauma, the Impact of Violence on Children, and Forensic Photography.

We are building on the hospital's Woman Abuse Protocol established in 1998 that launched *universal screening*. At that time the plan was to screen all woman 16 years old and above. The Nurses started to screen but seemed to become discouraged as nothing developed from the protocol to address the victims/survivors needs within the hospital. Currently universal screening is not being done consistently - if at all - due to many issues. These issues include lack of privacy, and the ER nurses not knowing exactly how to respond to a woman disclosing she has experienced partner abuse. I am currently meeting with every ER nurse to explain our new program and I am getting very positive feedback. The nurses seem to be feeling more confident about *universal screening* now that they will have some clear options available to offer the patient. The Nurses' positive feedback coupled with the community support seems to indicate that this program will be quite well received within our hospital and the community.

**Bobbi Martin-Haw, Coordinator
Peterborough SA/DVP**

Long Distance Counselling ...TELEHEALTH TECHNOLOGY

The Challenge:

In April 2003, due to financial constraints, The Phoenix Centre For Children and Families in Renfrew County eliminated individual counselling services for children (*aged 13-15*) and their families. For our Sexual Assault/Partner Abuse Program - which covers the 5 valley hospitals in Renfrew County - this created a tremendous gap in follow-up care and ongoing support for our teen victims.

The Centre will now only respond to crisis situations, allowing the patient to receive a maximum of 3 one-on-one counselling sessions. After this, the child is referred to group support to deal with the effects of their traumatic experience. Often they are not ready to enter this form of counselling. Also, at no time can the Centre guarantee that a specific session addressing sexual assault issues will be occurring in the child's hometown since groups rotate locations.

The Solution:

In May 2003 I began working with the mental health and telehealth teams at the Children's Hospital of Eastern Ontario (*CHEO*) to examine the possibility of conducting individualized counselling - with social workers specializing in sexual assault and child abuse - via the telehealth medium. This is an important service to provide since *CHEO* is the nearest pediatric centre that can provide specialized counselling and support for our children and their families. For some patients who have accessed our program, a visit to *CHEO* can entail up to a 5 hour drive (*one way*) to the city to attend counselling sessions. For many reasons, this is not a realistic option for many of our families.

In August 2003 we conducted our first telehealth counselling session from one of our valley hospitals with a sexual assault counsellor at *CHEO*. The session involved a 14-year-old girl who had a history of sexual abuse by a family member. The child had been referred to *CHEO's*

mental health department 7 months earlier but had no means of travel to get to the city to attend the session. Within 4 days of receiving this referral from the child's family doctor, I was able to arrange for the session in a hospital close to the child's home. Both the child and her family were extremely grateful to have had the opportunity to receive specialized care from our experts at *CHEO* via telehealth.

I encourage any of you in Centres that are multi-site or rural in nature to explore the idea of using telehealth technology when specialized care is difficult to access. I am thankful to be working with the fantastic and cooperative team at *CHEO* who made this opportunity possible for our pediatric patients!

**Maureen Sullivan-Bentz, Program Manager
Renfrew County SA/PATC**

2nd Year Challenges ...NORTH BAY

North Bay General Hospital's SANE team has entered it's 2nd year of existence. Despite - or perhaps more accurately *because* of - very normal 'growing pains' our Team benefited from a variety of learning opportunities and has been able to continually refine and streamline our procedures to the benefit of clients and staff. We have provided service to a growing number of clients, and have reached out into the community to inform various groups about our services.

This year, we have added a pediatric assisting role for SANEs, which allows timely and efficient assessment of children by a nurse-physician team. We also plan to forge ahead with the domestic violence component of the SANE role, collaborating with ER staff to screen and identify survivors who require SANE/DV nurse intervention. We will be contacting coordinators across the province to solicit advice and share experiences in implementing this facet of our program. Finally, we are reevaluating the role of our coordinator in order to reflect the evolving activities of our Team and to keep pace with our community's needs.

**Sue LeBeau, SANE Team Coordinator
North Bay SA/SVTC**

Sharing Expertise...**COMMUNITY OUTREACH**

Two years ago, our team was approached by the Program Director of the ER program, our Employee Health Office, and our Infection Control officer. They addressed concerns regarding the care and follow-up of employees and community members presenting to the ER department, after having experienced some form of *body fluid exposure*. These concerns included:

- Improperly filled out forms
- Educational/support needs of staff/community members regarding options of care (*immunization status, risk assessment, post-exposure prophylaxis, HIV pre-test counselling/testing*)
- Ensuring proper follow-up for this specific population of clients.

The people who approached us recognized the uniquely skilled roster of nurses already in place within our program, who provided similar care to our clients experiencing domestic or sexual assaults.

After consulting with team members, it was agreed that our team would begin responding to *body fluid exposures* 24 hours a day for members of our community, as well as for staff exposures occurring outside of Employee Health office hours. These clients would access our services the same way that our regular clientele did...a simple call from the ER triage nurse. A team nurse would respond to the hospital, discuss options and plan of care, and then consult with the ER physician for orders. Follow-up would be arranged through our Community Health Service Department, Employee Health or the client's family physician - as directed by the client.

To date, we have seen a total of 52 clients for various types of *body fluid exposures*. In addition to the typically seen 'needle stick' exposures, we have treated:

- Clients with human bites
- Persons rendering roadside care to accident victims
- Police officers who sustain injuries while apprehending high risk offenders
- 'Splatter type' exposures during emergency resuscitations
- Children playing with 'improperly disposed of' needles

We also identified a couple of high-risk situations allowing us to address safety issues within the community. One such situation involved a community nursing home, where several nurses had sustained lancet-type injuries using an outdated glucometer. Another involved several cases of children finding used needles in one local park.

Thus far, this program is working exceptionally well. We have had positive feedback from all parties involved. Caring for these clients, on a one-to-one basis, away from the busy ER department, allows us the time to:

- Provide a consistently high level of care
- Meet their emotional and medical needs
- Lighten the load of the already over utilized nursing staff in the ER department.

As a bonus benefit, our team members feel more prepared to participate in the HIV-PEP study as they honed their assessment and teaching skills, which, in the end, benefits the clients we were originally designed to care for. This opportunity has really turned out to be a win-win situation for all!

Alice M. Stoner, RN
Sarnia SA/DVTC

...FOR YOUR INFORMATION

Upcoming Events

San Diego Conference on Child and Family Maltreatment
January 26-30, 2004
San Diego, California
www.charityadvantage.com/chadwickcenter/2004Conference.asp

Sexual Assault Nurse Examiner Training
February 2-6, 2004
Toronto, Ontario

2004 International Research and Action Conference:
Innovations in Understanding Violence Against Women
April 25-28, 2004
Wellesley College, Wellesley, Massachusetts
www.wcwoonline.org/conference