

## Provincial Coordinator Update

I hope summer was restful, enjoyable and safe for everyone.

After the summertime 'lull' we are re-grouping to move forward on activities to strengthen our services. Committee reports (*Nursing/Social Work/Annual Conference*) are available from your program Manager/Coordinator.

### HIV PEP Funding Update

I am pleased to announce that the Ministry of Health and Long Term Care has funded HIV Post-Exposure Prophylaxis (*HIV PEP*) medications for sexual assault victims/survivors who present at our service within 72 hours of the assault. This funding is available to all 34 programs in the province. Based on the results of the HIV PEP Study, it is the intent of the MOHLTC that our programs implement universal discussion of HIV and risk following an assault, and offering of HIV PEP.

We obtained a lot of information from the HIV PEP study through client and health care provider feedback. Our goal now is to take the knowledge we learned in the study and develop concrete tools and strategies to assist us in implementing the HIV PEP program.

To do this, we (*the Network of SA/DVTCs and the Women's College Research Institute*) applied for and received Phase 1 funding for a '*Knowledge- to-Action (KTA)*' project funded by CIHR. This enabled us to review the feedback from health care providers regarding the HIV PEP program in order to examine the barriers/obstacles to implementing and maintaining the program. We are applying for further funds from CIHR to enable us to refine materials for the HIV PEP program, assist in developing further training materials for SA/DVTC staff and provide tools to help programs implement the HIV PEP program.

A *KTA* Advisory Committee will provide guidance as these materials/tools are developed.

An HIV Advisory Committee has been established with HIV experts from across the province to keep us (*as a Network*) updated as to changes in HIV PEP medications and any other relevant issues regarding HIV.

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

### Special Recognition

Our Provincial Coordinator Sheila Macdonald is the recipient of the 2006 International Association of Forensic Nurses Achievement Award. It was presented to her at the IAFN Conference which took place in Vancouver from September 27th to October 1st. This award is presented to individuals for significant contributions made in the advancement of Forensic Nursing through clinical practice that improves the quality of care of victims of violence.

Sheila has contributed a great deal to the care of survivors of sexual assault and domestic violence in her work. This includes the development of the SANE role in Ontario, and the many research projects she has initiated through her 14 years as our coordinator. Our congratulations to Sheila on this achievement!

## NEW FOCUS... **What Men Can Do to Help**

As we all do, I sit on many committees. One of my favourites is the Peterborough Domestic Abuse Network. I co-chair this committee that is made up of representatives from 31 different agencies and services that work with victims of violence. Shelter Workers, Police, Crown Attorneys, Victim Service Workers, CAS... the list goes on and on. Every year we organize a training event for *Week Without Violence*. We have had Peter Jaffe, Maureen Boyd, Dawna Spears, but this year we are doing something different. Inspired by Judi Rebrick, we are organizing an Education Day called, *Shifting Perspectives: What Men Can Do To Stop Violence Against Women*.

The planning and development of this educational day grew from a statement that Judi Rebrick made at our Conference in Kingston that really stuck with me. It went something like this, "*It seems that the Women's Movement has done about all it can do to stop violence against women. We need to shift our focus to men and the work they can do to make the necessary changes in our society to stop violence against women.*"

We have arranged for Todd Minerson, the executive director of the White Ribbon Campaign to speak to our community about working with men and boys to end men's violence against women. He will explore this issue by looking at the history, principles and current efforts of the White Ribbon Campaign in Canada and around the world. The White Ribbon symbolizes a man's pledge to never commit, condone or remain silent about violence against women. "*Be the change you want to see in this world*" Mahatma Gandhi (via Todd Minerson)

We are also pleased to have Mark Phillips a Traditional Teacher/Counsellor from the Nijkiwendidaa Anishnabe – Kwewag Services Circle. Mark will share with us the traditional First Nation's understanding and beliefs about the relationships between men and women. We also plan to have a panel of men view and comment on segments of the film, *'Tough Guise'*. We hope to lead this panel into a discussion focusing on what our community can do to educate men and boys to make different choices in their lives and demonstrate respect towards women.

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

## **High Risk DV Cases ... NEW PROTOCOL**

For the past 2 years I've been a member of the Renfrew County Criminal Justice Work Group. We have been examining the recommendations set out by the Ontario Domestic Violence Death Review Committee (DVDRC). We recently began to examine the 2005 report, which reviews 14 Domestic Violence Homicides in Ontario. This has been particularly difficult since one of the homicides occurred in Renfrew County.

In this report, the Domestic Violence Death Review Committee recommended that all communities develop a formalized process for managing domestic violence cases identified as high risk. "*In a number of cases the Domestic Violence Death Review Committee has reviewed, the perpetrator was recognized as being dangerous and the victim was recognized as being at high risk. Unfortunately, there was no effective case management response and the unacceptable but common response to fatalities is that the case 'fell through the cracks'. The challenge for each community then is to establish case management models and processes to actively manage high risk domestic violence cases*"

In response to this our community has developed a *High Risk Partner Assault Case Review Protocol* which formalizes our process for high risk cases and is, in part, a response to the recommendation noted. This process brings together relevant police, prosecution, enforcement, and victim support

agencies to provide a coordinated team response to high risk partner assault cases. The work done through this committee has been an invaluable addition to our community.

Copies of the report may be obtained by visiting the Ministry of Community Safety and Correctional Services publications website at:

<http://www.mpss.jus.gov.on.ca/english/home/pubs.html> .

**Belinda Holmes, Program Manager  
Renfrew SA/PAP**

## **Creative Integration... COMMUNITY AWARENESS**

This year our Sioux Lookout Assault Care and Treatment Program focused on becoming more visible within our community. As a result we became involved in some exciting initiatives to increase awareness of personal safety for children, youth and their parents.

In May our program social worker participated in a *Family Safety Night* which draws large numbers of elementary school children and their parents, who come to learn about bike and fire safety. Our booth focused on personal safety and bullying. The free draws for books and stuffed animals as well as the smell of free popcorn made the booth hard to resist. We also had the video '*My Body Belongs to Me*' playing.

In June we participated in a Bike Rodeo at both elementary schools, in partnership with a Community Policing Committee. Children were tested on their bike safety skills and were eligible for prizes of a bike. In July we were invited to participate in a community Health Fair in Kingfisher Lake which is a 'fly in' community of 370 First Nations located 500 km north of Thunder Bay. We offered this opportunity to the nurses on our call roster. The lucky participant was chartered up to Kingfisher for the day complete with a large display board, numerous boxes of heavy pamphlets and two large fruit baskets for draw prizes. Fruit is a luxury in the north due to the poor quality available and the cost of transport. The display board was left at the nursing station as a resource. The community had a fish fry for all of the participants and everyone received a pair of moccasin slippers.

August brought the opportunity to be involved in a community Trade Show during our Blueberry Festival. Two of our nurses volunteered to work the booth. Once again we focused on bullying as well providing information on dating violence, sexual assault and domestic violence. We were initially a bit apprehensive that people would avoid the booth because of the topics but it was amazing how the issue of bullying drew parents of school-aged children to the booth. Approximately 2000 people attended this Trade Show.

Our program continues to look for opportunities to increase awareness of personal safety issues for children and youth in Sioux Lookout as well as to become more visible within our community. We also learned to recognize and appreciate our on call nurses as a very valuable resource in promoting public awareness.

**Carol Maxwell, Co-Coordinator  
Sioux Lookout ACTP**

## **NEWSPAPER CAMPAIGN... ‘Something to Talk About’**

Over the summer our program took advantage of grant funding to develop a 12-week newspaper prevention & promotion campaign. Each week we submitted a ¼ page article to our local newspaper, providing information on domestic violence, sexual assault, and community resources.

The information we provided certainly did not go unnoticed. Lo and behold, these articles seemed to create a bit of dialogue in our community. Some of the most interesting comments I observed were on our local radio station’s web site. While I initially did not go to the website, after having heard so much feedback about the stir this was creating, my curiosity got the best of me. Each week a multitude of individuals would debate the information presented in these articles and share their opinions. There were definitely *opinions*, but none the less, it was very interesting to see. For every negative or misinformed comment there was someone else who was more than willing to support the information in these articles, provide stats or information they had researched, or who had personal thoughts to share.

When starting an information campaign like this, one can’t help but wonder if anyone will even read the material. I was more than delighted to see that so many in our community were affected and took the time not only to read the content, but also to make an effort to dialogue about these issues.

Over all, the campaign highlighted for me just how important it is to continue getting information about sexual assault and domestic violence out into our communities. We must continue to dispel the myths, and strive to create and maintain an ongoing awareness in our communities, while providing comprehensive care and treatment to victims.

**Tania Galeotafiore, Coordinator  
Dryden SA/DVCTP**

## **Small Centre Tag Team... PROS & CONS**

### **PROs**

- In a small Center with low call volume, it’s hard to keep current and up-to-date skills
- 2 heads are better than 1 - what one member misses the other will pick up on
- Helps build confidence of members in treatment delivery
- Many hands make light work – it expedites treatment in a punctual practice
- Tag teaming a SANE with another SAT RN increases the learning curve as well as enhancing patient care in a timely manner
- No MD involvement if it’s a straight forward case, thus cutting costs
- Member retention with tag teaming as confidence is built
- Helps build TEAM cohesiveness as team members build a rapport
- Without the tag team there is little long-term investment by members
- Members training in pairs/groups builds confidence - colleagues have the same knowledge base to build on
- Having the SAT/DV RN tag team with the Emergency RN in the care of a Domestic Violence patient promotes the SAT/DV team as a positive adjunct to the Emergency Department, and may recruit new members to the Team

## CONS

- The initial \$\$\$ layout having a SANE member along with a SAT RN working together vs. the cost of no physical MD involvement, other than a phone consultation
- Fewer member resources to cover the 24/7 calendar
- If there is court involvement more money is used for 2 expert witnesses
- Higher patient volume would enable members to gain experience and confidence in order to maintain/retain members (*this would not pertain to Centres with high call volume*)

**Heather Davis RN, SANE**

**Joy Halbert RN, SANE**

**Orangeville SA/DVP**

## For Your Information

### Upcoming Events

#### **Sexual Assault Nurse Examiner Training**

*February 19-23, 2007*

Toronto, ON

*(arranged through Program Coordinator/Manager)*

#### **◆Annual Conference for SA/DV Treatment Centres**

*May 30 - June 1, 2007*

Sudbury, ON

Theme is: *Forensics\_*