NETWORK NEWS

ONTARIO NETWORK of Sexual Assault Domestic Violence Care/Treatment CENTRES

JANUARY 2008

Provincial Coordinator Update

This is our first effort in moving our newsletter to an on-line format. We have changed to this format in order to make it more readily accessible and to reduce the use of paper. Any suggestions you have to assist us in improving the newsletter would be appreciated.

We're also going to be revamping our Network website (www.satcontario.com) to give it a fresher look, update the content and make it more 'user friendly'. We intend to have the website become the 'site to go to' for our Network members for current information, resources etc., relating to sexual assault and domestic violence.

HIV PEP Education Online

In addition to the nursing education (*orientation & SANE training*), we've developed the HIV PEP education into an online format that will be accessible from our website. Anyone will be able to access the training which has been divided into modules (*e.g. One module is on the HIV PEP medications, another is on how to counsel about risk of exposure*). We hope to have the HIV PEP learning 'live' in January, 2008. Many thanks to Petra Norris for her work as the content expert for this program.

Annual Conference

Our Annual Conference in Sudbury is quickly approaching: March 27 & 28, 2008. A pre-conference workshop will be held on March 26 with Dr. David Lisak, speaking on 'non stranger' sexual assault. The conference theme is 'Kaleidoscope of Forensic Care' and our speakers are dynamic and progressive in a wide range of topics. The registration form will be available in early January, 2008 through your program Coordinator and on our website. Plan to attend and network with colleagues and friends from across the province!

Research Activities

Our research activities are progressing well. The *Drug-Facilitated Sexual Assault* study results are currently being analyzed. The results will be presented at our conference in March. We are hoping to implement a client evaluation study in 2008 and are currently working to pilot the study in two of our SA/DVTC sites. The *HIV Knowledge to Action* project funded by CIHR will be completed by August 2008. We intend to evaluate the HIV tools that have been distributed to all our programs such as the Medical Directives, risk assessment tool, client handouts. We will be seeking your input in 2008 to assist us in completing the evaluation.

Janelle *(our Network Assistant)* and I wish you a safe and enjoyable New Year!

Sheila Macdonald R.N.
Provincial Coordinator

HIGHLIGHTS

RPN UPGRADE...

On Call Solution

Utilizing all nursing classes RPN, RN, RN (EC) to the full scope of their practices along with Medical Directives can provide a way for our programs to better meet the needs of our community.

About 6 years ago, we had a shortage of RN's for our on-call team - so some RPNs joined us with excellent results. These RPNs gained the knowledge, skills, and judgement to offer appropriate options of care, while functioning under the same medical directives as our RNs. Our RPNs often guide physicians in the correct way to collect genital evidence. They're also knowledgeable about the medications we offer. Often when they consult the ER physician regarding concerns, they are more up- to-date, especially with the HIV PEP. In an audit of our charts over the past 5 years, I found that RPNs performed as effectively as our RNs. Until this year, the pelvic exam was the *only* aspect of the evidence kit that they didn't do as it wasn't within their scope of practice.

In the Spring of 2007, the College of Nurses made changes to the Nursing Act which modified the scope of practice for RPNs. They are now able to perform pelvic exams providing they have the right education and skill competency - the same requirements for an RN. Over the past few months, we've discussed this recent change with our Medical Advisor, Chief of ER, ED of Patient care, and our nursing Team. We feel that the performance of our RPNs has reflected their ability to acquire the skills, knowledge, and judgement to take on this new competency. So we're planning to provide our current and new RPNs with the opportunity to acquire the competency to work to the full scope of their practice. One RPN is taking the Forensic Nursing Certificate, and our newest RPN plans to do so later this year. After they've been on our Team a year, they will do the Network's SANE training.

Each program must do what is best for their community. We'll be working towards RPNs becoming full members of our team, on an equal basis with the RNs.

Kathleen Fitzgerald, Manager
Kenora SA/PAP

Assessing the Risk

... CONFERENCE FOCUS

On November 14, 2007 our SA/DV Program hosted a 1-day conference entitled, '*Assessing the Risk'*, to highlight the importance of assessing the risk of domestic violence. It was open to hospital staff members, police services, shelter workers, children's aid services, and many of our other community partners. We received over 150 registrations! Presenters included Heather Curtis RN, SANE from our SA/DV Program, Ms. Patricia Shaver from our local Native Women's Friendship Centre, Dr. Zoe Hilton from the Mental Health Centre Penetanguishene and Dr. Diane Benoit as keynote speaker from the Hospital for Sick Children.

Heather Curtis has been instrumental in the introduction of Routine Universal Comprehensive Screening to OSMH. Heather constructed an implementation design and is currently working with administration to set this in motion. Ms. Pat Shaver spoke on findings from a study done with the First Nations community about their experiences with domestic violence and accessing 'mainstream' services.

Dr. Zoe Hilton was well received with her interactive discussion about the Ontario Domestic Assault Risk Assessment (ODARA) tool. Dr. Hilton was a key participant in developing and implementing the use of this tool which effectively predicts the risk of recidivism to the victim. Currently the ODARA tool is used by our SA/DV team, shelters within Simcoe County, the Simcoe County CAS, and some police services.

Keynote speaker, Dr. Diane Benoit, reviewed pertinent aspects of theory and findings from research on the impact on children of exposure to violence, abuse and neglect. She applied the theoretical knowledge and research evidence to everyday work.

Feedback from the audience was very positive and we're looking forward to planning next year's conference.

Mary Metcalfe RN,SANE
Orillia SA/DVP

"It means a great deal to those who are oppressed to know that they are not alone. Never let anyone tell you that what you are doing is insignificant."

Bishop Desmond Tutu

Fireweed

... HELPING MEN

Jill Passmore is Project Coordinator for Amelia Rising Sexual Assault Centre in North Bay. She's developed a group therapy program called *Fireweed* for male survivors of sexual abuse. *Fireweed* is the first vibrant bloom found after a devastating forest fire. "*Like fireweed we desire to transform the landscape of men's lives through awareness, counseling, and healing*". (Passmore, 2007, p. 11)

The program's goal is to increase the number of trained service providers in Northern Ontario - including Aboriginal communities along the James Bay coast - who can offer counseling and support for adult males who've been sexually assaulted.

Group therapy includes 13 well-structured sessions offered in a safe, comforting environment. The professional team incorporates valuable information, along with well-developed activities for group members in order to facilitate experiences and changes in their lives. It's hoped by the 13th session that group members can celebrate closure by "...recognizing gains and achievements and voicing any regrets about the ending of the group". (Passmore, 2007, p. 24). For more information: (705) 840-2403 or info@ameliarising.ca

Passmore, J. (2007) *Fireweed. We desire to transform the landscape of our lives, healing wounds of sexual violence.* Canada: Ricci's Fine Printing.

Tanje Ng R.N. SANE / Jenny Ryan R.N. SANE
North Bay SA/DVTC

Energy Psychology

'*Energy Psychology'* is the name for a family of approaches that use energy systems as a tool to release emotional and psychological trauma. '*Energy Diagnostic and Treatment Methods'* (EDxTM) was developed by Fred Gallo, PhD. It's a method of energy psychology focusing mainly on the energy pathways or 'meridians', and acupoints on those meridians.

The meridian system is like the wiring in a house - it's the wiring in our bodies. EDxTM involves manual muscle testing, a simple muscle checking procedure that allows the body to direct us to the verbal statements and points which will be most effective. These points and affirmations will be different for each person and each situation. Muscle testing allows us to find the precise points where trauma, stuck feelings, and self-sabotaging beliefs are lodged, in order to change the energy and release the trauma. Once the energetic structure is determined, the treatment is designed to eliminate the feeling, thinking, and physical aspects of the trauma. It is then possible to focus on building new patterns that are constructive, empowering and joyful. EDxTM is a very powerful and effective way to help clients to feel better and to transform the trauma in order to make the changes they want.

Arlene Anisman, M,.Ed.
Mississauga SA/DVS

OPPORTUNITIES...

A Student Speaks

Community placement is a requirement of the Nursing Program at Brock University in St. Catharines. I was lucky enough to serve mine at the local Sexual Assault and Domestic Violence Treatment Program, based at St. Catharines General Hospital. Program Coordinator Mary Essar was my mentor for this placement, providing me with many opportunities to broaden my clinical approach. Although my experience in this area of nursing has been short, it has taught me the significance of providing clients with the ethical principle of choice. As a student, this concept is embedded into my analysis of possible situations, but its fundamental use in professional practice is uplifting not only for the client but also for the care provider. To many this may seem like a basic concept, but in this particular focus of care it is the clients' and care providers' strongest ally.

I truly believe it takes an exceptional individual to work in this area. My ideas and concepts of nursing have been expanded by observing and listening to the SA/DV staff. For a student like myself, to be given this opportunity enhances both my interest and my admiration for this aspect of the health care field. I strongly encourage other treatment centers to provide this opportunity to other health care students.

Jennifer Stevenson, Nursing Student
Brock University, St. Catharines

ON COMMITTEES...

Priceless Partnerships

I've often heard friends and colleagues comment on the ineffectiveness of committees, complaining about lengthy delays and opportunities lost as front-line staff wait for decisions from Boards of Directors or making the comment *"...it would be easier and faster if I just do it myself."* We can probably all relate to the frustration felt when things don't move as fast as we would like them to or in the direction we would like them to. Despite this, when we look at the big picture it is hard to deny the value of the relationships, both personal and professional, fostered by committee membership and participation.

In Lanark County we are very fortunate to have the opportunity to participate on a variety of committees with diverse mandates and memberships. They reflect the diversity of agencies that, either by intention or accident, work with victims of sexual assault and relationship violence. For example, I sit on the Smiths Falls Community FOCUS Coalition. The aim of this group is to "…prevent problems, including injuries and chronic disease, associated with alcohol and other drug use." On the face of it, membership for a SA/DVTC might seem a bit strange. Indeed, when I expressed my interest in this committee, the hospital had a number of questions about its relevance to SA/DV issues. Given the opportunity to explain the inextricable links between trauma and substance abuse, and substance abuse and violence, the gap was closed. There are many occasions when the work of this committee heads off in a direction that is not completely relevant to me. However, I am often provided with unusual opportunities to talk about the issues of sexual and relationship violence that would not have been available to me without this network.

I also have the opportunity to work with our local VCARS. As Chair of the Board of Directors for VCARS I often must evaluate information relating to providing services to victims of crime from a variety of perspectives. The opinions, ideas and emotions of volunteers who respond for VCARS are invaluable to shaping not only how this service operates, but also to how VCARS staff and volunteers can interact with other agencies' personnel. At our most recent VCARS AGM, we had the opportunity to hear the father of a young man killed by a train, speak of his family's experience with VCARS. Although this was not a case of sexual or relationship violence, this presentation reminded all of us of the importance of keeping the needs of the victim and their family and friends in the forefront, of setting aside personal agendas and of extending hands to help and be helped by the network that already exists in the community.

For us, committee membership and participation, as frustrating as they can be, are extremely rewarding and provide support and energy for our work.

Barb Lotan, Program Coordinator
Lanark County SA/DVP

Acknowledge / Celebrate

… 2008 SPECIAL DATES

It's important to use creativity in promoting awareness of your services. Using the same old ideas every year will not catch media attention. Here are some dates you can use to put together a year long marketing plan. Choose a new focus each year - and choose the dates you wish to acknowledge, with a radioPSA, a Press Release, a Letter to the Editor, or a speaking tour. *Good luck!* For assistance or more information: cynthiapcolby@sympatico.ca

MONTHS

April - Child Abuse Prevention Month
May - Sexual Abuse/Assault Prevention Month
October - Women's History Month
November - Woman Abuse Prevention Month

WEEKS

April (*last week*) - National Victims of Crime Awareness Week
May (*week 3*) - Aboriginal Awareness Week
June (*1st week*) - Sexual Harassment Awareness week
October (*week 2*) - National Family Week

DAYS

February 12th - Sexual & Reproductive Health Awareness Day
March 1st - National Family Mediation Day
March 8th - International Women's Day
April 7 - World Health Day
May 15 - International Day of Families
June 21 - National Aboriginal Day
June 27 - Canadian Multiculturalism Day
August 9 - International Day of the World's Indigenous People
September 21 - International Day of Peace
October 18 - Persons Day
November 20 - Universal Children's Day
November 25 - International Day for the Elimination of Violence against Women
December 6 - National Day of Remembrance and Action on Violence Against Women
December 10 - Human Rights Day

Cynthia P. Colby, *Editor*

10th Anniversary

... THINGS I'VE LEARNED

In February 2008, I will have been in my position for a decade. To say that I have learned a great deal is a an understatement. As a social worker coming from a private practice, I was hired to lead a team of emergency nurses. That was quite a challenge! I was given a program that had been in existence for 6 years but no one knew about it. So I thought for this article, I would share some of the salient pieces of my learning:

- It took me ten years to realize that when I order pens to give out to the police – they must be in black ink
- If funds permit, hire a marketing consultant to create your communication strategy – it is well worth the investment
- Pick only one or two give-away items for promotional use
- Hire an expert in strategic planning and get yourself organized – you will do less and accomplish more
- Get an electronic cup heater on your desk so your coffee/tea is always warm
- Put your vitamins right on your desk so you don't forget to take them
- Be available to your program but if possible, don't put yourself on-call – empower your staff to take responsibility for difficult decisions – they feel more respected and you get a night's sleep – it's a win/win
- Have an annual plan divided into months and keep it on your desk – write down your goals for each month and look at this each week – time has a way of creeping up too fast – this helps me prepare – especially for recurring events like *Sexual Assault Awareness Month*, *Social Work/Nursing week* etc.
- Keep a "to do" list visible on your desk and don't discard the old ones – staple the new one on top – if you don't think you accomplished much have a look at your list
- Make sure to have good quality chocolate available for yourself and others
- Have drinking water close by
- If funds permit, get a few amenities that make your life easier at work – microwave, fridge etc.
- Buy a trolley, a big briefcase on wheels, a back pack – when you have to do presentations you have good transporting equipment and you don't hurt your back
- You will always need to find creative ways to promote your program and raise awareness regarding sexual assault and intimate partner violence
- Lastly and most importantly, I have learned to accept that I will usually have a number of stressful issues going on at a time. However, it is actually easier to deal with many stressful issues than just one. When you have a lot of problems how are you going to choose which to obsess over? So probably you won't obsess over any single one because you just don't have the time. Anyway, a manager's world is to be able to be at peace with a multitude of diverse issues, some good, some not so good. So when there are a lot of things going on - which there usually is - it is actually easier to deal with them.

Sarah Kaplan, Coordinator
Cornwall ASAP

Jan. Teleconference Info

... TEENS AND SEXUALITY

They speak a different language, wear different clothes and it sometimes seems they're from a different planet - what makes them think and act this way?

Canadian statistics show the average age (*male & female*) for having sex for the 1st time is 16.5, with 28% of teens aged 15 – 17 reporting having intercourse at least once. By age 20 – 24, this increases to 80%. Of males aged 15 -17, 42% reported having more than one sexual partner in the previous year - 39% of those aged 18 – 19. Oral contraceptives (the pill) are the most common method of contraception (32%), next is condom use (21%)

Condom usage has changed over the past decade:, once Grade 9 students reported they used one the first time they had sex - now it's Grade 11 students that report using a condom that first time.

Parents and guardians are regarded as the primary source of sexual health education by most teens, so where's the change in patterns coming from? Is it a lack of communication between parents and children? Do we start the information at the correct age? Why are schools not more responsible for the education of our children? There are so many variables to consider when addressing these questions that we can't hope to address them all. Cultural and religious impressions alone will affect how and when questions of sexuality with teens are addressed at home or at school.

Regular feelings of stress and depression tend to be more common among sexually active teens than among their non-sexually active peers. New research links teen sex to stress and depression. Teenagers, who should be developing their own natural sexuality, find themselves unable to respond appropriately, e.g. flaunting themselves while simultaneously feeling a profound disgust for their own sexuality, caught in a bind, feeling they must show as much skin as possible, but being obsessed by the fact that so many different parts of their body are 'absolutely grotesque' to themselves. Natural development of sexual needs and an ability to read them are lost even further if the teenager has a history of being abused.

While studies show that teens actually enjoy the companionship and input from their parents, due to rapidly disappearing family routines that were a part of everyday living, less time is spent as a family unit - and specifically one to one with teenagers. A parallel universe of over-stimulation, endless exposure to disturbing information, and constant change is creating the 'new breed of teenagers' that seem so far removed from societies expectations. Or is it societies expectations that are creating even more stress and pressure on the teens?

We are not going to try to answer all of these questions, merely ask them as thought provoking.

Dawn Dowson, Coordinator
Thunder Bay SA/DVTC

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:

Sheila Macdonald, *Coordinator*
sheila.macdonald@wchospital.ca
and
Cynthia P. Colby, *Editor*
cynthiapcolby@sympatico.ca

Upcoming Events

Provincial Conference: ***Communities Working Together to End Violence Against Women***
February 25-27, 2008
Bingemans Conference Centre
Kitchener, ON
www.communitiesworkingtogether.ca

Network of SA/DVTC Annual Conference:
Kaleidoscope of Forensic Care
March 26 (pre-conference)
March 27 & 28, 2008
Sudbury, ON