

2017-2022 STRATEGIC PLAN



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Executive Summary

The strategic planning process presented the opportunity to reassess and strengthen the goals of the Ontario Network of Sexual Assault and Domestic Violence Treatment Centres (“the Network” or “the Ontario Network of SA/DVTCs”). This strategic plan was developed in collaboration with program leaders from each of the 36 sexual assault and domestic violence treatment centres (“SA/DVTCs”) across Ontario, and focuses the Network’s future activities around 4 identified strategic directions. As the Network moves forward, it will continue its endeavour to establish and maintain a high level of standardized care for victims/survivors of sexual assault and/or domestic violence and remain a catalyst for change in responding to the health, forensic, and trauma informed psycho-social counselling needs of those who have experienced sexual violence and/or domestic violence.

Organizational Description

The Network provides leadership and support to the 36 hospital-based SA/DVTCs across the province. The goal of the Network is to ensure victims/survivors of sexual assault and/or domestic violence have access to comprehensive, timely, and trauma-specific care and treatment to address their individual health, forensic, and psycho-social needs.

Through collaboration in research, education, and training activities, the Network strives to establish standardization in service provision across the province. The Network represents the 36 SA/DVTCs, lobbying for change and working to influence public policy.

SA/DVTCs

The mandate of the SA/DVTCs is to address the health, psycho-social, and forensic needs of victims/survivors of sexual violence and/or domestic violence in a prompt, professional, and compassionate manner.

The SA/DVTCs are staffed by nurses, physicians, social workers, and support staff. These services include 24/7 emergency care for victims/survivors who have been recently assaulted. Nurses and physicians are specifically trained in the medico-legal aspects of care, and collect forensic evidence using the Sexual Assault Evidence Kit according to the guidelines established by the Centre for Forensic Sciences. In addition to documenting injuries, collecting forensic evidence, and addressing concerns about pregnancy and sexually transmitted infections (including HIV), SA/DVTC staff are also trained to provide victims/survivors with crisis intervention, safety planning, medical follow-up, trauma specific counselling, support in reporting to the police, and referrals to community resources as appropriate. While not legal experts, Network clinicians are available to testify in criminal cases involving sexual violence and/or domestic violence. Many clinicians have testified as expert witnesses in specific areas, having access to relevant research and statistics surrounding

sexual violence and domestic violence. Much of the work of the Network and the SA/DVTCs focuses on increasing awareness of SA/DVTC programs and services, training and assisting health professionals (such as emergency department staff) in supporting victims/survivors, and developing strategies to bring awareness to the community regarding violence as a health, social, and political issue. SA/DVTC staff provide training to local police services, Crown Attorneys, other health care providers, high school and university students, rape crisis centres, and other community agencies about how to best support victims/survivors, the impacts of trauma, and the specific services offered through the SA/DVTCs. Recognizing that the effects of sexual violence and domestic violence are complex and cannot be met by any one agency, SA/DVTCs work with community agencies to provide a continuum of care for victims/survivors. SA/DVTCs also engage in advocacy work at the individual, community, and systemic levels. Many program leaders are also involved with various violence against women (VAW) committees.

Current Network Activities

Training and Education

- The Network provides and supports specialized and ongoing training on health and forensic issues in order to maintain the skills and competencies of SA/DVTC nursing and counselling staff. This education includes:
- Sexual Assault Nurse Examiner (SANE) didactic online training program available to all nurses working within the Network
- Annual in-person SANE training of approximately 50 nurses per year, designed to build on knowledge and skills acquired through SANE online training
- Biennial conferences designed to advance the practice of Network nurses, physicians and/or social workers/ counsellors
- Additional internally and externally organized training opportunities which offer professional development

The Network has also developed a number of online trainings accessible to all health professionals who provide care to victims/survivors of sexual assault and/or domestic violence. These trainings include:

- HIV Post-Exposure Prophylaxis (PEP) Training
- Emergency Department Staff Training

Establishing Standards for Service Provision Across the Province

The Network has developed standards of care outlining evidence-based best practice guidelines in order to establish standardization in service provision across the province. These standards are updated regularly to ensure they remain up to date and reflect current best practices. The document is available on our website (www.sadvttreatmentcentres.ca).

Public Awareness and Outreach

The Network is a source of information for the media regarding all aspects of sexual violence and domestic violence, from statistics and research to medical treatment and victim/survivor impact. The Network also has an active presence on social media, and has recently updated its website to better enhance outreach activities and engage in public awareness.

Collaborative Research

The Network has conducted valuable research in the areas of sexual violence and domestic violence, working collaboratively with other experts in the field. In recent years, research topics have included drug facilitated sexual assault, HIV PEP, and services for Indigenous and transgender populations. All research products are listed on the Network's website.

Advocacy/Lobbying for Change

The Network is involved in advocacy work to protect and expand the existing program mandates and services as well as to address gaps in services. The Provincial Coordinator currently is a member of Ontario's Roundtable on Violence Against Women which provides advice to the Minister of Status of Women. In addition, the Network has an ongoing relationship with the Ministry of Health and Long Term Care, allowing for continued dialogue on how to enhance and protect the integrity of the SA/DVTCs.

Brantford
Brantford General Hospital

Brockville
Brockville General Hospital

Burlington
Joseph Brant Hospital

Chatham
Chatham-Kent Health Alliance

Cornwall
Cornwall Community Hospital

Dryden
Dryden Regional Health Centre

Durham Region
Lakeridge Health Oshawa

Guelph
Guelph General Hospital

Hamilton
McMaster University, Medical Centre

Hawkesbury
Hawkesbury General Hospital

Kenora
Lake of the Woods District Hospital

Kingston
Kingston General Hospital

Lanark County
Perth and Smiths Falls District Hospital

London
St. Joseph's Hospital

Mississauga
Trillium Health Partners - Mississauga Site

Niagara Region (St. Catharines)
Niagara Health System, St. Catharines Site

North Bay
North Bay Regional Health Centre

Orangeville
Headwaters Health Care Centre, Orangeville Campus

Orillia
Orillia Soldiers' Memorial Hospital

Ottawa
The Ottawa Hospital, Civic Campus

Ottawa (Pediatric)
Children's Hospital of Eastern Ontario

Owen Sound
The Grey Bruce Regional Health Centre

Peterborough
Peterborough Regional Health Centre

Renfrew
Renfrew Victoria Hospital

Sarnia
Bluewater Health

Sault Ste Marie
Sault Area Hospital

Scarborough
The Scarborough Hospital

Sioux Lookout
Meno Ya Win Health Centre

Sudbury
Health Sciences North

Thunder Bay
Thunder Bay Regional Sciences Centre

Toronto
Women's College Hospital

Toronto (Pediatric)
The Hospital For Sick Children

Trenton
Quinte Health Care-Trenton Site

Waterloo
St. Mary's General Hospital

Windsor
Windsor Regional Hospital Metropolitan Campus

York Region
Mackenzie Health

Ontario Network of Sexual Assault/Domestic Violence Treatment Centres
Care of Women's College Hospital, Toronto

Philosophy

The Ontario Network of Sexual Assault and Domestic Violence Treatment Centres is committed to operating from within a feminist analysis of violence which recognizes the embedded social, cultural, and systemic imbalances within society that promote and maintain violence. As such, we recognize the importance of promoting choice, respect, and empowerment while honouring differences.

Vision

A unifying voice and catalyst for change in responding to the health, forensic, and psychosocial needs of those who have experienced sexual violence and/or domestic violence.

Mission

To provide leadership and support through advocacy, education, and research to thirty-six, 24/7, hospital-based, sexual assault and domestic violence treatment centres across Ontario.

Core Values

- 1.** All individuals have a right to a life free of violence.
- 2.** Women are disproportionately affected by domestic violence and sexual violence, as evidenced by research. As such, we recognize that violence is gender-based, wide-spread, and a human rights violation. It reflects and reinforces gender inequities and compromises the health, dignity, security, and autonomy of its victims/survivors.
- 3.** Sexual violence and domestic violence have long-term negative impacts on individuals, families, and society.
- 4.** Sexual violence and domestic violence are crimes and individuals who use violence against others need to be held accountable.
- 5.** Sexual violence and domestic violence must be addressed collectively by the health care, legal, social, and political systems.
- 6.** Everyone has the right to services to aid in their recovery.
- 7.** Services must be accessible and staff appropriately trained to provide care to all community members.
- 8.** Access to trauma specific services can mitigate harm and facilitate healing and post-traumatic growth.

Principles of Service

- 1. Inclusion and Equity:** Everyone has the right to effective, equitable, and timely services.
- 2. Client-Centred:** Our services must be individualized, culturally appropriate, accessible, consistent, sensitive, and nonjudgmental.
- 3. Informed Choice:** Information must be delivered in a timely, accessible, and responsive way to facilitate a client's right to make informed choices.
- 4. Education:** Professional development and ongoing education are key to delivering quality services by competent professionals.
- 5. Collaboration:** Collaboration and networking encourages information exchange, reduces isolation, and facilitates resource sharing.
- 6. Accountability:** SA/DVTCs and professionals demonstrate accountability to both the individuals receiving our services and our funders through data collection, program evaluation, and the delivery quality, evidence-based services.
- 7. Trauma-Specific Services:** Each SA/DVTC will provide trauma-specific services. (See Appendix A for a definition of trauma-specific services)

History

1984

The Ministry of Health (MOH) opened the first hospital-based sexual assault treatment centre at Women's College Hospital in Toronto.

1993

The Ministry of Health and Long Term Care (MOHLTC) established the Ontario Network of Sexual Assault Treatment Centres, consisting of 24 centres.

1995

The MOHLTC increased funding to enable the Network to provide a 30-hour, in-person Sexual Assault Nurse Examiner (SANE) training for 50 nurses from across the province, annually.

1998

The MOHLTC increased its funding to expand the mandate of the sexual assault treatment centres to include the provision of care and treatment to victims/survivors of domestic violence as well. As such, centres became known as SA/DVTCs and the Network as The Ontario Network of Sexual Assault/Domestic Violence Treatment Centres”

2003

Under the Early Years Child Initiatives Fund, funding was enhanced to enable SA/DVTCs to provide specialized care for child victims/survivors of sexual violence and their non-offending family members within local communities and to increase partnerships with community agencies (i.e. child protection services).

2007

The Network developed and launched an online SANE training course to complement the in-person training.

2018

To date, the Network consists of 36 SA/DVTCs, with over 500 staff, serving specific geographic regions across Ontario with populations ranging from 11,000 to 2.5 million people.

Strategic Directions

Strategic Direction 1: Strengthen the infrastructure of the Network

Goals:

1. Funding for core Network positions.

Activity:

- Secure permanent staff including a full-time Provincial Director, an Education and Event Coordinator, database support, outreach and communications support, and research positions.

2. Strengthen accountability frameworks.

Activities:

- Establish a Memorandum of Understanding (MOU) between the Network and the SA/DVTCs and/or host hospitals to formalize policies and procedures.
- Establish a leadership team (i.e. an advisory council to support the Provincial Director).
- Formalize an accountability framework within the Network.
- Implement the provincial database to collect service delivery data and ensure compliance with the standards of care.
- Establish an MOU between Women's College Hospital and the Network.

3. Retain institutional knowledge.

Activities:

- Identify and transfer specialized knowledge and skills currently held by individuals (i.e. through training, orientation, etc.).
- Planned succession for the Provincial Director position.

4. Leverage Network Coordinator meetings to monitor and advance strategic directions and activities.

Activities:

- Establish clear guidelines for meetings (i.e. key participants).
- Increase capacity of SA/DVTC Coordinators to advocate for the needs of SA/DVTCs at the local level [i.e. through Local Health Integration Networks (LHINs)].
- Review and monitor performance indicators established in the Management Plan.
- Commit to three in-person meetings for 2017-2022 that are externally facilitated.
- Improve online meeting protocols.

5. Standardize decision-making processes within the Network.

Activity:

- Use the Consensus Decision-Making Model.

Strategic Direction 2: Enhance knowledge exchange and collaboration to increase public awareness and promote a community of practice within the Network.

Goals:

1. Enhance knowledge exchange among Network members and within the broader community.

Activities:

- Utilize social media to engage with the public and increase awareness regarding sexual assault and domestic violence.
- Provide accessible education for emergency department staff on how to respond to and appropriately refer sexual assault and domestic violence victims/survivors.
- Continually update website content to provide resources and information about services to the public.
- Ensure that all Network documents are shared through the website and are easily accessed by staff.

2. Build on our integrated knowledge translation model.

Activities:

- Increase the formal engagement of SA/DVTCs through the establishment of a Research Committee to identify a research agenda and support research activities.
- Increase research collaboration with partnering organizations to support research on diverse populations.
- Utilize the database to collect data to support research activity.



Strategic Direction 3: Ensure SA/DVTCs provide comprehensive care and treatment that meets the diverse needs of persons who have experienced sexual assault and/or domestic violence

Goals:

1. All SA/DVTCs meet the standards of care.

Activities:

- Standards of care are reviewed and updated every two years based on best practices and research evidence.
- Competency indicators are established to reflect the standards of care.
- All services, including those contracted out, are continually assessed to meet the standards of care.
- Implement an assessment of each SA/DVTC (standards adhered to, wait times, staffing patterns) to identify gaps and areas to improve.
- Continued education on and awareness of the Network's standards of care with the LHIN, Ministry of Health and Long Term Care, and hospitals.
- Request funding or support needed by SA/DVTCs to meet the standards of care (including protected funding, if necessary).

2. Identify and promote staffing and management models for SA/DVTCs that ensure stable funding, stable staffing, and equitable access.

Activities:

- Compile descriptions of the various models currently employed by SA/DVTCs.
- Establish measurements that indicate most effective staffing models.
- Develop consistent job descriptions, interview guides, and orientation processes that reflect the standards of care.

3. Increase education and training for the nurses, health professionals, and counsellors providing care.

Activities:

- Continue to develop education programs and offer supplementary supports to assist SA/DVTCs in meeting the standards of care.
- Continued participation by all SA/DVTCs in case reviews and educational opportunities facilitated by the Network committees.
- Continue to provide annual funding to attend Network clinical forums or equivalent educational opportunities, and enhance funding for staff from northern and remote SA/DVTCs to send at least two staff per educational opportunity.

Strategic Direction 4: Increase and sustain the capacity of SA/DVTCs to respond to the acute and long-term needs of clients.

Goals:

1. Strengthen the provision of care.

Activities:

- Ensure a trauma-informed approach is reflected in the standards of care and all educational materials.
- Integrate cultural competence into the standards of care and all educational materials.
- Enhance community partnerships to support a comprehensive response.
- Explore opportunities to expand services to meet the needs of Ontario's diverse populations.
- Identify gaps and challenges throughout the service delivery process and advocate for enhanced services as needed.

2. Ensure every SA/DVTC has access to trauma-specific counselling services.

Activities:

- Ensure all SA/DVTCs have access to counselling services, whether in-house or contracted out.
- Evaluate existing counselling programs to ensure they are meeting the Network's standards of care regarding trauma-specific services.
- Develop an advocacy strategy to address the need for short and long term trauma-specific counselling services.

3. Explore other funding sources.

Activity:

- The Provincial Director ensures funding opportunities are identified and pursued.

Appendix A

Trauma-Specific Services

The term “trauma-specific services” refers to evidence-based and promising prevention, intervention, or treatment services that are designed specifically to address trauma responses and adaptations and facilitate healing in an integrated manner. Trauma-specific services must be provided in an environment in which trauma-informed practices have already been implemented. (Adapted from Guidelines for Trauma-Informed Practice in Women’s Substance use Services (The Jean Tweed Centre for Women and Their Families, 2013) and Trauma informed care in behavioral health sciences: A treatment protocol (Adapted from the Guidelines for Trauma-Informed Practice in Women’s Substance Use Services, the Jean Tweed Centre for Women and Their Families, 2013, and Trauma Informed Care in Behavioural Health Sciences: A Treatment Protocol, Substance Abuse and Mental Health Services Administration, 2014).

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