Provincial Coordinator Update

As of April 1, 2007, the HIV PEP program will be implemented in all 34 SA/DVTCs across Ontario. Over the past few months, HIV PEP training for hospital SA/DVTC program staff was completed. Funding will now be part of the program base budget. The *Knowledge to Action* project is working hard to development on-line learning modules regarding the HIV PEP program, so you can access and review information when you need it. This should be available in the next few months. All revised and updated HIV PEP documents will be provided to the SA/DV Coordinator on April 12, 2007. Congratulations to all of you for ensuring that this necessary program is established!

Establishing Forensic Nursing in Canada

We need your voice and participation! At the International Association of Forensic Nurses Scientific Assembly in Vancouver in 2006, Canadian nurses met to discuss the recognition of forensic nursing in Canada. We are currently working to apply for recognition through the Canadian Nurses Association. Please go to www.forensicnurse.ca and sign up. It's free to join.

Status Report on Drug Facilitated Sexual Assault (DFSA) Study

The DFSA study will continue to collect data until April 30, 2007. Data analysis and the final report should be completed by the fall. At that time we'll provide recommendations for all programs regarding care following a suspected drugging and sexual assault.

Two (2) documents will be available shortly:

1. *Forensic Care of a Person Unable to Provide Consent*

This document provides a framework for considering *when* we should collect evidence from a person who is unable to provide consent. It may be temporary incapacity (*overdose/unconscious*) or permanent incapacity (*Alzheimer's disease*). It was written on behalf of the Nursing Committee for our Network, in consultation with Michael Bay (*Juris Doctor*). This document will be presented in a session at the Annual Conference. We look forward to your comments!

2. *Use of Genital Photography as Evidence*

In Canada, we generally do not take genital photographs of pubescent/adult victims/survivors for evidence purposes. In children, photographs are taken for consultation/peer review purposes using a colposcope/medscope. In many parts of the U.S., photographs are taken of all victims/survivors as evidence. A researcher was commissioned, on behalf of the Network, to do a global search on this issue and find out what the practice/standard is in other countries. The report is completed and Suzanne Sicchia (*PhD candidate*) at the Women's Research Institute is currently publishing the paper.

The Annual Conference scheduled for May 31 and June 1, 2007 has been cancelled. Details of our next conference will be in the next newsletter.

Sheila Macdonald R.N.
Provincial Coordinator

CARING FOR CHILDREN... Needs Assessment

Our Centre conducted a *Needs Assessment of Counselling Services for Child Victims of Sexual Abuse* involving quantitative and qualitative research in and outside of our catchment area. For this project, a child was defined as a female under the age of 16. We were guided by the following questions:

- What counselling services are currently available?
- Which counselling services/processes are effective and what, if any, gaps and barriers exist?
- How are programs/services working in areas *outside* of Guelph and Wellington County?

Our study included 5 components:

1. Review of Guelph Wellington Services: 96 organizations completed a *Service Inventory Questionnaire*; 12 agencies completed a *Service Description Questionnaire* (*used to develop a Counsellors Guide)*

2. Individual Surveys: 176 helping professionals, 11 young adults/victims, and 3 parents/guardians completed an individual *Follow-up Survey*

3. Focus Groups & Interviews: 5 focus groups, with a total of 26 helping professionals and 4 1-on-1 interviews including 3 young adults/victims and 1 parent/guardian

4. Review of External Programs: 10 Centres outside of Guelph and Wellington County (*throughout Ontario & including Texas*) participated in a *Review of External Programs*, 8 site visits and 2 telephone interviews were held with helping professionals providing services to child victims of sexual abuse; 7 Centres completed an *External Service Description Questionnaire*

5. Distribution of Project Results to the Community: *to be scheduled*

Results so far show that, while counselling is available throughout Guelph and Wellington County, few were specific to child victims of sexual abuse. Our community had taken steps to improve community collaboration and responses, however gaps and barriers to service delivery still exist:

- Lack of Funding
- Lack of Awareness/Education
- Accessibility
- Lack of Expertise, Training, Consultation, and Supervision
- Gaps in Services (*related & specialized*)
- Lack of Community Collaboration
- Environmental & Family Dynamics

Recommendations to enhance current and future counselling services include:

- Lobby for funding
- Community education
- Enhanced accessibility
- Training, consultation, and supervision for counsellors
- Enhance and increase available specialized services for CSA (TF-CBT) and related services
- Enhance collaboration within and between community agencies
- Effective prevention and intervention measures for maladaptive environmental and family dynamics

We will be formally presenting this Executive Summary on May 1st, 2007 at the Guelph General Hospital. We anticipate continued community collaboration to help implement the recommendations.

Feel free to contact me for more details: (519) 837-6440, ext. 2758 *or* MDennis-Rodriguez@gghorg.ca

Meg Dennis-Rodriguez, Program Director
Guelph SA/DVP

Team Rejuvenation ... CARE FOR CAREGIVERS

The work we do as Sexual Assault/Domestic Violence care providers is rewarding and of great benefit to our clients and communities. It's also challenging and takes a lot of energy, so care of ourselves - the care providers - is a vital ingredient to success. We all know the benefits of balanced nutrition, physical activity, restorative sleep, and leisure time to promote well-being in times of stress. To complement this, here's a list of websites you may find rejuvenating for you and your Team:

- **Positive Attitude Tips and Information:** http://www.attitudesite.com/
- **Positive Attitude Quotes:** http://lucymacdonald.typepad.com/positive_perspective_quot/
- **Massage for the Self:** Tips on how to re-energize through tactile means. http://www.strengthforcaring.com/manual/50/89/self-massage.html
- **Information/Strategies for Combating Secondary Trauma**: A neat little online course with many relevant modules for people working with children http://www.childtraumaacademy.com/cost_of_caring/lesson03/page01.html
- **Team Building Activities**: http://www.businessballs.com/freeteambuildingactivities.htm

These are but a few of the many resources out there. *Enjoy!* You *deserve* it!

Sue LeBeau, Coordinator
North Bay SA/DVT

STUDY FOCUS... Finding the Gaps

Our Centre is participating in a 3-year study by the Sexual Assault Survivors' Centre Sarnia-Lambton entitled, *Bridging the Service Gap for Sexual Assault and Mental Illness Survivors*. It's funded by a *Community Capacity Building* grant from the Ministry of the Attorney General. The study is the result of local service providers recognizing that people in our community - who had experienced sexual trauma and who were living with a mild, moderate, or severe mental health problem - were having difficulty getting services to assist them with many issues. By examining the strengths and problems in our services, we hope to improve the quality of life for those people by: upgrading our service delivery, reducing barriers to services, and bridging the gaps in services.

During the 1st year of this study, researchers talked to 112 people accessing various services and 68 service providers, asking what was needed to improve our community response. The result was 29 recommendations. In addition, 3 pilot programs were researched, developed, and are being presented over the next 2 years: the *In-Service Cross-Training Initiative*, the *Participant Social Action Projects*, and the *On-Line Community Resource Guide*. Sixteen (16) community organizations and agencies are involved in this phase.

The *Bridging the Service Gap for Sexual Assault and Mental Illness Survivors* study is scheduled for completion this summer - and a full report will be released at that time. Right now you can see our 1st year results at www.bridgingtheservicegap.com. Make sure you also check out the *Additional Readings* section for free current literature about a myriad of topics in full text - a great resource for service providers and consumers!

Alice Stoner, *Coordinator*
Sarnia SA/DATC

"Every great dream begins with a dreamer. Always remember, you have within you the strength, the patience, and the passion to reach for the stars to change the world." **Harriet Tubman**
(from *Positive Attitude Quotes* website)

Psychological Impact ... HOSPITAL CARE

Hospitals are usually seen as places to care for physical injuries or ailments. At the Renfrew Victoria Hospital (RVH), our care includes unique ways to deal with the psychological impact of illness or trauma, including the effect on personal relationships. The 'network of care' extending from RVH includes the Regional Assault Care Program that responds through all 5 Renfrew County hospitals to the needs of men, women or children who have experienced domestic or sexual assault. The service is coordinated by Registered Nurse Jennifer Valiquette at RVH.

In 2004, the program expanded when RVH formed a partnership with the *Phoenix Centre for Children and Families* to provide psychological trauma assessment and counselling. Phoenix Centre Executive Director Greg Lubimiv says the partnership has dramatically increased the number of youths benefiting from the agency's services. He estimates that referrals rose 4-fold since the agreement was signed. "*It allows us to provide that specialty service throughout the county. Renfrew Victoria Hospital has been great to work with. Having a hospital that's creative and innovative and able to come out and work with community agencies is very refreshing*."

"*It works really well for everyone*," comments RVH Vice President of Patient Care Services Nancy Kelly, explaining that it would not be possible for the hospital to have such specialized services readily available on its own.

The hospital has also developed a groundbreaking relationship with Family and Children's Services (FCS) of Renfrew County, the local child protection agency. Nisha Parekh, a social worker with FCS, works on-site at the hospital 2 or 3 times a week. She is on-call at other times, providing support to the emergency staff and other health professionals with concerns about child abuse or children who may be at risk. "*What's come of it is a greater awareness of the nurses and doctors as to what to look for,*" she says. "*We're getting more referrals from the hospital and it's generating more awareness of where we can step in and what we can do*."

Parekh has seen the links between her and the health care team strengthen over the 2 years she has been at RVH. Staff now phone her for advice when she is working in the FCS office, and they use referral forms she makes available at the emergency desk.

"*It's extremely helpful to have those links*," she says. "*We're truly working together, and the children of this county are benefiting from that joint approach.*"

C.B. Pappin, RVH Communications Officer
Renfrew RACP

FOR YOUR INFORMATION...

Educational Opportunities

♦ **Education Telehealth session for SA/DV staff**
May 8, 2007 - 1:30pm - 3pm
Topic: Child Exploitation
Arranged through your Program Coordinator

♦ **Peer Review Session**
June 14, 2007 - 8:30am-10am
On-Conference (*telephone, web-based system*) arranged through Program Coordinator
Speaker: Tanya Smith, HSC