



HELPING VICTIMS OF VIOLENCE

Sexual assault nurse examiners provide standardized care to victims of violence. BY MELISSA DI COSTANZO



Kathleen Fitzgerald (left) and Lori Green may reside and practise in different cities, but their unique partnership ensures victims get the same high quality care regardless of their address.

Kathleen Fitzgerald was asleep in her Kenora home when the phone rang. She squinted at the clock. It was half-past midnight. Dazed, she picked up the receiver.

It was an anxious physician. A very young child arrived with a guardian at the Fort Frances site of Riverside Health Care's emergency department. He disclosed multiple instances of sexual abuse and physical assault over the span of many months at the hands of a family member.

The general practitioner had never encountered a patient this young who had experienced such trauma. Questions raced through his mind: what kinds of injuries should I look for? I've never used a forensic evidence collection kit before. Should I, in

this instance? Do I need to make a referral? Unsure of how to proceed, he called Fitzgerald. "They told me you're the resource, that you can provide help," he said hurriedly. "What do I do?"

These kinds of conversations – albeit not always that early in the morning – are not uncommon for Fitzgerald, manager of the Sexual Assault/Partner Abuse Program at Kenora's Lake of the Woods Hospital. She fields calls and emails from crown attorneys, police officers and health-care practitioners alike. The RN is a local and provincial expert when it comes to caring for victims of violence. She has worked with this population for 15 years, beginning in nursing stations in Manitoba, the Northwest Territories and Nunavut.

Fitzgerald made her way to Kenora after growing frustrated in the north where, as a novice nurse with little sexual assault/domestic violence experience, she was unable to provide an adequate response or help to victims. Undeterred, she began

to sift through research and discovered the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres, established by the province's Minister of Health in 1993. Its mandate is to provide leadership and support to 35 hospital-based sexual assault/domestic violence treatment centres, while ensuring standardized care. Centres are located across the province, including: Brockville, Dryden, Hamilton, Ottawa and Sudbury. Social workers, physicians, support staff and as many as 300 sexual assault nurse examiners (SANE) from these centres comprise the network, which marked its 20th anniversary in 2013. SANEs are specially trained RNs who treat and document injuries, collect forensic evidence, conduct risk assessments, and help prepare safety plans for victims of sexual assault or domestic violence.

Intrigued by the role, Fitzgerald signed up for a SANE course through the network. She learned how to offer emotional support to victims, provide physical assessments, collect forensic samples by using an evidence collection kit, document injuries, and testify in court. She furthered her expertise with a certificate in forensic studies that helped to broaden her knowledge of evidence gathering, and participated as a panelist during the development of RNAO's *Woman Abuse: Screening, Identification and Initial Response Best Practice Guideline* (released in 2005 and revised in 2012).

Today, many tap into Fitzgerald's vast knowledge base, including providers from Fort Frances, a small community three hours north of her home base in Kenora. The hospital does not have a program for victims of sexual assault or domestic violence.

For more than a decade, Fitzgerald, who is a former RNAO board member, has acted as a link between Kenora and Fort Frances, and has fostered a partnership that ensures patients in Fort Frances receive proper, rapid care in their home community. The town is comprised of roughly 8,000 citizens

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PREVIOUS PHOTO: IHOR KOR



How to help: A CHECKLIST

When a sexual assault victim arrives at Kenora's Lake of the Woods Hospital, nurses take the following steps to help:

- First ensure the patient has no pressing medical needs (i.e. physical injury). If medical attention is necessary, the nurse works with the ER doctors to ensure the appropriate care is provided.
- Review options for care by asking: Do you want police involved? Are authorities already involved? Do you need to see a support worker?
- Conduct head-to-toe physical exam. Nurses look for injuries (bruises and/or tenderness, abrasions), while taking notes and collecting evidence (the latter must be sanctioned by the patient). An evidence collection kit contains all the tools necessary to gather evidence following an assault, including: papers for the victim to stand on as they disrobe (these catch hair, fibers and dirt); swabs for the skin, mouth, and vaginal and rectal areas; containers to store used pads and/or tampons; standardized forms for recording basic information (name of client/hospital/police service involved), details on whether alcohol/drugs were consumed prior to the assault, and which areas of the body evidence was collected from; and containers for urine and/or blood samples. The evidence collection kit is sealed and dated, with the time and the practitioner's initials. This is kept on file at the hospital for up to six months in cases where victims do not want to immediately involve the police.
- If the victim is willing, nurses take photos of injuries for court purposes (pelvic areas are not photographed due to privacy concerns).
- Review the risk for sexually transmitted infections, HIV and pregnancy, and offer medication if necessary (in Kenora, nurses work under medical directives).
- Offer the opportunity to shower and change into fresh, donated clothing. People often don't want to go home in the clothing they came in with.
- Make referrals for counseling and arrange follow up nursing care.
- Discuss safety plans for when clients go home.

and is minutes from the U.S. border, but isolated from Canadian cities such as Winnipeg (five hours northwest) and Thunder Bay (four hours east).

Fitzgerald helps practitioners understand and feel comfortable working with vulnerable clients. In the instance of the physician and young child, she guided the doctor through the process, suggesting he complete a head-to-toe examination, taking care to note any bruises, redness or swelling. If the police or child and family services become involved in the case, they may insist on more detail (such as a medical opinion as to whether the child was abused or is safe with the caregiver). In this case, she advised the physician to contact the closest pediatrician (in Thunder Bay or Winnipeg) to make a referral. By the time she hung up, Fitzgerald remembers thinking the doctor was much calmer.

"(It's a) scary (experience) for anybody," she says. "I applauded him for taking the initiative and saying 'wait a minute. I don't know what I need to do.' (It led to a) positive outcome for the child (he and his family received support from child and family services) and for staff, who were relieved to know they could manage."

Thanks to the partnership, Fort Frances, which does not have a dedicated room for victim exams, will soon have a cart containing all necessary materials that can be wheeled anywhere in the hospital. Fitzgerald also worked with the small community to offer clients – specifically those unsure whether they want to involve the police – the option to have evidence (such as swabs and fibers) collected and stored at the hospital for up to six months (a service offered to Kenora clients at Lake of the Woods). "We work within (the resources) they have, and modify," says Fitzgerald, whose passion for providing victims with the proper care has inspired at least one other nurse in Fort Frances to obtain a forensic nursing designation. Lori Green counts

Fitzgerald as her greatest resource.

Green hosts learning sessions for fellow staff with help from Fitzgerald, and is even rewriting her hospital's policy on managing sexual violence. "I wouldn't be where I am today if it wasn't for Kathleen," she says, adding that she hopes her hospital will one day have the means to create its own sexual assault/domestic violence program. Without a specific program, clients come through the ER, which can be intimidating, Green explains, noting that the frantic pace and opportunity to bump into a familiar face may deter some from disclosing incidents of assault or violence.

Sheila Macdonald, provincial coordinator of the treatment centre network since 1993, agrees, noting that comments from a recent client satisfaction study show this to be true for some clients. When a victim comes to a hospital for care, their first entry point is an ER

triage desk. After they receive medical clearance, sexual assault/domestic violence treatment centre RNs are usually the secondary response. "(Survey respondents) felt like they didn't get the privacy that they wanted, and a bit of attitude and judgment at times (crept into some conversations)," says Macdonald, who is based at Toronto's Women's College Hospital. "Patients suggested bypassing (the ER) when possible."

Luckily, the network has received funding to collaborate with emergency departments across the province. Over the next two years, it will focus on strengthening collaboration across all ERs, so staff know how to refer patients to the right supports, and how to communicate sensitively with victims.

"It's about making sure, wherever a victim shows up, there's a response, and it's a positive one, because it took a lot of courage for that victim to come forward in the first place," says MacDonald.

Help for victims comes from within – and outside – the province’s network of support

Not all sexual assault/domestic violence programs in Ontario are affiliated with the province’s network of 35 centres. Hamilton’s Sexual Assault Centre (Hamilton and Area), or SACHA, is one of them.

It offers 24-hour support, counseling and advocacy for different cultural or marginalized communities.

Three hundred survivors of sexual violence received individual and group counseling from the program in 2012/2013. And as many as 1,358 callers to the centre’s telephone support line got immediate access to services, accompaniment to the hospital or police station, and referrals. More than 3,500 people signed up for educational and professional development sessions on topics related to sexual abuse and assault.

Carrie Bullard, student liaison for RNAO’s Hamilton chapter, is one of the volunteers who provide these important services. For five years, this clinical nurse specialist, whose day job is in the anxiety treatment and research centre at Hamilton’s St. Joseph’s Hospital, has volunteered on the centre’s fundraising committee.

She helps to plan the *Annual Chocolate Fest and Silent Auction*, which has taken place in February for the past decade. This is SACHA’s biggest fundraiser, raising roughly \$30,000 through the auction, ticket sales and raffles. The money goes towards purchasing staff time to run a support group or training time for crisis line volunteers. Bullard has attended the event for the past seven years and has even convinced a number of RNAO’s Hamilton chapter members to attend.

She says her volunteer work is one small way to bolster SACHA’s services. “I appreciate seeing how a woman or man can recover...and give back to society in so many ways,” she says. “I’ve worked with people who have been devastated (by abuse), but with proper support, find inner strength and continue to live functioning, full lives.”



Jennifer Valiquette (right) is one of four nurses who provide focused attention and care to elderly victims of abuse and violence in Renfrew County.

RNs have a pivotal role to play when it comes to ensuring victims receive timely, non-judgmental care, she adds. Indeed, she thinks the care they provide to victims of violence should be maximized.

The creation of the SANE role has enabled many RNs to work independently with victims. They no longer have to work alongside physicians, who can often be busy or have little sexual assault/domestic violence training (it’s a local decision whether or not the SANE RN works using medical directives). This autonomy also means patient care isn’t interrupted, and people only deal with one care provider. RNs provide options – clients are asked if they want to start on HIV prophylactic medication, for example – and let the patient decide. “We give people as much choice as (possible), given that during an assault, their self-determination was taken away,” says Macdonald. “Our goal is to make sure that we assist (them) in regaining their control over their own decision-making.”

Macdonald says RNs with forensic training may be in a good position to also collect and document forensic evidence after incidents such as stabbings, shootings and drunk-driving collisions. Currently, that responsibility falls on ER staff or police – if they’re present.

The network is exploring this possibility, but also recognizes another population of vulnerable clients in need of better and more consistent services: the elderly.

All 35 treatment centres across the network provide assistance to seniors who are victims of partner abuse or sexual assault. Care becomes scarce when abuse comes from someone who is not an intimate partner. Macdonald says the network is examining the possibility of working with other agencies to develop an acute response to this growing concern.

At present, at least* one of Ontario’s 35 treatment centres is ahead of the game in this regard.

Thanks to additional funding from the Champlain Local Health Integration Network (LHIN) in 2010, the Renfrew Victoria Hospital’s Regional Assault Care Program (RACP) expanded its mandate to create a response to elder abuse in the region, which stretches across Renfrew County, north to Petawawa, west to Algonquin Park and east to Ottawa. A mobile team of four RNs covers this large, mostly rural area, comprised of 90,000 residents. More than 20 per cent are seniors.

The gap the Renfrew program fills is where the abuse – physical, psychological, financial, neglect or otherwise – is coming from someone who is not an intimate partner. The four nurses meet with clients around the clock and provide primary care, while linking seniors to other community support programs. They also offer forensic documentation/evidence collection,

* Mackenzie Health’s Domestic Abuse and Sexual Assault Care Centre (Richmond Hill) provides some services, such as assessments and consultations during the day.

senior-specific risk assessments/safety planning, and have facilitated peace bonds.

Jennifer Valiquette, clinical nurse manager with the program, is one of these four nurses. She says the caseload has doubled since the program began three years ago. On average, they see 100 sexual assault/domestic violence clients annually. This year, on top of that, they received roughly 110 elder abuse referrals.

Many clients are abandoned in their homes. More than half of the clients they serve have experienced financial abuse, accompanied by other forms of abuse, such as threats or neglect.

John* is one of Valiquette's clients. After his wife died, a member of the family helped him sell his property and belongings, then stole the proceeds. This same family member confined John to an unfinished basement without sufficient heat. John, who is in his 70s, contracted multiple chronic lung infections. He was asked to leave the home during the day and was locked out in the dead of winter. He had a bag of clothing to his name. He was repeatedly treated at a local ER for pneumonia, which is how Valiquette's team came in contact with him.

Fortunately for John, the RACP, in collaboration with three other community partners, launched the Seniors Crisis Bed Program in early 2011, roughly six months prior to John's stints in the ER. Eight retirement homes in Renfrew County offer up beds, based on availability, for seven days, free of charge, to abused seniors. As soon as the client is placed "we're planning for longer-term options," including whether or not that person can return home, or assessing their candidacy for permanent placement in a retirement home, explains Valiquette.

The RACP nursing team helped John find a place to live. His medical issues have since cleared up but he was unable to recoup his financial losses. "(With) a high percentage (of clients), we do see good results, in terms of decreasing risk/dependency on those harming them, safeguarding funds, and putting services in place that create a safer environment," says Valiquette. Where the team runs into multiple challenges is when referrals come in too late, and clients have lost all of their funds and/or are experiencing dementia.

The program also faces other roadblocks. Valiquette is the only full-time RN; the other three are part-time. "We could make two other nurses full-time and still be quite busy," she admits. "In order to meet the needs in these complex situations, we really do need to partner with other organizations in our community... because we can't do it ourselves." The program has established partnerships with the area Community Care Access Centre, the police, paramedics, and mental health services, such as the Renfrew County geriatric outreach team and the crisis team.

This necessity to team up with others is one that resonates with nurses in all of Ontario's sexual assault/domestic violence programs. Just ask Mary Waters. For the past two years, the Peterborough Regional Health Centre RN has spoken to students at Trent University about issues such as sexual assault, and drugs and alcohol during frosh week. The Peterborough Lakefield Community Police Service and the

Waters and Giles encourage students to intervene if they see something wrong (and the situation is safe). They also talk about dating violence, and raise awareness around relationships built on power and control. Myth-busting is a big focus as well. "The most frequent and harmful myth is that the survivors were somehow to blame for what happened to them, or they could have stopped it," says Waters. "If you're drunk and (struggling) for your life, you can't fight back."

In addition to these in-person presentations, Waters and Giles have plastered pointedly honest posters around the Peterborough campus with the university's blessing.

Two years ago, Giles became aware of the posters created by Sexual Assault Voices of Edmonton and launched in November 2010. Dubbed *Don't be that guy*, the campaign specifically targets students with bold taglines. "Just because she's drinking, doesn't mean she wants sex," one reads. Another message is: "Just because she isn't saying no, doesn't mean she's saying yes."



The "...main purpose is to dispel myths and shift some of the responsibility (to the perpetrator) and get people talking (about consent)"

MARY WATERS, PETERBOROUGH REGIONAL HEALTH CENTRE

Powerful posters on the Peterborough campus of Trent University remind students that sex without consent is sexual assault.

Kawartha Sexual Assault Centre join Waters to promote a general message: sex without consent is sexual assault.

Waters has practised as a SANE since 1995. She works alongside fellow RN Karen Giles, who began to notice that in September, there was an increase in the number of women 16–18 years old who come in looking for care. "Girls between the ages of 14 and 24 are four times more likely to experience sexual assault," says Waters, referencing a statistic from Toronto-based Metropolitan Action Committee on Violence Against Women and Children. "Girls in their first year of university are at very high risk to be sexually assaulted. (Frosh week) was a really good opportunity to get that information out there."

The "...main purpose is to dispel myths and shift some of the responsibility (to the perpetrator) and get people talking (about consent)," says Waters.

Speaking to roughly 2,000 young adults during frosh week was the perfect opportunity to convey information about the centre. Students who have come to the centre after the nurses' presentation often say: "I didn't know who to call, and now I do," says program co-ordinator Bobbi Martin-Haw. Students like Christy,* who, in her first year of studies, was sexually assaulted. When she came to the centre in tears and looking for help, she said: "I didn't think I'd be one of those statistics."

"(Nobody thinks) it can happen to them," says Waters. **RN**

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* Pseudonyms have been used to protect privacy.