

Sexual Assault and Domestic Violence Care Program

Brant Community Healthcare System



LEARNING OBJECTIVES

On completion of this module, you will be able to

- Describe the purpose and scope of the SADV Care Program
- Define sexual and intimate partner (domestic) violence
- Identify when and how to contact the SADV Care Team
- Identify the options of care offered by the SADV Care Team
- Use trauma and violence informed practices to support patients



WHO ARE WE?

Sexual Assault Nurse Examiners (SANE)

- specially trained team of RNs
- 24/7 coverage on-call for emergent care

Trauma Counsellors

- specially trained Social workers
 - including EMDR
- Short term counselling

WHO DO WE SEE?

- Folks who have experienced sexual assault and / or intimate partner (domestic) violence
 - recent or historic

EVERYONE

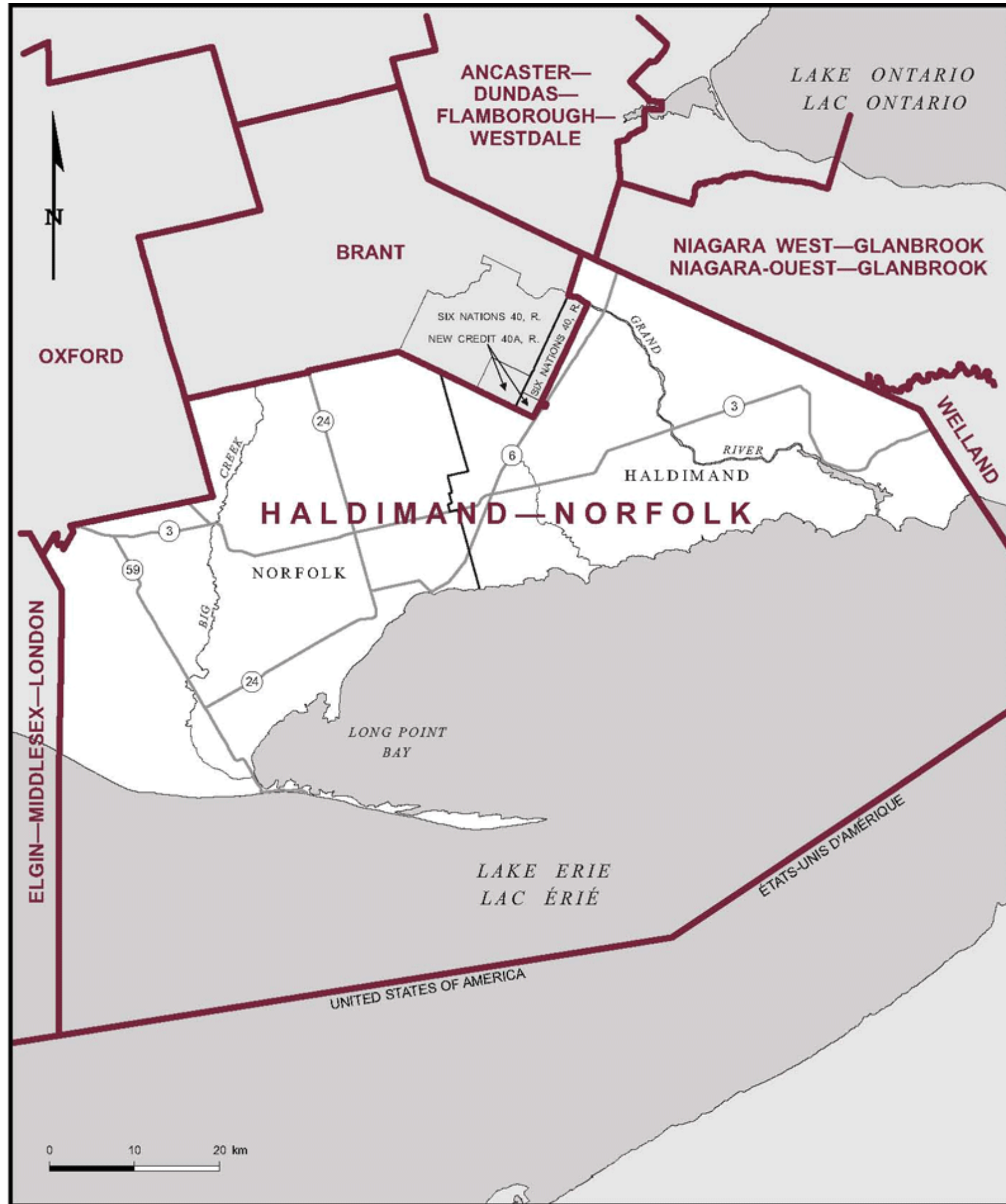
All ages

All genders

Any time from post assault

- self referrals
- community / outside of hospital
- in-patient
- out-patient
- staff





WHERE DO OUR PATIENTS COME FROM?

- Brantford
- Brant County
- The Willett Hospital
- Six Nations
- Mississaugas of the Credit
- Haldimand County
- West Haldimand General Hospital
- Haldimand War Memorial Hospital
- Norfolk County
- Norfolk General Hospital

WHERE IS THE TEAM LOCATED?

BRANTFORD GENERAL HOSPITAL

Emergent Care

Private and secure treatment room located in the Emergency Department

Non-Emergent, Follow up Care and Counselling

Offices in C wing Level 1(near the Imaging Department)



WHAT IS OUR PHILOSOPHY?

Support

Unconditional and Individualized

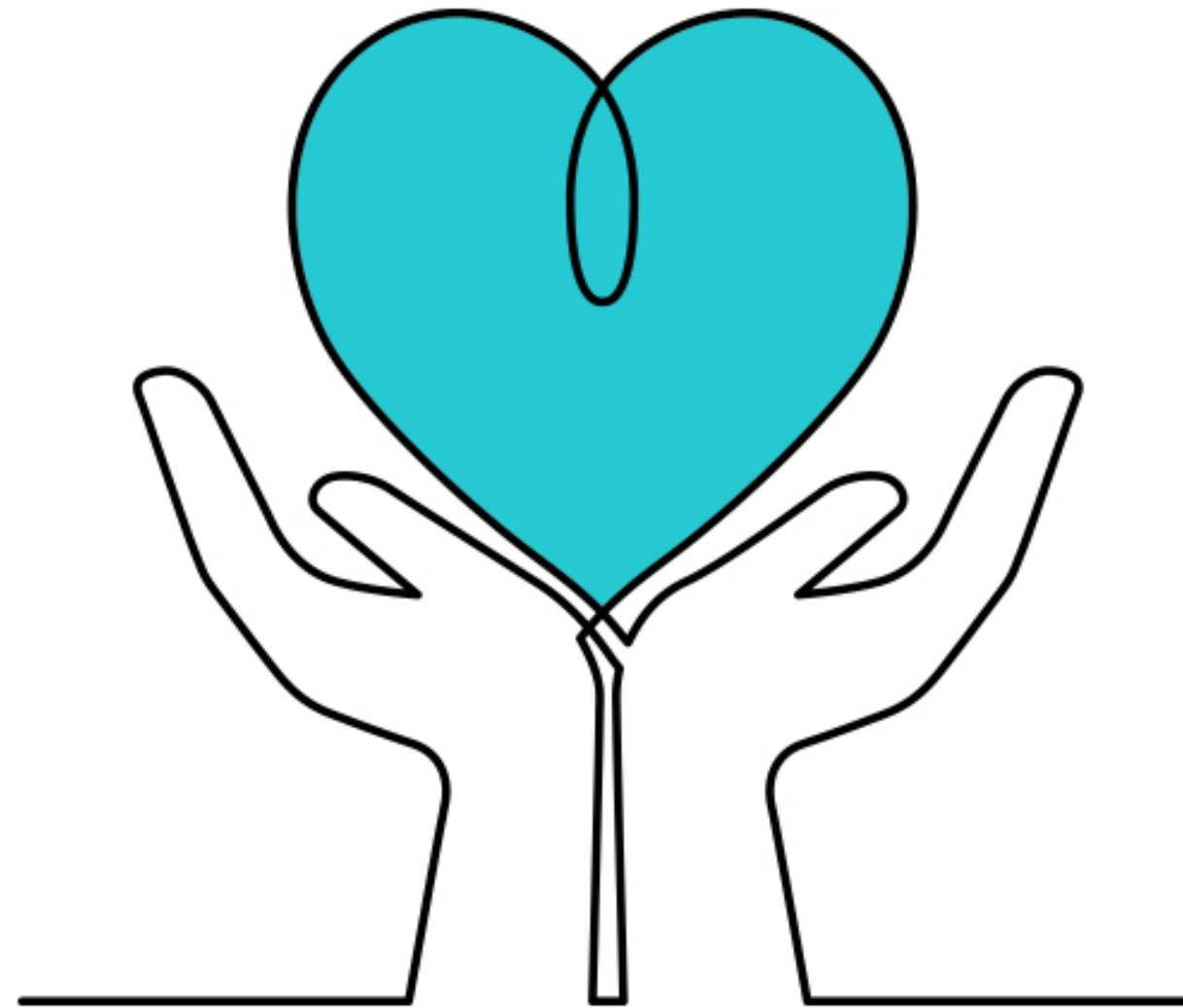
Re-establishing Autonomy

Return control to the survivor

Survivors First

Assailant is responsible for enacting violence

Survivor is **never** to blame



WHY DOES THIS MATTER?

Brantford ranks 1st in Ontario and 4th in Canada for rates of Intimate Partner (Domestic) Violence

1 in 3 women, 1 in 6 men, 1 in 2 trans folk will be sexually assaulted in their lifetime

Family Violence accounted for approximately 25% of all police-reported violent crime in Canada in 2011

The Brantford SADV sees approximately 200 emergent patient per year

Intimate Partner (Domestic) and Sexual Violence

- Affects millions of people
- Can result in immediate and long-lasting health, social and economic consequences.
- Serious impacts for children who are exposed to violence, and exposure to violence is considered a form of child maltreatment.
- Impacts people of all
 - genders
 - sexual orientations
 - ages
 - socioeconomic groups
 - racial backgrounds
 - educational levels
 - ethnic backgrounds
 - religious affiliations
 - cultural backgrounds



WHAT IS SEXUAL VIOLENCE?

Sexual violence refers to any form of unwanted sexual contact that is rooted in power and control.

Sexual assault refers to any unwanted sexual activity like touching, kissing someone without consent, rape.

Sexual harassment can include comments, behaviour, and unwanted sexual contact. It can be jokes, threats, and discriminatory remarks about someone's gender or sexuality.

It can happen between people in romantic relationships, in families, at work, and between friends, acquaintances and strangers.

It often occurs in private places between people who know each other and can happen in person or online.

WHAT IS INTIMATE PARTNER VIOLENCE (IPV)?

Also known as spousal, family or domestic violence

It refers to multiple forms of harm caused by a current or former intimate partner or spouse.

IPV can happen in any relationship, regardless of the sex, gender and sexual identity of the partners including:

- Marriage

- Common-law

- Dating relationship

It can happen at any time during a relationship and even after it has ended, whether or not partners live together or are sexually intimate with one another.

IPV can occur in both public and private spaces, as well as online.

IPV can include:

Physical abuse: intentional or threatened use of physical force, including pushing, hitting, cutting, punching, slapping, shoving, strangulation

Criminal harassment (stalking): repeated conduct that creates fear for safety or the safety of a loved one. It can include making threats, obscene phone calls, following, watching, tracking, contacting on the Internet, including through texts or email messages

Sexual violence: sexual acts without consent, threats of repercussions for refusing sexual activity, forcing someone to watch or participate in the making of pornography, sexually degrading language and belittling sexual comments

Verbal / emotional /psychological abuse: insults, belittling, constant humiliation, intimidation, threats of harm, threats to take away children, harm or threat of harm to pets

Financial abuse (economic abuse): control (withholding, stealing) or misuse of money, assets or property, control of a partner's ability to access school or a job

Spiritual abuse: using a partner's spiritual beliefs to manipulate, dominate or control them

Reproductive coercion: controlling reproductive choices, pregnancy outcomes and/or access to health services

Coercive control: patterns of control and abuse that cause fear or terror, including coercion (using force and/or threats to alter behaviour – against person, children, pets or property) and control (regulating or dominating a partner's behaviour and choices, isolating a person from family and friends, and restricting access to employment, education or medical care)

Technology-facilitated violence (cyber-violence): use of technologies to facilitate virtual or in-person harm including observing and listening to a person, tracking their location, to scare, intimidate or humiliate a person

IPV IN THE WORKPLACE

People experiencing intimate partner (domestic) violence are more likely to confide in a colleague than a supervisor or a human resources advisor.

Recognize the signs. Some people may not realize that the actions they are experiencing are domestic violence, and colleagues witnessing such behaviour or hearing their stories may not be aware either.

Possible actions by the assailant / abuser:

Stalking

Hiding their identification cards

Verbally abusing them and/or co-workers

Repeatedly phoning, texting or emailing, interfering with their mode of transportation,

Showing up at the workplace and questioning co-workers about their whereabouts

Possible reactions by the survivor:

Attempting to cover bruises

Being sad, lonely and withdrawn

Missing work more often than usual

Making excuses for partner's behaviour

Acting nervous when speaking in their partner's presence

Having trouble focusing on tasks

Being disengaged from work

WHEN DO WE SEE PATIENTS?

Adult and Adolescent (over 12 years of age) - Emergent

Within 12 days post-assault

- through Emergency Department
- on-call nurse will attend within 1 hour of call

Adult and Adolescent (over 12 years of age) - Non-Emergent

More than 12 days post-assault

- through booked appointment
- Monday - Friday



WHEN DO WE SEE PATIENTS?

Paediatric (12 years and under) Emergent

Within 72 hours post-assault

- through ED and on-call nurse will attend within 1 hour of call

Paediatric (12 years and under) Non-Emergent

More 72 hours post-assault

- through ED and on-call nurse will attend within 1 hour of call

If there are any symptoms, the child will be seen through BGH ED regardless of time frame post assault

May be seen at BGH with Paediatrician immediately

May be referred to McMaster CAAP immediately

May be booked for appointment with BGH Paediatrician or McMaster CAAP



WHAT DO WE OFFER?

Possible Options of Care

- Physical Examination and Medical Clearance
 - risk, strangulation and suicidality assessments
 - medical treatment of injuries
- Documentation
 - written
 - photographic
- STI, HIV and Pregnancy testing, Drug Screening
- Medications
 - STI, HIV and pregnancy prophylaxis
- Sexual Assault Evidence Kit / Forensic Samples
- Safety Planning
- Follow-up Medical Care and Wellness Check-in
- In-house Counselling or Counselling Referral
- Community Referrals



TRAUMA AND VIOLENCE INFORMED CARE

64% of Canadians report being exposed to at least one traumatic event during their life

As service providers, you should naturally assume that everyone you care for or interact with have been affected by trauma.

Incorporating Trauma and Violence Informed Care into your regular practice can help

- improve patient engagement
- improve patient participation in treatment
- improve health outcomes
- avoid re-traumatization

It can also improve provider wellness by creating safe, caring and inclusive environments for everyone.



HOW DO I ASK ABOUT ASSAULT / ABUSE? ED OR OUTPATIENT CLINICS

Ask about violence when you are alone with the patient – not in front of partner, family member or friend.

How to begin

“Because violence is so common, I ask all my patients about it. Is it ok is I ask you a few question?”



Partner Violence Screen (PVS)

Do you feel safe in your current relationship?

Is there a partner from a previous relationship who is making you feel unsafe now?

Have you been hit, kicked, punched or otherwise hurt by someone within the past year? If so, by whom?

HITS screening tool

Does your partner

- Physically hurt you?
- Insult or talk down to you?
- Threaten you with harm?
- Scream or curse at you?

How do I ask about assault / abuse?

Test, Chantel
DOB: 27/02/1987 35 F

Allergy/AdvReac:

IP0000026/21 / H000001034
Maternity Inpatients (B3) B.330-1 ADM IN

Document Psychosocial Medical History

Wed, 7 Sep 2022 1317 by Beth Mcallister

Because violence is so common, we ask all of our patients about it.

Do you feel safe in your current relationship?

Is there a partner from a previous relationship that is making you feel unsafe?

Does your partner ever insult or talk down to you?

Have other family members, children or pets been hurt by your partner?

Do any other family members or your children make you feel unsafe?

History of	
Psychiatric Problems	<input type="radio"/> Yes <input type="radio"/> No Comment: <input style="width: 80%;" type="text"/>
Depression	<input type="radio"/> Yes <input type="radio"/> No Comment: <input style="width: 80%;" type="text"/>
Anxiety	<input type="radio"/> Yes <input type="radio"/> No Comment: <input style="width: 80%;" type="text"/>
Signs and Symptoms	
Alcohol Use/Abuse	<input type="radio"/> Yes <input type="radio"/> No Comment: <input style="width: 80%;" type="text"/>
Substance Use/Abuse	<input type="radio"/> Yes <input type="radio"/> No Comment: <input style="width: 80%;" type="text"/>
Physical Abuse	<input type="radio"/> Yes <input type="radio"/> No Comment: <input style="width: 80%;" type="text"/>
Emotional Abuse	<input type="radio"/> Yes <input type="radio"/> No Comment: <input style="width: 80%;" type="text"/>
Family Problems	<input type="radio"/> Yes <input type="radio"/> No Comment: <input style="width: 80%;" type="text"/>
Marital Problems	<input type="radio"/> Yes <input type="radio"/> No Comment: <input style="width: 80%;" type="text"/>
Financial Problems	<input type="radio"/> Yes <input type="radio"/> No Comment: <input style="width: 80%;" type="text"/>
Sleep Difficulties	<input type="radio"/> Yes <input type="radio"/> No Comment: <input style="width: 80%;" type="text"/>
Recent Life Stress	<input type="radio"/> Yes <input type="radio"/> No Comment: <input style="width: 80%;" type="text"/>
Family History	
Family Psychiatric Problems	<input type="radio"/> Yes <input type="radio"/> No Comment: <input style="width: 80%;" type="text"/>

POSITIVE SCREENING

Thank you for sharing this with me. We have resources available here at the hospital and in the community to support you. Your safety is important to us. Would you like to have someone come and talk to you about what you are experiencing?

NEGATIVE SCREENING

I am glad that you are feeling safe in your relationships. If you ever need support for you or someone else in your life, please let us know as we have supports available here at the hospital and in our community.

Recall Values | Clear Assessment | Link Note | Insert Occurrence | Discontinue Occurrence | View Protocol | Associated Data | Sign | Go to

Status Board

Interventions

Outcomes

eMAR

IV Spreadsheet

Transfusions

Manage Cond Lists

Special Panel

Assign Care Providers

Notes

Process Plans

Schedule

EMR

Orders

Allergies

Physician Doc

Oncology

Reconcile Meds

Patient Instructions

Pt Ed

Discharge

Exit PCS

Are you **READY** to receive a disclosure?

- **Recognize** you are receiving a disclosure.
 - Let the survivor lead the conversation and do not ask for details that you don't need
- **Empathize** with what you are hearing.
 - “I believe you”
- **Appreciate** the strength it took to disclose & the ways they have survived so far
 - “Thank you for sharing this with me”
- **Direct** them to resources with their consent
 - “Can I help you access some resources?”
- **You matter!** Take care of yourself after receiving a disclosure
 - Support is available for you too

OTHER TRAUMA AND VIOLENCE INFORMED CARE

Instead of:	Try.....	Because....
“Can I get you anything?”	“Would you like a.... or something else?”	Giving options allows patient to advocate for themselves without feeling like they are inconveniencing you
“Your partner is dangerous / not safe”	“I want you to be safe”	Placing blame on the partner can cause the survivor to become defensive, even though the abuser is always responsible for enacting violence. Refocusing on the patient allows for rapport building.
“Tell me the truth” “That isn’t what really happened”	“Can you tell me again what happened?”	Accusatory language can cause the patient to become defensive or shut down. Give the patient multiple opportunities to open up about what happened, especially if the injury does not match the mechanism that patient reported
“I am going to put an IV in”	“This is an IV to.... Would you prefer I try the right or the left side?”	Giving the patient autonomy while explaining why the procedure is necessary can help the patient feel more comfortable and in control and encourages rapport building
Shutting the door without explanation	“We typically shut the door for your privacy and for other patients. Is that okay?”	Explaining why something is done and asking for patient input. You can offer to leave the door open a crack or remind the patient that they can get assistance by using their call bell which may allow your patient to feel more comfortable and supported
“You need to calm down”	“Do you need to take a break?” “Is there anything I can do to help you feel more comfortable?” “Would you like me to stop / step out for a moment?”	Offering the patient an opportunity to advocate for themselves, take breaks, and reach out for additional supports puts them in control of their care. This can help deescalate a situation

HOW TO CONTACT US

Emergent Support

- Come to the BGH Emergency Department
- Call BGH Emergency Department 519-751-5544 ex 5858 and ask them to page the SADV nurse on-call
- ONSADVTC Navigation Line 1-855-628-7238

Non-Emergent Support - Monday to Friday 7 am to 3 pm

(to book patient appointment, refer for counselling or other information)

- phone: 519-751-5544 ex 4449
- email: infosadv@bchsys.org
- text: 226-387-9480

Want to learn more?

BCHS website

- <https://www.bchsys.org/en/care-services/sexual-assault-and-domestic-violence-care.aspx>

Ontario Network of Sexual Assault / Domestic Violence Treatment Centres website

- <https://www.sadvreatmentcentres.ca/>

Online training for responding to historical trauma

- <https://www.sadvreatmentcentres.ca/training-for-professionals.html>

Online training for Emergency Department staff

- <https://www.sadvreatmentcentres.ca/emergency-department-staff-training.html>

References

<https://www150.statcan.gc.ca/n1/pub/85-002-x/2019001/article/00017-eng.htm>

<https://www150.statcan.gc.ca/n1/pub/85-002-x/2013001/article/11805/hl-fs-eng.htm>

<https://www150.statcan.gc.ca/n1/pub/85-002-x/2020001/article/00001/brantford-eng.htm>

<https://canadianwomen.org/the-facts/sexual-assault-harassment/>

<https://www150.statcan.gc.ca/n1/daily-quotidien/220520/dq220520b-eng.htm>

<https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/>

<https://women-gender-equality.canada.ca/en/gender-based-violence-knowledge-centre/intimate-partner-violence.html>

<https://www.canada.ca/en/government/publicservice/wellness-inclusion-diversity-public-service/harassment-violence/domestic-violence-workplace.html>

<https://www.canada.ca/en/government/publicservice/wellness-inclusion-diversity-public-service/harassment-violence/domestic-violence-workplace.html>

https://www.safehouseproject.org/files/ugd/2dbc84_d44c9c3a11d54787b379491f67840564.pdf