



DOCTORS FOR SEXUAL ABUSE CARE

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NATIONAL NEWSLETTER

EDITORS: SANDRA RHIND & CAROLINE CORKILL ISSUE No. 77 DECEMBER 2008

Extracts from the DSAC Executive Chairperson's Report to the DSAC AGM 2008 - Dr Marie Burke

I have looked back at Carol Shand's report from last year which she started by saying the year had been one of the most stressful and difficult for our organisation – the temptation to cut and paste was almost overpowering. This year has also been a challenge – both personally and professionally.

I have had huge support in my role for DSAC. Hayley, Meagan and the Executive have been wonderful, especially as I disappeared to the UK twice during the year for considerable amounts of time to attend to my Mum who has recently died from acute myeloid leukaemia.

One of the continuing challenges for our organisation is the lack of understanding by external agencies and government departments that DSAC the organisation is not a service provider and is different from individual DSAC trained and accredited doctors. We have made multiple approaches to government this year to secure sustainable funding to support



AGM 7 November 2008
Dr Marie Burke
DSAC Executive Chairperson

Sexual Abuse Assessment and Treatment Service (SAATS) development. Within these government departments there are some very focused and committed individuals including Police Commissioner Howard Broad, Assistant Commissioner Gavin Jones and Detective Senior Sergeant Neil Holden (Police National Co-ordinator: Adult Sexual Assault & Child Abuse) and Hon Steve Chadwick. These people have been very supportive of the work being done by DSAC, but government departments continue to move slowly and seem to forget we have neither the time nor resources they have at their disposal, and that DSAC has only two paid staff – the indispensable Hayley and Meagan.

Despite the past two very difficult years the thread has been for DSAC to not compromise, to aim for excellence not only in a national service but in local services. DSAC has continued to promote excellence in accreditation and maintaining standards of clinical work and legal work. Thanks to the various components of DSAC (Hayley, Meagan, the Secretariat, the Executive, the Accreditation Sub-committee, the newsletter team and the Regional Liaison Doctors) we have managed this, but it has been a huge strain.

Hayley has continued to be incredibly hard working and good natured despite all of the above and more. How she does it I do not know. I would be jealous if I were not so in awe of her. Meagan has also continued to be hard working, always pleasant on the phone and able to juggle the ongoing demands of running the office day to day – thank you. The Secretariat has continued to provide invaluable day to day help to the office and also put in huge numbers of hours refining and polishing presentations to various government departments. This is something I was only dimly aware of before I am ashamed to say. The Executive, including new members who are now old hands, has also provided wonderful support – thank you.

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The Advanced Paediatric Training was a huge success and very well attended. Personally I found it professional, informative, and most importantly it taught me new things.

The rebranding of DSAC is another challenge for the next year. The discussions around the name and brand have reminded me just how remarkable the founding of DSAC was. We owe a huge debt to our founding mothers. I am always amazed when I think of the unpaid work, the energy it took not only to found and establish this organisation but to make it a worldwide recognised organisation for our standards and education. It is something I thank them for and am always stunned when I think about it. I am quite convinced I wouldn't have managed it. Our challenge now is to continue to recruit dedicated professionals as we take this organisation into the next steps.

This year DSAC was successful in its funding application to the ASB Community Trust for financial support towards basic office operating costs. The Trust awarded DSAC with a \$30,000 grant for which we are most grateful indeed. However our quest for sustainable long-term funding has yet to be solved...

I would like to finish this too brief report on a high note. That high note is Carol Shand. Let me explain, again. Carol has been made a Companion of the New Zealand Order of Merit for her services to women's health. This is as impressive as it sounds and I, we the DSAC whanau, are very very proud of her. Congratulations Carol. To end this report I would like to announce that when I grow up I want to be like Carol Shand.

Dr Marie Burke
November 2008



Extracts from the DSAC Treasurer's Report to the DSAC AGM 2008 - Dr Terry Wyatt

Kel and Ann Geddes now live in Australia, but we continue to receive financial support from the Geddes Philanthropic Trust. Recent correspondence received from Kel Geddes stated that our next quarterly installment will be received in January 2009, thus indicating their support for the next financial year. This will mean that the Geddes Philanthropic Trust will have been supporting DSAC for 15 years. We are eternally grateful for the Trust's support, without which core DSAC activities would be severely hampered.

Hayley applied for and DSAC has received a grant from the ASB Community Trust. This money is toward basic office running costs and covers April 2008 - March 2009 financial year. I want to formally acknowledge this, and thank the ASB Community Trust for this much appreciated support.

The Domestic Violence Intervention Training contract has been rolled over again. The team of domestic violence intervention education providers are continuing their excellent work. The article "Treating family violence as a health issue" in the June 2008 (Ministry of Health produced) issue of Public Health Perspective reported that, "More than 4500 health professionals, including midwives, have completed training in family violence intervention." Given that DSAC, as of December 2007 (the last data that the Ministry of Health had received prior to publication of this article), had trained 3238 health professionals i.e. nearly three quarters of the reported total of health professionals trained, it is encouraging to know that the eight DSAC trainers have played a large part in this success!

Dr Terry Wyatt
November 2008



DSAC AGM 7 November 2008



DSAC AGM 7 November 2008

Manager's Report - Hayley Samuel

This is a brief report on the DSAC Scientific Meeting, AGM, & Regional Liaison Doctors' Meeting which was held on the 7th to the 9th of November at various venues in Wellington.

This year's national meeting began with a Scientific Meeting "Journey to Uranus – Workshop on Anal Findings and their Medicolegal Significance" which was held at the RNZCGP Boardroom (kindly provided at no cost by Karen Thomas, CEO). There were 33 attendees in addition to two Forensic Scientists, a Crown Prosecutor, a Forensic Pathologist and – just in the nick of time and not without enormous effort on Min Lo's part – a Colorectal Surgeon (who arrived after lunch). The aim of the meeting was to develop some consensus between the experts in the field so that clinicians can accurately describe, evaluate and interpret acute findings following alleged anal assault. The meeting went incredibly well and was rated 4.7 out of 5. Min has already updated the guidelines which will then be presented at the Forensic & Medical Sexual Assault Clinicians Australia (FAMSACA) / DSAC Conference in Sydney on the 27th & 28th February 2009. Congratulations and thank you to Min (who had been driving this forum for two years to get it off the ground!), Clare Healy and Kristen Sorrenson for your exceptional efforts putting the programme together. Also to Carol Shand for facilitating the meeting.

Following this was DSAC's 20th AGM during which the members in attendance voted on the name change from "Doctors for Sexual Abuse Care Incorporated" to "DSAC – New Zealand Association of Sexual Assault Clinicians Incorporated". As to how and when this name change will be implemented – watch this space!



*DSAC Associate Member, Nurse Specialist Mars Delamere and Dr Carol Shand
DSAC AGM 7 November 2008*

We then presented our wise Kuia, Carol Shand, with a korowai which Mars Delamere, Nurse Specialist from Whanganui, blessed for Carol. Following which a cake to celebrate DSAC's 20th birthday appeared for the founding members in attendance to blow out the candles. These were Drs Robynne Milford, Carol Shand, Jenny Corban, Ann Evans, Susan Clements, Ros Gellatly, Jane Batchelor and Juliet Broadmore. Special acknowledgement was made to Christine Foley and Claire Hurst whose input has, and continues to be invaluable to the success of the organisation. Thanks again to Carol Shand for hosting the AGM at her home in Karori.

Saturday and Sunday were dedicated to The Regional Liaison Doctors' Meeting and Case Review. This year Meagan Kerr collated all of the regional reports into a spreadsheet format which was provided to each attendee. This meant that we could use the valuable meeting time to discuss regional issues. Feedback from the weekend was that this format worked "the best yet". The peer review session (or as one attendee pointed out on their evaluation form "we should consistently refer to



*DSAC's Founding Members present at the DSAC AGM 7 November 2008
L-R Drs Susan Clements, Jenny Corban, Ann Evans, Jane Batchelor,
Robynne Milford, Ros Gellatly and Carol Shand*

this session as case/practice point review or some such title, rather than peer review because case is not reviewed in detail – clinical or documentation, so 'peer review' is misleading") was considered to be excellent with Marie Burke's new template working well in keeping people to time and on track. Thanks to Clare Healy for the MEK update session and Marie for her, as ever, expert chairing skills allowing us to maximise the use of the meeting time. Overall- the weekend was rated 4.8 out of 5.

It was great to catch up with all of you who attended the meeting and thank you all for your input and continued energy and commitment to working in the field of sexual assault and abuse.

Meanwhile I wish you all a wonderful and safe festive season.

Best wishes

Hayley

*Hayley Samuel
DSAC National Manager*



DSAC's 20th AGM 7 November 2008

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Taskforce for Action on Sexual Violence

The Taskforce for Action on Sexual Violence was established in July 2007 for a two year period to provide leadership and coordination across government and non-government sectors to address sexual violence.

The Taskforce is based on a partnership between the government and Te Ohaakii a Hine - National Network Ending Sexual Violence Together (TOAH-NNEST). TOAH-NNEST represents the majority of the organisations and individuals working in the New Zealand sexual violence sector. Its steering group is made up of a Tau Iwi caucus and Maori caucus (Nga Kaitiaki Mauri).

Membership

The following four Taskforce members have been drawn from each TOAH-NNEST caucus to represent the sector:

Ms Sandz Peipi

Ms Te Owai Josie Gemmell

Dr Kim McGregor

Mr Hamish Dixon

Maori Caucus

Maori Caucus

Tau Iwi Caucus

Tau Iwi Caucus

The broader Taskforce membership reflects the wide range of government agencies engaged in the delivery of sexual violence related policy, funding and services – including Police, Corrections, the Judiciary, Social Development, Health, Education, Pacific Island Affairs, ACC and Te Puni Kokiri. The Secretary for Justice chairs the Taskforce, and the Chief Executive of the Ministry of Women's Affairs is Deputy Chair.

Work Programme

The primary focus of the Taskforce is on sexual violence towards adults. The Taskforce recognises that some areas of its work may require change to systems and structures that relate to children and adolescents.

Over twenty work programme initiatives span the six priority areas outlined in the Taskforce Terms of Reference: prevention, early intervention, recovery and support services, treatment and management of offenders, criminal justice system effectiveness in addressing sexual offending, and criminal justice system responsiveness to victims.

A key objective of the Taskforce is to establish a sound base of evidence to underpin decision making about money to be allocated for the six priority areas listed above.

The first year has been a busy one for the Taskforce. which has overseen research to identify improvements to policy and practice for prevention, for services for victims, for offender management and treatment and support for victims going through the criminal justice system.

In the area of prevention, for example, research is being pulled together on successful prevention and education programmes internationally and within New Zealand. This work will provide a better understanding of what

contributes to good programme design and delivery.

Similarly, work to find out how best to raise awareness of sexual violence and promote conversations about healthy sexual relating in the community, has also been undertaken.

In August the Ministry of Justice released a public discussion document, Improvements to Sexual Violence Legislation in New Zealand. Legislation is one area being examined to identify areas that can be improved so that victims of sexual violence will feel safer reporting assaults and more willing to appear as witnesses at trial.

The discussion document outlines possible law changes to the area of consent, the defence of reasonable belief in consent (Crimes Act) and the rape shield (the part of the Evidence Act that inhibits evidence relating to the sexual history of the complainant). Alternative approaches to deal with sexual violence, such as restorative justice or specialist prosecution units, are also considered in the document.

The Taskforce gathered information from working groups reflecting on how the criminal justice system could be more responsive to the needs of victims. Submissions closed on 30 September 2008 and public feedback received will inform the development of policy options before they are put to the Taskforce and Government to consider.

Whilst Year One work has focussed on capturing or creating clear snapshots of what we know and where gaps exist, Year Two is about using this information to develop options for improving prevention of, and responses to, sexual violence.

For example, over the next ten months work will be completed on identifying ways to improve the process of sexual violence cases going through the courts and how to better support the victims.

The Taskforce will provide a final report to government in July 2009. It will include recommendations for actions to improve policy, procedure and service delivery, and advice on where investments might be made to better address sexual violence.

**With special thanks to
Image Centre,
34 Westmoreland Road West
Grey Lynn, Auckland
(09) 360 5700**





Recognising and Responding to Partner Abuse

Partner abuse, child abuse and elder abuse are collectively termed family violence. Partner abuse is the physical, sexual, verbal and emotional/psychological abuse of current or past intimate partners, including same sex couples. Partner abuse can happen to any gender and in any socioeconomic, religious or cultural group.

Partner abuse tends to escalate in severity and can result in death. Failure to identify partner abuse early on can also result in multiple health care visits with incorrect diagnoses, costly and inappropriate tests and treatment, and ongoing morbidity.

To effectively reduce partner abuse, intervention is needed at many levels. For identification staff need:

- knowledge about the dynamics of abuse and its health effects
- skill and practice in asking and responding to disclosure
- skills in safety assessment and documentation
- knowledge of and ongoing relationships with local referral agencies
- access to up-to-date patient resources
- to have systems in place to ensure safety of patients and practice team members.

Key messages:

- To identify abuse the first step is to ask questions and then offer help.
- The aim is not to 'fix the problem' but to acknowledge the issue, inform the victim of abuse about options and support their decisions.
- Family violence is NOT a private matter – it is a health issue, which requires a health care response.
- 'Domestic violence flourishes because of silence, because the problem stays hidden, and in some subtle but powerful way ... acceptable.' Esta Soler

DSAC, as contracted by the Ministry of Health, offer a *free training programme on the Recognition of and Response to Partner Abuse, which is useful for General Practice team members, Sexual Health Clinic staff and some Obstetricians and Gynaecology professionals plus other health groups not covered by a different contract. The session(s) includes background information, video clips, information about local community resource agencies and case discussion, all of which go towards enabling the health practitioner to gain confidence and skills in this important area of their work. Practical ways of asking the hard questions and equally practical responses to assisting those who experience violence in the home will be presented. The sessions have been presented around the country since April 2002 to 3457 attendees (as of June 2008) and have received excellent feedback as to their usefulness.

For further information on the DSAC Family Violence Training Programme, please contact the DSAC Office

**Whilst the training sessions themselves are free we do seek a contribution towards travel / accommodation costs if a trainer is required to travel outside of their region.*

Marylene Cloitre Ph.D.

Psychotherapy for the Interrupted Life: Treating Adult Survivors of Child Abuse

Auckland, 20th October 2008

A registered nurse's perspective on Marylene Cloitre's psychotherapy approach for survivors of childhood abuse

Dr Marylene Cloitre is the founding director of the Institute for Trauma and Resilience at the New York University Child Study Centre. She has extensive clinical and research experience as a psychotherapist in treating survivors of childhood abuse and has co-authored a book called "Treating Survivors of Childhood Abuse: Psychotherapy for the Interrupted Life".

This seminar was based on the principles of the book which provide a framework for helping clients manage symptoms related to past physical or sexual abuse; build emotion regulation and interpersonal skills; and process traumatic memories and their associated feelings of fear, shame and loss.

Trauma definition and attachment theory:

As used by Dr Cloitre a resource model definition of trauma is: When an event overwhelms the resources. Dr Cloitre used this to explain why some people develop symptoms and others do not and why children in particular are susceptible and substantially affected by traumatic events as they have fewer resources to protect themselves. Therefore age at the time of the event can affect health outcomes.

Dr Cloitre outlined that the most influential variable in recovery is the parent. The 'good parent' provides warm support e.g. a safe base, guidance, emotional skills and social skills. A major theme of her work is based on what happens when the source of safety and source of danger are one, for example the disturbed caretaker or abusive parent. Dr Cloitre discussed that if Bowlby's "Working Model" of attachment, which is the relational context that facilitates emotional and social competency development between self and other, is insecure based on the disturbed caretaker then the outcome can be impaired affect regulation and impaired interpersonal relationships. She described this as relational trauma for example if a child is sexually assaulted by a parent the child is in a chronic state of lack of safety as the parent is not a secure base.

Dr Cloitre also discussed the relationship of unresolved trauma being a predictor of post traumatic stress disorder symptoms and dissociative symptoms. Referencing Lyons-Ruth and Block she described this as "the traumatized adult's continuing state of fear".

Implications for treatment:

Dr Cloitre acknowledges a disconnection between the rehabilitation for children as victims of sexual assault which strongly focuses on building skills and repair of undermined competencies and the treatment for the adults who were once these children. She highlights the importance of narrative processing to integrate past and present as well as skill development.

The remaining content of the seminar was devoted to the research and explanation of a two-phase treatment framework based on Skills Training in Affective and Interpersonal Regulation (STAIR) and Narrative Story Telling (NST).

Testing the Components of a Phase-Based Approach:

Dr Cloitre identified problems with exposure based psychotherapy linking it to symptom exacerbation and increased treatment drop out. This was especially evident for combat veterans who received flooding and CBT-exposure treatment post war.

Dr Cloitre and colleagues tested a representative sample (n=112) of varied demographic characteristics and symptom characteristics on the phase-based approach. Evidenced suggested that doing the skills work (STAIR) prior to reviewing the past (NST) decreased dissociative symptoms and PTSD symptom severity across the treatment.

Phase I: Skills Training in Affect and Interpersonal Regulation (STAIR):

Phase I has been designed as 8 sessions of treatment.

The Resource of Hope.

Session 1: Introduction to the treatment, i.e. "change is possible".

The Resource of Feeling.

Session 2: Emotional Awareness and the power of Naming.

- Creating an experience of safety between the client and the therapist by valuing and being interested in the client's feelings. Dr Cloitre called this "mirroring" and "naming back". Through this the therapist recognizes and acknowledges their experience which creates reality and safety.

- Describe how family dealt with feelings, history of emotional expression.

- Identify problems with identifying and experiencing feelings in relation to childhood trauma

Session 3: Emotion regulation

- To define: "A Comfort Zone" that allows the individual to live in the moment and engage fluidly with the environment. It involves not only down-regulation of negative affect but also enhancement of positive affect.

- Identifying positive feelings to inform the client of their complexities e.g. likes and dislikes, this promotes a desire to engage.

- Review self monitoring form looking for strengths and weaknesses in coping activities.

- Focused breathing, calming movements. Creating a gap between, being mindful rather than rapid.

- Replacement behaviours, binge drinking = binge walking.

- Self-soothing through positive activities.

- Self statements, considering alternative interpretations and outcomes, reminder that distressed states end/can be endured.

Session 4: Emotionally engage Living

- Finding the comfort zone of distress in order to reach a goal.

- Identify activities and goals that bring pleasure.

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The Resource of Connection:

Session 5: Understanding relationship patterns (schemas) which are emotionally charge templates laid down by early experience that guide current perceptions, judgments and actions.

- Identifying interpersonal schema specifically the formation of abuse-related schema e.g. “to be attached is to be abused”, “if I am hit, I am loved”.
- Emotions associated with schemas may not be appropriate for effective action today.

Session 6: Changing relationship patterns (alternative schemas and role).

Session 7: Agency in relationships (assertiveness and control)

Session 8: Flexibility in relationships (multiple working models)

The above sessions all include:

- Engaging in role-play to clarify and distill central schemas.
- Implement alternative schema.

Phase II: Narrative Story Telling.

As described by Dr. Cloitre, recovery from trauma requires confronting the memory of and feelings about the event and integrating this memory with the full store of memories. This organizes the trauma memory and integrates it into life history. It creates a historical sense of self, the traumatic event belongs to the past not the present, this creates distance. The resources the client has now are greater than those in the past, this creates safety. The traumatic experiences can be evaluated with the distance of time and new experiences, this creates context and meaning. The future need not be the same as the past, this creates hope.

When is the client ready: Sooner than you think.

- Client’s presence of skills versus distress.
- Client is stable
- Presence of alliance between client and therapist
- Client monitors how much exposure/emotion is going to be experienced. Titration is collaborative.

Memory elucidation:

- Memories can be selected based on salience in day to day life.
- Themes will emerge/generalizations will occur.
- Ordering of memories - most least to difficult
- Telegraphic communication - how much distress does the memory cause on scale 1-10.



Hayley Samuel and Dr Marylene Cloitre



Working with fear:

Modified Prolonged Exposure Technique:

- Recall the memory as vividly as possible
- Stay in touch with the feelings that the memory elicits, include details of the events (sensations, thoughts, emotions).
- Repeat 2-3 times (either immediately or following debriefing/meaning analysis)

Meaning analysis and creating a narrative:

- Check in on emotional stability, implement appropriate emotion regulation activities.
- Identify and label feeling states.
- Identify schemas about self and other embedded in narrative.
- Reinforce new schemas - plan “corrective emotional experiences” in daily life.

Working with Shame:

- Reduces feeling of alienation and sense of being apart from the mainstream
- Reduces strength of bond to the perpetrator
- Enhances client’s compassion for self
- Revising shame based interpersonal schema (self as survivor)

Working with Loss:

- Therapist bearing witness: in recognizing loss something is found.
- Creating narrative respects the past and the loss.
- Transform loss into appreciation of current opportunity and experiences.

Final sessions:

- Elicit gains experienced in treatment: identify skills gained and changes in self/other schemas.
- Therapist elaborates on perceived changes and gains.
- Review meaning of trauma in context of current life.
- Future goals and challenges.
- Relapse risks.

For a more comprehensive description of Dr Cloitre’s phase-based treatment approach please refer to Dr Cloitre’s book “*Treating Survivors of Childhood Abuse: Psychotherapy for the Interrupted Life*”.

Lief Pearson

Registered Nurse

Pohutukwa Clinic, Auckland District Health Board



Refresher Courses for Accrediting 'Old Hands' and Funding - DSAC Accreditation Update -

ARE YOU AN 'OLD HAND'?

The spotlight has been thrown on the length of time between attending basic training and when you subsequently apply for accreditation. Is it months, years or decades! The new era in Sexual Abuse Assessment and Treatment Service (SAATS) contractual requirements, together with ESR updates, new MEK and changes in current best practice for briefs of evidence has meant that many of us need refresher courses. These will be run in conjunction with basic training courses and will include all the new stuff and things that you feel like you ought to know but have been too busy to ask.

The new timeframes are:

- Provisional accreditation application within 1 year of attending basic training (variations on this need consultation with the committee).
- Full accreditation application within 1 year of provisional accreditation. Attendees at training courses will be provided with a 'Part Two' folder of accreditation forms and a letter outlining the requirements together with the date for the application to be received by the office.
- Re-accreditation is required within 1 year of full accreditation lapsing. To assist those experienced doctors (the 'old hands') who have had a 5 year lapse in accreditation or who have never been accredited and attended basic DSAC training more than 5 years previously with no evidence of further updates, attendance at an 'Initial and Refresher Course' will be required.

Letters will be sent to those who are thought to be involved in this work and who may need to attend a refresher course. While a reminder from the DSAC office will be sent to you to remind you about impending expiry of accreditation, it is your responsibility to keep a check on this also.

FUNDING AND FEES

Accreditation costs are considerable due to the complexity of issues, the hours needed for the committee to read through the cases and give appropriate feedback, and meeting and office expenses, This is currently not funded despite the best efforts of DSAC to negotiate it. Therefore it has been decided reluctantly that these basic costs need to be recovered from candidates starting from the first meeting in 2009. Thankfully the NZ Police Workforce Development funding, to support workforce creation for SAATS, may cover about 20 new accreditation applications (not re-accreditation) until June 2009, with the possibility of this extending until June 2010. **The message is be in quickly while this lasts.** Contact the office for details.

In the long term it is anticipated that candidates may need to negotiate with their employers (SAATS Contract Holder e.g. DHB) or local agencies if they wish to have their accreditation costs funded.

Dr. Jane Batchelor

Chairperson

DSAC Accreditation Sub-committee



Azithromycin

Remember that supplies of Azithromycin (Zithromax) are available for STI prophylaxis for any patient who is at risk of infection as a result of a sexual assault. The regime is absolutely simple
1G. stat. (2 x 500mg tabs)

PHARMAC is fully subsidizing this drug through DSAC and supplies are available from:

DSAC National Office, PO Box 90723, Victoria Street West, AUCKLAND 1142

To order your supplies for the next 6-12 months you can either write, email: dsac@ihug.co.nz or
fax: 09 376 0790





**SAATS Medical Officer
(Sexual Assault Assessment & Treatment Service)
18 month contract**

Wellington Sexual Health Service is looking for a part time medical officer (16 hours per week) to work closely with the SAATS nurse administrator to help establish a new service providing care and follow up to adolescents and adults who have been sexually assaulted/abused. This position requires a medical officer with experience in or interest in gaining skills in the area of sexual health and forensic examinations. The position will provide an experienced medical officer with the shared responsibility of shaping a new service whilst working with a committed team of doctors and nurses, as well as maintaining a small clinical caseload.

- If you are a NZ Registered Medical Officer who:
- is experienced in sexual health and forensics
 - communicates effectively, enjoys teaching and working with community agencies
 - is experienced in recording, interpreting, and analysing data
 - works well independently and as part of a team
 - would enjoy being part of establishing a new service for the Wellington/Hutt area

then you will want to talk to us.

For more information about this role please contact our HR Manager **Alison Appleton** ph (04)978 4303 or email vacancies@wipa.org.nz for a position description and application form.

**THE MEDICAL MANAGEMENT
OF SEXUAL ASSAULT
SIXTH EDITION 2006**

The DSAC training manual is a resource for medical health professionals who provide medical care for victims of sexual assault. It is a supplement to the DSAC training courses in medical management of sexual assault and represents a collation of current thinking in this field of medicine, from both local and international sources.

The 6th edition is significantly different from the 5th edition and has been reorganised into 3 main sections. Not all subsections have been fully updated for this edition and these will be added to the online manual as they emerge. Until all sections have been updated, some cross referencing will be inaccurate.

Section A contains practical guidelines for forensic examination and medical care of adult victims of sexual assault. For ease of use, references have been kept to a minimum. Forms and templates that can be used in your clinical situation are marked with a printer icon.

Section B contains guidelines for children and adolescents.

Section C contains important reference material.

Note that previous appendices are now included in the main body of each individual section.

The technology of the Web will allow DSAC to regularly up-date sections in response to new knowledge. Users can browse and download in print individual chapters as they wish.

Visit www.dsac.org.nz

Access to it is by purchasing an individual user name and number through the DSAC office.

Annual access fees include GST.

	Online	Hardcopy*
Individual paid-up DSAC Members	\$40.00	\$80.00
Individual non DSAC Members	\$100.00	\$140.00
Medical Institution	Price on Request	\$140.00
Non-Medical Institution	Price on Request	\$140.00

Contact Details: DSAC, PO Box 90723, Victoria Street West, Auckland 1142

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email: dsac@ihug.co.nz Website: www.dsac.org.nz

** postage not included - please contact the DSAC Office for postage costs*

NEW TITLES FROM THE WOMEN'S BOOKSHOP

All these books and many more are available from our shop. You can order by phone, email or order from our secure website. We have a category for Sexual Abuse under Abuse. Just scroll down the left hand side of our webpage and all the books are listed there with cover pictures and brief descriptions.

TREATING SURVIVORS OF CHILDHOOD ABUSE: Psychotherapy for the Interrupted Life

Marylene Cloitre, Lisa R Cohen, Karestan C Koenen \$79.99

In her recent visit to NZ, Marylene Cloitre held three highly successful one-day workshops in Auckland, Wellington and Christchurch. Her marvellous book, filled with handouts and practical step-by-step information, provides innovative treatment that is based on scientific knowledge about traumatic abuse and its aftermath, and uses a hybrid of effective methods. Organized in a progressive, phase-oriented fashion, it dramatically reduces treatment time. It comes highly recommended by both Bessel van der Kolk and Christine Courtois.

SURVIVING & MOVING ON: Self-help for Survivors of Childhood Sexual Abuse

Kim McGregor \$37.00

Dr. Kim McGregor, Director of Rape Prevention Education (Rape Crisis), has fully revised and updated her brilliant book, originally published as *Warriors of Truth*. Essential reading for any survivor of sexual abuse, female or male, it offers ideas and techniques for understanding and healing. It is divided into three parts: information about child abuse; guidance for survivors about their unique experience; help for families and supporters.

SERIAL SURVIVORS: Women's Narratives of Surviving Rape

Jan Jordan \$49.99

This extraordinary book presents the survival stories, told to Dr. Jan Jordan, Senior Lecturer in Criminology at VUW, of fifteen women who were all sexually assaulted by Malcolm Rewa, known as the Ponsonby Rapist, in Auckland in the 1990s. Celebrating resilience, this book reflects the wish of these courageous women that some good will come from the pain and fear they experienced.

RAPE: A History from 1860 to the Present

Joanna Bourke \$39.99

Gripping and highly readable, well argued and full of evidence, this book demonstrates that how we view rape goes to the heart of who we are as a society and how we define our most intimate interactions. The rapist, rather than the victim, is at the centre of this book and Bourke is particularly damning of the assumption that it is a woman's responsibility to protect herself from rape. Joanna Bourke is Professor of History at Birkbeck College in London; she writes for prestigious British newspapers and is the author of *An Intimate History of Killing* and *Fear: A Cultural History*. This new book is terrifyingly important and necessary.

The Women's Bookshop • 105 Ponsonby Road • Ponsonby • Auckland • Phone 09 376 4399
secure website www.womensbookshop.co.nz email books@womensbookshop.co.nz

A Tribute to Dr Carol Shand



Dr Carol Shand

For Carol: awarded Companion of NZ Order of Merit

Carol Shand was pivotal in the formation of DSAC. Prior to 1985 sexual assault examinations were conducted mainly in Police Stations and A & E with minimal protocols, inadequate facilities and no mandate to assist recovery.

Carol was active from the years 1985 to 1988 establishing and working with HELP Foundation in Wellington, working with Police and Counsellors in a small unit dedicated to this care. In 1988 DSAC was established. Carol was the founding Vice-President 1988 - 1999, then President 1990 -1992. Again she gave her services in 2004 - 2005 and 2007 and is still active on the Executive Committee.

Carol has worked all these years on a 24 hour sexual assault call roster.

Carol expended untiring energy initially; in addition to her General Practice and Maternity duties and raising a teenage family. She was intrinsically involved enlisting and establishing DSAC:

- National Protocols
- Provision of Clinical Services
- Standards of Forensic care
- Establishment of a network of National Regional Coordinators (and a national directory of services)
- A medical manual; *The Medical Management of Sexual Assault*
- Teaching medical management and significance to Doctors, Police, Social Workers, and Counsellors.
- Carol hosted visits by overseas experts to further understanding of this subspecialty of Medicine.

Carol has been our political voice, our strongest advocate liaising with politicians, District Health Boards, Regional Health Authorities, then CHE, and now Health Boards again.

With ACC, Carol strove for law changes and funding for provision of service,

With Police and DSIR (ESR) considerable time has been devoted to consultation, liaising, establishing protocols, funding, education, and consultative pathways.

With Justice she has closely worked with Crown Solicitors assisting in establishing a high standard of expert witnesses.

Carol has been involved in establishing National Peer Review and accreditation that is now recognized by the Courts of New Zealand.

Multidisciplinary liaison has been fundamental in DSAC's commitment to provide an excellence of service, protocols, and standards, safety and recovery with Police, DSW, now CYF, DSIR now ESR, counsellors, GPs, Crown Law and Courts.

Within Medicine itself, Carol has been involved in a considerable body of work, enlisting and consultation, of educating and establishing protocols for each subspecialty of Doctors and Specialist Nurses:

- Emergency Departments and Trauma Management
- Paediatric and later Adolescent needs
- Sexual Health
- Psychiatrists
- Gynaecologists
- Police Recruits and Detectives
- Laboratory Staff to mention some...

In 1993 Carol co-authored a text book for GP's *Recognition to Recovery*, updated in 2003.

All this work for DSAC was voluntary and involved an enormous energy and time commitment from 1985 to the present day, energy that persevered from each change and change of the change of the change and changes to that.

*Carol might be expected to be bald
Wear bandages of the battered
Stooped by beaurocratic abuse
A cane for each hand.
But as you can see tonight
Our Carol is never more youthful
She wears her mana a korowai of experience and wisdom.
Her carriage is of unswerving dignity
Pockets for whakata
Her clasp emanates aroha
Her hem is candlelight through shadows, a beacon for all of us.*

It is with honour love and esteem I give you Carol.

Dr Robynanne Milford
DSAC Founding Member



DSAC Diary of Events 2009

DSAC is a RNZCGP CME Registered Special Interest Group

For all events apply to: DSAC National Office PO Box 90723, Victoria Street West, AUCKLAND 1142
Tel: (09) 376 1422 Fax (09) 376 0790 email: dsac@ihug.co.nz website: www.dsac.org.nz

DSAC PAEDIATRIC TRAINING COURSE in the *MEDICAL ASSESSMENT OF SEXUALLY ABUSED CHILDREN AND ADOLESCENTS*

Dates: 28 April - 1 May 2009

Venue: Marion Davis Library
Auckland



MEDICAL/FORENSIC MANAGEMENT OF ADULT SEXUAL ASSAULT TRAINING WEEKEND

PLEASE NOTE CHANGE OF DATE:

Dates: 27-29 March 2009

Venue: Marion Davis Library
Auckland



**The DSAC Office will be
closed for the holidays from
19th December 2008 - 12th January 2009**

**Season's Greetings
to you all**



OVERSEAS SPEAKER

Dr Ellert Nijenhuis

***"Dissociation of the Personality
and Childhood Traumatization:
Theory, Research and Treatment"***

Auckland

West Lounge, Eden Park
Friday 13th & Saturday 14th February 2009

Wellington

Intercontinental Hotel
Wednesday 18th & Thursday 19th February 2009

Christchurch

Holiday Inn City Centre
Monday 23rd & Tuesday 24th February 2009

Dr Nijenhuis is known by other experts working in this field for grappling with some of the most complex and perplexing phenomena that therapists are likely to encounter. His work provides a unifying theory that identifies a disturbance of the self as the core problem for the whole spectrum of trauma related disorders. This theory is then closely linked to a highly sophisticated understanding of assessment and treatment.



LETTERS TO THE EDITORS

Letters to the Editors can be submitted, although publication, editing and abbreviation are at the Editors' discretion. While the principle of 'right of reply' to articles and letters published in the Newsletter is accepted, this right is not automatically granted and is subject to Editorial discretion and the limitations of space - DSAC news and information have priority. All letters submitted must include appropriate contact details and email submissions are preferable so as to reduce the possibility of error in transcription.

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