



DOCTORS FOR SEXUAL ABUSE CARE

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NATIONAL NEWSLETTER

EDITORS: SANDRA RHIND & CAROLINE CORKILL

ISSUE No. 78 AUGUST 2009

Executive Chairperson's Report - Dr Min Lo

DSAC is having a fruitful and highly productive year. The organisation is blessed with faithful stalwarts, the executive team and many sub committees (all the same people!) who continue to deliver a fantastic output for Sexual Assault services around the country. We are very lucky to have so many dedicated and loyal members. Thanks to you all.

This year, the NZ Police and DSAC have signed a Letter of Agreement which will foster our ongoing good working relationship, including training and other commitments.

The Sexual Abuse Assessment and Treatment Service (SAATS) appears to soldier on ahead. As with all service implementation of this level and scale, it is not plain sailing and hiccups do occur. Larger centres such as Auckland where SAATS has now settled are enjoying the ability to deliver a full time 24/7 service.

DSAC has delivered its usual high level of training programmes this year. The adult forensic training programme in March was delivered in Auckland. The course had a large attendance and excellent reviews, the court training session as usual being rated the most useful. Our thanks as ever to Meredith Connell for their ongoing assistance with training the new doctors in a court setting. This year, the adult forensic training also included a new

session designed as an advanced update for more experienced doctors. The session included court report writing, injury interpretation, clinical quiz photographs and discussions around complicated clinical scenarios such as difficult consent issues. It was very well received.

The Initial Paediatric Training was delivered in April by Patrick Kelly and his team. As usual, it was an eye opening and inspiring week for all those who attended. The teaching is intense, the days are long but nowhere else will you learn more than from Dr Kelly.

Keep your eyes open for the upcoming meetings:

- The Police Medical Officers' conference in Auckland on the last weekend of October.
- The Sexual Health College Conference in Brisbane September 7 – 9 will include a section on sexual assault.
- The NZSHS (NZ Sexual Health Society) conference in Waitangi, Bay of Islands October 15 – 17 which will also have a sexual assault symposium.
- The Regional Liaison Doctors' (RLD) meeting (soon to be renamed DSAC National Medical Forensic Update or something like that) will be held as usual in Wellington in early November. This year, the meeting will be available to sexual assault clinicians who are currently involved in service provision, as contracted by the Police or a SAATS/DHB service, and will include important updates, teaching and national case/practice review.

The organisation turns 21 this year. A small (but significant) birthday party will be held in November at our Annual General Meeting.

Go Well
Min

Dr Min Lo
DSAC Executive Chairperson
Auckland



WHAT'S INSIDE.....

| | Page No. |
|--------------------------------------------------------------------------|----------|
| Manager's Report | 2 - 3 |
| ACC Sensitive Claims - Children's Claims | 3 |
| Forensic and Medical Sexual Assault Clinicians (FAMSAC) Conference | 4 |
| Pacific Society for Reproductive Health Conference | 5 |
| DSAC Adult and Paediatric Training Courses | 6 |
| DSAC Diary of Events 2009 | 8 |

Manager's Report - Hayley Samuel

Welcome to the first issue of the DSAC National Newsletter for 2009! I am very sorry for the delay. Meagan and I (the DSAC Office) have been completely pre-occupied with managing a number of DSAC projects and issues which sadly took away from the Newsletter. However we do plan to publish a special 21st birthday Newsletter edition later in the year to make up for it.

At NZ Police Headquarters in Wellington on the 8th May, Min Lo, Carol Shand and I were privileged to formalise our relationship with NZ Police by signing a Letter of Agreement. This agreement incorporates our shared aim of improved care to women and men alleging sexual assault/abuse, and also for children for whom there are concerns regarding sexual abuse. Agreement signatory Deputy Commissioner Rob Pope said that the "independent DSAC expertise and approach is something that we are very pleased to align with." DSAC's relationship with NZ Police, as a partner in the response to sexual violence, has existed for over 20 years and we look forward to this continuing.

A second agreement was implemented to support the sustainability of sexual abuse medical forensic workforce standards. Whilst DSAC retains autonomy as an independent organisation the short-term financial support from NZ Police to support workforce development is much needed and gratefully received to cover these costs.

It was with great regret that DSAC had to cancel the three 2-day Ellert Nijenhuis seminars scheduled to run in February this year. This was the first cancellation in DSAC's 15 year history of running the Visiting Speakers Programme. This cancellation was due to our uncertainty that

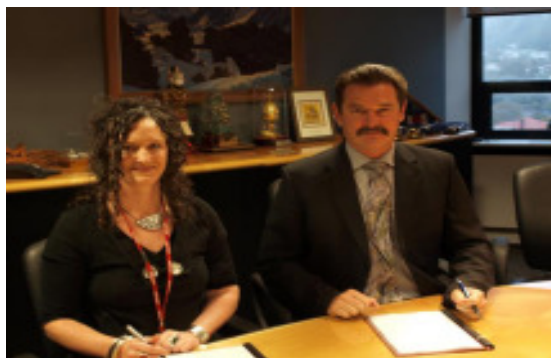
we would receive the required numbers of registrations to break even, based on the numbers of registrations received at the time. Given that DSAC is a charitable organisation, with no permanent funding, we were unable to take the risk and carry the cost as DSAC continues to be reliant on donations, membership fees and self-funding projects to sustain our activities. Thus we decided that it was best to cut our losses rather than risk losing even more money. As it was we ran at a reasonable loss given the venue deposits and cancellation fees, which were not refundable.



L-R National Violence Manager Detective Inspector George Fa'alofo, National Crime Manager Detective Superintendent Win van der Velde, National Coordinator: Adult Sexual Assault & Child Abuse Detective Senior Sergeant Neil Holden, Assistant Commissioner Gavin Jones, DSAC Past President Dr Carol Shand, DSAC National Manager Hayley Samuel, DSAC Executive Chairperson Dr Min Lo, Deputy Commissioner Rob Pope



Deputy Commissioner Rob Pope and DSAC Executive Chairperson Dr Min Lo



DSAC National Manager Hayley Samuel and National Crime Manager Detective Superintendent Win van der Velde

Possible contributing factors to low registration numbers included:

- 1) The sudden and unexpected downturn in the economy which is reducing the amount of money people have available for education both self-funded and from not-for-profit organisations (or indeed government funded organisations) that would normally assist in the payment.
- 2) The fact that this particular series was the most expensive we had scheduled to run and, given that it was a two day programme, the registration fees were much higher than normal.
- 3) The timing of the seminars was not ideal in terms of holidays, training budgets, and work schedules. The dates were set by Dr Nijenhuis as it was the only time available in his busy schedule delivering educational seminars worldwide to offer these seminars in NZ. After five years of trying to convince him to come to NZ we didn't want to say no!
- 4) The substantial registration fee required by all Psychotherapists becoming registered which was due before Christmas.

We did not make the decision lightly and took a number of measures before we came to that decision, including a last minute phone call to ACC to see if they would consider underwriting these seminars, but sadly they were unable to assist on this occasion.

DSAC remains committed to bringing international experts to New Zealand to address the psychosocial implications of trauma and abuse and very much values the support of our registrants in order to do so.

The good news is that the speaker that we receive the most 'bring him back' requests for, Dr John Briere, is going to be delivering three 1-day seminars on "Working with Complex Childhood Maltreatment Effects in

Adults: Treatment Advances, New Techniques, and Mindfulness Issues in Integrated Trauma Therapy” as follows:

- Wellington – Monday 31st August, InterContinental Hotel
- Christchurch – Wednesday 2nd September, Holiday Inn City Centre
- Auckland – Friday 4th September, West Lounge, Eden Park

This workshop will provide new information on the expansion and revisions of John Briere’s Self-Trauma Model that have occurred over the last several years. It focuses on four powerful aspects of effective trauma therapy for those who experienced abuse and/or neglect in childhood: (1) Enhancing and working with the therapeutic relationship, (2) development of therapist positive regard and nonjudgmental acceptance, (3) implementation of new cognitive, exposure-based, and affect regulation-focused technical interventions, and, throughout, (4) increased attention to the empirically-verified role of mindfulness and the treatment implications of Buddhist philosophy. It will integrate information from Briere and Scott’s (2006) Principles of Trauma Therapy, as well as Briere and Lanktree’s new (2008) federally-funded “Integrated Treatment of Complex Trauma – Adolescents (ITCT-A)” treatment guide, and an in-progress book on mindfulness philosophy and practice in trauma treatment. A short video will be played, demonstrating mindfulness interventions for abuse-related self-esteem issues.

In the words of Dr Kim McGregor “Dr Briere is a raconteur – we laugh while we learn. Every time I hear him speak, I learn something new. A John Briere workshop is not to be missed!” So register now!

For those of you who are Adult Journal Club subscribers, this now has a new look, a new format and is being sent out electronically. Each issue of the Adult Journal Club will focus on a particular aspect of sexual assault medicine with an up to date review of the current literature. In this way, we hope to provide you with a comprehensive reference and a useful library of the sexual assault literature. We will also update you with any key articles that should be added to any sections.

This first edition presented a review of the current literature on genital injury in sexual assault. Topics to be covered in future journal clubs include:

- Consenting versus non-consenting sexual contact
- Virgins
- Tampons
- Postmenopausal
- Adolescent
- Male
- Anal assault
- Cervical injury
- Vaginal laceration
- Foreign bodies
- Digital penetration
- Bruising
- Healing
- Strangulation
- ESR and specimen collection
- Bite marks and cigarette burns
- Drug facilitated sexual assault/Toxicology
- Sexual arousal
- Effect of recreational drugs on sexual arousal/lubrication etc

Best wishes
Hayley Samuel
DSAC National Manager



ACC Sensitive Claims - Children’s Claims

Below is an outline of the ACC Sensitive Claims report requirements regarding children’s claims as published in the December 2008 ACC Sensitive Claims Provider Newsletter.

“ACC does not require a DSM-IV diagnosis in order to accept a child’s claim. However where a provider is able to provide a diagnosis that is most welcome.

As we know, with children the trauma resulting from a sexual abuse incident may be evidenced in behavioural changes, rather than as an acute reaction with a specific diagnosable DSM-IV condition, and this is, more often than not, enough to accept the claim.

To consider cover we require a narrative description of the events that occurred and any narrative information that supports your opinion that mental injury has occurred as a direct result of the sexual abuse incident. As well as this, we also need a detailed

description of any behavioural changes that have occurred following the event/s.

We do not require a disclosure of the events by the client, because some children are pre-verbal and lack the cognitive skills to do so. We do need to know what makes you think that a sexual abuse event has occurred i.e. information from parents, CYFS, or police that indicate an event under the Crimes Act may have occurred.

With children, ACC will err on the side of accepting a claim rather than declining it, unless it is really very clear that there is no mental injury.

Where more information is requested from a provider it is usually to ensure we capture all the relevant information relating to that claim, and for this we need to be as specific and inclusive as possible to justify coverage of the claim.”

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



Forensic and Medical Sexual Assault Clinicians (FAMSAC) Conference - Dr Min Lo

February 2009, Sydney, Australia

The main focus of the FAMSAC Australia conference this year was the topic of Anal Sexual Assault. The meeting was held in the very flash surroundings of the Swiss-Grand Resort in Bondi Beach Sydney. A very strong contingent of New Zealanders attended the conference: Carol Shand, Clare Healy, Christine Foley, Kristen Sorrenson, Janet Say, Rosey Williamson, Jan Arnold, Belinda Coulter, Clare Doocey, Min Lo and Hayley Samuel. It was great having such a strong Kiwi presence, especially for those of us who were presenting as we really benefited from the moral support.

Presenters included big names in the Sexual Health and Sexual Assault arenas such as Basil Donovan, Richard Hillman, Vanita Parekh, Angela Williams and David Templeton. Professor Donovan started the discussions with an intriguing presentation about anal sexual practices. Did you know that Australia (and NZ) lead the world in medical research/literature related to anal sexual intercourse, mostly to do with MSM (Males having Sex with Males) and HIV (Human Immunodeficiency Virus) medicine/prevention. I learnt some new and interesting terms like 'violin strings', 'nudging' and 'dipping'.

Vanita Parekh delivered an excellent overview of the current literature on anal sexual assault. Anal sex is relatively common with between 15-20% of heterosexual couples practising anal sex and 30-40% of MSM. The data for WSW (Women having Sex with Women) is not known. As with vaginal sexual intercourse, a study to provide us with useful information on the rates and range of injuries sustained in consenting anal intercourse has never been done and is unlikely to be done. Vanita discussed the problems with deciphering the current literature in anal sexual assault. It seems more difficult than reviewing the literature on assaults involving vaginal penetration. Problems include delayed presentations, inconsistent examination techniques and definitions of terms. The key articles to date will be summarised for you in the DSAC adult journal club, so watch out for this.

This talk was followed by Richard Hillman's very succinct teaching session about sexually transmitted infections in the anus and rectum.

The highlight of the conference was the NZ presentation on anal injuries. This was presented by Clare Healy and me, and so far represents three years of ongoing thinking and work. The issues were controversial and generated a lot of heated debate and discussion. A summary of the main issues:

- The number of anal assault cases going to trial appears to be increasing
- Legislation in Australia and New Zealand fails to encompass the definitions of "where is the anus", "where does it start" and therefore "what constitutes penetration", "attempted penetration" etc
- A panel of experts at the conference including sexual health physicians, a surgeon and sexual assault clinicians, debated at length the concepts of the 'anal margin': where is the edge, how close is close, where is the point at which the outside becomes the inside, where does contact have to occur before it becomes penetration?
- Suggestions were put forward by the NZ team regarding a guideline for the interpretation of anal injuries. It was well received and more work is required on it in the coming months.
- The issues became even more complicated as we tried to clarify the terms haematoma, peri-anal haematoma and external haemorrhoid!

The rest of the conference included an excellent case peer session, HIV prophylaxis session by David Templeton, Update on PTSD (Post Traumatic Stress Disorder) by psychologist Lauren Kelly and Forensic Photography by Maurice Odell.



*L-R Dr Jan Arnold (Nelson), Dr Min Lo (Auckland) & Dr Carol Shand (Wellington)
FAMSAC Conference 2009*

Titbits from Dave Templeton's HIV PEP (Post-Exposure Prophylaxis) talk:

- Sexual Assault Medicine trails behind every other area of medicine as there is no evidence based research, especially on comparisons between PEP after consenting and non consenting sex
- What research does exist is unlikely to be representative of sexual assault victims. We don't know how skewed it is because we don't know how people who present differ from those who don't.
- Fear of HIV and STIs (Sexually Transmitted Infections) is a significant stressor. Management of HIV PEP, especially in the acute assault setting, "is a bloody nightmare" with information overload, inability to make clear decisions, complexity and no direct evidence.
- It is known that those in prison have a higher risk of STIs, BUT there is no clear evidence they have a higher risk of HIV. Studies of those in prison cannot be representative of all sex offenders and should not be used for risk assessment.
- Should the same sexual exposure in consenting and non consenting situations be treated differently? Doctors in the United Kingdom and Australia tend to prescribe PEP more for sexual assault victims than for consenting people with the same sexual exposure. This seems to be based on moral judgement by doctors, fear of litigation and treating anxiety (the doctor's as well as the patient's) than the actual risk.
- Which drugs and the number of drugs to use are unchanged from the current Australian Society of HIV Medicine PEP guidelines.

I missed Dave's other talk entitled "Male Sexual Assault" but am very pleased to see that he is coming to visit us in August at the NZSHS conference in Waitangi.

Good networking was by done by all.

Cheers
Min

*Dr Min Lo
Auckland*



Pacific Society for Reproductive Health Conference Domestic Violence Against Women - Recognition and Response in Aotearoa: Health Efforts in Progress - Dr Faye Clark

With enormous help and support from Hayley and Meagan it was a real pleasure to present a day's workshop to a smaller than promised number (why am I not surprised?) of colleagues from the Pacific. There were representatives from Samoa, Papua New Guinea, Fiji and the United Nations amongst others. Those who attended were totally engaged with the day and were given the opportunity to hear from well known NZ leaders in their fields related to domestic violence: Heather Henare, CEO National Collective of Independent Women's Refuges; Senior Sergeant Mark Cousins, Family Violence Strategic Advisor NZ Police; Brian Gardiner, National Manager National Network for Stopping Violence Services; Professor Jane Koziol-McLain, School of Nursing AUT; Jill Proudfoot, Client Services Manager Preventing Violence in the Home; Sue Zimmerman, Portfolio Manager, Ministry of Health; Dr Janet Fanslow, School of Population Health; and Ann Casey, Practice Leader Takapuna Child Youth and Family.



*L-R Professor Dorothy Shaw, Dr Faye Clark & Professor Jane Koziol-McLain
Pacific Society for Reproductive Health Conference 2009*

The Chairperson for the day was Professor Dorothy Shaw, who is the President Elect of the International Federation of Gynaecology and Obstetrics (FIGO) and Senior Associate Dean, Faculty of Affairs at the University of British Columbia. Professor Shaw showed a moving video of a domestic violence incident and the lessons to be learned from it.

Two lessons I learned from the day were how incredibly fortunate we are in New Zealand to have systems and processes to deal, at least in part, with the issue of violence against women, and what heroic things women are doing to address this issue in our neighbouring countries.

One amazing young obstetrician/ gynaecologist is raising political support (and funds) from the government in Papua New Guinea to address endemic domestic violence, including a high level of sexual violence, against women by setting up "one stop shops" for women to come to for medical, legal, counselling and social assistance. These are attached to hospital clinics in a couple of the provinces. There are added complications of a high rate of HIV transmission and equally scary "revenge" killings. Despite this, her ambitious program is taking root and she is optimistic for ongoing progress.

She gave a sobering presentation on her project to a specialist panel and delegates (mentored by an Australian senior O&G doctor) and commented that medical colleagues were neither interested nor educated about sexual assault. She said that women commonly sat

for 10 hours in general emergency clinics before examination, and would then be sent away with no support and frequently dismissive comments, unless there was serious genital injury. While this is obviously on a background of workload excess and resource poverty, she clearly had a completely different attitude and was determined to see change. She was quietly inspiring.

It was interesting to note that there is a UN budget provided for pacific countries who apply – to support production of appropriate legislation to protect against violence towards women and children. Some of the attendees were not aware of that possibility and found this information very stimulating indeed.

It was a privilege to have the opportunity to talk with and hear from this collection of neighbours in our region. The day provided some thought provoking comparisons which set our situation in New Zealand in a wider perspective, and gave DSAC a fine chance to offer informal support to colleagues engaged in some very challenging situations "right next door".

Dr Faye Clark
DSAC Family Violence Intervention Trainer
Auckland



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



DSAC Adult and Paediatric Training Courses - Dr Jenny Hayward

I would like to thank the organisers and presenters for two absolutely wonderful courses that I attended earlier this year: 'Medical Management of Acute Adult/Adolescent Sexual Assault - Basic Training Course for Doctors and Nurses' and 'Medical Assessment of Sexually Abused Children and Adolescents – Paediatric Training Course for Clinicians'. I have attended the adult/adolescent training course previously (it was time for an update) and have also attended courses in the UK. These two recent courses were the best I have attended so far and I can highly recommend them to anyone considering them.

People travelled from all over the country and a number came from Australia for the paediatric course. There was a wide range of practitioners lecturing and attending including Police Medical Officers, nurses, GPs, sexual health physicians, paediatricians, gynaecologists, trainees in general practice and paediatrics, counsellors, lawyers, scientists and police. The timetables were very full but there was opportunity for lively debate and discussion, which enabled us to make the most of the chance to learn,



*Some of the DSAC Paediatric Training Course Attendees
28 April - 1 May 2009*

not only from the lecturers, but also from the wealth of experience represented by the people attending.

I would also like to thank the Police for funding the Adult and Adolescent course. For most of us involved in this area, this work makes up a small part of what we do. We invest a disproportionate amount of time and funds into training, keeping updated and peer review compared to the actual number of cases we see. Supporting this with a funded course was a great help and I would like to acknowledge and thank Detective Senior Sergeant Neil Holden who facilitated this.



*Dr Patrick Kelly teaching a session at Te Puaruruahu
DSAC Paediatric Training Course 28 April - 1 May 2009
(Note: the patient is a mannequin!)*

The quality of the presentations was very good, providing a wide range of information that was backed up by comprehensive course notes and the DSAC manual. There were also extremely important practical sessions where experienced practitioners shared their tips. It was very useful to have people on hand from ESR to explain what they need from us and what happens to the kits.

The court room practice was invaluable. Thank you so much to the lawyers who gave up their Thursday night and Saturday afternoon to give us an opportunity to stand in court to present evidence and be cross examined. Also, very many thanks to Patrick Kelly who each day of the Paediatric course gave us many cases to describe so that we were putting into practice what we were being taught.

These courses can be intense and tiring because of the nature of what we are there to discuss. The organisers and presenters were able to create a safe and supportive environment. The surroundings were comfortable and the catering was delicious.

The highlights for me, however, were meeting other people involved in this work and the sense of feeling of belonging to a national network of practitioners who I look forward to meeting up with again in the future.

Dr Jenny Hayward
DSAC Executive Member
Hawkes Bay



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.

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| Medical Institution | Price on Request | \$140.00 |
| Non-Medical Institution | Price on Request | \$140.00 |

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DSAC Diary of Events 2009

For all events apply to: DSAC National Office PO Box 90723, Victoria Street West, AUCKLAND 1142
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OVERSEAS SPEAKER **Dr John Briere Ph.D.**

**“WORKING WITH COMPLEX
CHILDHOOD MALTREATMENT
EFFECTS IN ADULTS: Treatment
Advances, New Techniques, and
Mindfulness Issues in Integrated
Trauma Therapy”**

Wellington
Intercontinental Hotel
Monday 31st August 2009

Christchurch
Holiday Inn City Centre
Wednesday 2nd September 2009

Auckland
West Lounge, Eden Park
Friday 4th September 2009

John Briere, Ph.D. is Associate Professor of Psychiatry and Psychology at the Keck School of Medicine, University of Southern California, Director of the Psychological Trauma Program at LAC-USC Medical Center, and Co-Director of the MCAVIC-USC Child and Adolescent Trauma Program, National Child Traumatic Stress Network. He is a past president of the International Society for Traumatic Stress Studies (ISTSS), and recipient of the Robert S. Laufer Memorial Award for Scientific Achievement from ISTSS and the Outstanding Professional Award from the American Professional Society on the Abuse of Children (APSAC). Designated as “Highly Cited Researcher” by the Institute for Scientific Information, he is author or co-author of over 70 articles, 20 chapters and encyclopedia entries, 10 books (first and second editions), and 8 psychological tests in the areas of trauma, child abuse, and interpersonal violence. His book (co-authored with Catherine Scott, MD) *Principles of Trauma Therapy*, is published by Sage Publications (2006).



Do you have any old photographs from DSAC events?

DSAC is celebrating its 21st birthday this year, and we would like to put together a photo board, as is the tradition for 21st birthdays in New Zealand!

We are looking for any photographs from DSAC Trainings/AGMs/RLD Meetings/Conferences etc. to document DSAC's history.

Please forward your photographs for collation by 16th October 2009. If you are sending a printed photograph and would like it returned, please ensure that this is clearly specified and that we have your correct postal address.

Please forward your photographs to:
Meagan Kerr, DSAC Administrator, PO Box 90723, Victoria Street West, Auckland 1142;
or email them to dsac@ihug.co.nz

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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