





## INTRODUCTION

The Guelph-Wellington Community Response Protocol for Sexual Assault and Domestic Violence outlines the best practices for all individuals and groups who may be directly, or indirectly involved in working with people victimized by sexual assault and/or domestic violence. The Protocol was developed by the ***Guelph-Wellington Action Committee on Sexual Assault and Domestic Violence***, which represents a wide variety of community sectors including: education; health; community services; crisis services; violence against women services; child protection services; and the justice system. In 2003 the Guelph-Wellington Action Committee on Sexual Assault and Domestic Violence came together to develop the Protocol after recognizing the need to increase collaboration with one another to better assist women and children in our community who have experienced sexual assault and domestic violence.

The first Protocol was finalized in 2006 and extensive training and outreach has been done on the Protocol since that time. In 2008 the Guelph-Wellington Action Committee's began the work of updating the Protocol resulting in this current version: **The Guelph-Wellington Community Response Protocol for Sexual Assault and Domestic Violence** (hereafter referred to as the Protocol). This Protocol is intended to serve as a best practice guide for all participating agencies in the City of Guelph and Wellington County and as a resource for the entire community.

Each of the agencies participating in the Protocol has demonstrated a commitment to working with those who have been victimized by sexual assault and domestic violence. The Guelph-Wellington Action Committee on Sexual Assault and Domestic Violence recognizes and respects that each participating agency brings its own specific mandate and responsibilities to its work. The Protocol integrates legislated action, common policies, and common procedures that govern the work of each participating agency. It provides principles, guidelines and clarity on the roles that participating agencies will play when dealing with women, children and vulnerable adults in situations of sexual assault and domestic violence. The Protocol also seeks to improve collaboration between community partners in an effort to reduce systemic fragmentation.

The efforts of the Guelph-Wellington Action Committee on Sexual Assault and Domestic Violence have been driven by the fact that women and children continue to be the primary victims of senseless violence perpetrated within our community. The Action Committee recognizes that women, children and men can all be victims of both sexual assault and domestic violence. While the Protocol will reflect the reality that women and children are profoundly more at risk of domestic and sexual violence, it is not intended to diminish the male experience of violence. Sexual and domestic violence is a crime and the procedures outlined in the Protocol will respond to all people affected.

The Guelph-Wellington Action Committee on Sexual Assault and Domestic Violence recognizes that every sector in our community has the responsibility to be involved in addressing issues of sexual assault and domestic violence

and invites all community partners to work together by using the principles outlined in this Protocol for guidance.

## **PURPOSE OF THE PROTOCOL**

The Community Response Protocol for Sexual Assault and Domestic Violence provides community partners and the service providers within those organizations with the strategies and tools needed to effectively collaborate for the joint cause of increasing the safety of women and children in our community while moving towards prevention and early intervention initiatives.

Through collaboration, co-ordination and planning between community partners, we will work to ensure a consistent first response to women and children who experience sexual assault or domestic violence and we will provide coordinated and effective follow-up and support. Our response will be built upon our guiding principles to ensure that all victims will be informed of their right to confidentiality and the limits of that confidentiality, will be given information and resources to optimize their safety, and will also be provided with information about the community resources available to them so that a plan for next steps can be made.

## **GUIDING PRINCIPLES AND VALUES**

The following principles will guide our work with those who have experienced domestic violence and sexual assault.

### **SAFETY**

Our community response to Sexual Assault and Domestic Violence will support the right of women and children to be free from harm or threat of harm and to be able to trust that justice, health and social interventions will respond if this safety is threatened or jeopardized. Safety will be the first priority and consideration in the provision of all of our services.

### **ACCOUNTABILITY**

Our community response to sexual assault and domestic violence will ensure that all women and children receive the services they need in a timely, coordinated, and responsive manner.

Where abuse occurs, women and children have a right to expect that abusers will be held accountable for their actions through our justice and community service systems.

### **CHOICES AND OPTIONS**

Our community response to sexual assault and domestic violence will uphold the right of women and children to be informed of their options and to make their own choice regarding the services we provide whenever possible. We

will respect, support and encourage women in their right and need to make informed decisions.

## ANTI-RACISM/ANTI-OPPRESSION ANALYSIS

Our community response to sexual assault and domestic violence will ensure that all women and children, regardless of race, culture, economic status, ability, gender, sexual orientation, age, and other circumstances, are treated with equity and the understanding that these potential barriers can impact the ability of women and children to access service. We will achieve equity by providing services and interventions that take into account the differential affect that violence has on women and children, who are also victims through oppression and racism. Through our understanding of these systemic and historical inequalities our services will become more inclusive and more accessible to all women and children in our community.

## PREVENTION AND EARLY INTERVENTION

Our community response to sexual assault and domestic violence will include education programs to increase public awareness of sexual assault and domestic violence in our community. We will implement early intervention strategies that prevent harm and/or the threat of harm for women and children. We will also provide an immediate response to cases of sexual assault and domestic violence to reduce or prevent further harm.

## ACCESSIBILITY

Our community response to sexual assault and domestic violence will be equally available to all women and children requiring service regardless of potential barriers and we will collaborate to provide acceptable solutions for all women and children affected by sexual assault and domestic violence. We will work towards the elimination of barriers in accessing services for all women and children including language, ability to pay, age, personal conditions, geographic location, or other characteristics.

## COMMITMENT AND COLLABORATION

Our community response to sexual assault and domestic violence will ensure that community partners commit to working together to reduce barriers to service, identify gaps in service, and acquire and provide the necessary resources to meet the needs of women and children who have been affected by sexual assault and domestic violence.

## FIRST RESPONSE PROTOCOL

This section identifies the best practices with respect to working with those impacted by sexual assault and domestic violence. It establishes guidelines for all services providers on how to respectfully work with those who have been impacted by sexual assault and domestic violence.

In order to establish a common language, woman abuse is defined as the intentional use of tactics to give a person power and control over a woman through the inducement of fear and/or dependency. The tactics used include physical/sexual assault, threats, isolation, economic deprivation, and assumption of male privilege, entrapment, and attacks on her personality and mind, all of which lead to powerlessness, alienation, and loss of dignity.

Sexual Assault is defined as any unwanted act of a sexual nature imposed by one person upon another (e.g. kissing, fondling, oral or anal sex, intercourse, or other forms of penetration). Sexual assault, no matter who the perpetrator or who the victim, is a criminal act.

There are two primary considerations in our community's response to sexual assault and domestic violence. First, regardless of where an individual discloses abuse, she should be able expect a consistent and caring response. Secondly, individuals who disclose should be able to depend on coordinated, effective follow-up and support. There should be no "wrong door" for anyone seeking assistance in this community.

### STEPS OF A CONSISTENT, CARING AND EFFECTIVE FIRST RESPONSE

A consistent, caring and effective first response consists of three primary interventions:

1. Explaining confidentiality, the limits of that confidentiality, and obtaining informed consent
2. Offering safety planning and risk assessment
3. Making appropriate referrals and providing follow-up and support.

In this context, service providers should:

- Meet with women in a place that is private and safe
- Clearly describe their services and what type of assistance the woman might find helpful
- Identify the potential implications of accepting their services
- Provide information about other community services
- Provide the opportunity to ask and have questions answered
- Listen to her story in a respectful and non-judgmental manner.

An effective first response to the disclosure of sexual assault and/or domestic violence cannot be underestimated. It lays the groundwork for successful intervention and potential prevention of further violence. The First Contact

Checklist for Domestic Violence and Sexual Assault (Appendix 3 and 4, page 29 and 31 respectively) provides a tool for ensuring these steps are followed.

## 1. Explaining Confidentiality and Informed Consent

The limits of confidentiality - what can be held in confidence and what cannot - will be explained to every client. Service providers will obtain consent for the release of information whenever possible and will follow the principles of informed consent.

Confidentiality is vital to the safety of assaulted women and children and to their sense of control over their personal information. The limits to confidentiality must be clearly explained to each woman. These include:

- The requirement to notify Family and Children's Services, as outlined by the Child and Family Services Act
- That the information a client provides is kept in a file within that agency and may be shared with other workers in the agency for the purposes of providing and planning service
- Information gathered is protected under relevant privacy legislation and will only be disclosed with the client's consent, except when the client's file is subpoenaed, and in situations where there is a significant risk that the client is at risk of self-harm or endangering others
- This does not apply to police information. For example, when an individual is charged, information is shared with the Crown Attorney, Defence Attorney and court, and that disclosure is not dependent upon consent or subpoena.

Consent to share information can enhance service provision because it enables community partners to collaborate. The process of informed consent should be clear and respectful. The service provider should allow enough time to complete any forms with their client. The principles of informed consent require the following be addressed:

- What specific information is to be disclosed
- To whom the information will be disclosed
- For what purposes the information is to be disclosed
- Any special instructions the woman wishes to be included
- A time limit
- The right to have independent legal counsel.
- An authorizing signature.

## 2. SAFETY PLANNING/RISK ASSESSMENT

Safety resources will be reviewed with every woman who discloses woman abuse and where appropriate, sexual assault.

The goal of safety planning is to empower women while increasing her and her children's safety. When there is a disclosure of sexual assault or domestic violence, the safety of the woman and/or children is of primary importance. There are many tools and risk assessments in use, each with a different purpose. Each service provider should be aware of the major risk factors associated with lethality (see Appendix 9 - Top 10 Risk Factors for Domestic Violence Deaths, page 40) and be prepared to do a preliminary assessment of the potential risk women face when they disclose woman abuse, in particular.

There is no one strategy for keeping women and children safe. Families who experience violence differ from one another in significant ways, from the frequency and intensity of the violence, to the presence of other contributing factors such as substance abuse or mental illness, the level of isolation and other barriers, such as language, culture, age or socio-economic factors and whether there are children involved.

Effective safety planning should be specific to each situation and will take into account all areas of the woman's life, including her home, her children's school, her work, the community and her emotional safety, and whether the woman has decided to stay with her partner or leave. It is also important to consider the unique needs and barriers that certain groups face, such as the elderly, those with disabilities and rural women and children. Service providers should ask their client if they have previously completed a risk assessment and if so, check if the assessment needs to be updated to reflect the changing circumstances.

Although there is no one strategy that will keep a woman and/or child safe, service providers can advise a client that:

- ❑ It is possible to increase her own, and her children's safety
- ❑ It is important to review and/or revise a safety plan regularly. Abusive situations and risk factors can change quickly
- ❑ Safety plan information also needs to include actions to increase the safety of children
- ❑ Safety strategies such as Court Orders do not guarantee her safety

In cases of domestic violence, there are three primary areas that should be examined when doing safety planning and risk assessment:

- ❑ The potential for lethality
- ❑ Risk of future violence
- ❑ Presence of other forms of intimidation.

The Protocol does not recommend one risk assessment over another, however a brief Lethality Risk Assessment Tool (Appendix 1, page 25) is included in the Appendices and the "Top Ten Risk Factors for Domestic Violence Deaths (Appendix 9, page 40), as well as a more in depth Risk Assessment Tool entitled "The Risk Assessment Tool for Domestic Violence", also in the Appendices (Appendix 2, page 27) which was adapted from the Domestic Violence Supplementary Report developed by the Ontario Provincial Police. It should be completed by the first person a woman discloses to **or by referral** to one of the following agencies:

- ❑ Guelph-Wellington Women in Crisis
- ❑ Guelph-Wellington Sexual Assault & Domestic Violence Care & Treatment Centre at Guelph General Hospital
- ❑ Police Services
- ❑ Victim Services Wellington

Also included in the Appendices are two descriptive tools to help determine the different types of abuse (Appendix 5 - Warning Signs of Abuse – page 33 and Appendix 6 - Identifying Abusive Behaviour, page 34).

In cases of sexual assault, the victim's safety and risk for further harm should also be assessed. The Risk Assessment Tool for Domestic Violence (Appendix 2, page 27) should be completed when a current or former intimate partner has sexually assaulted a woman.

### 3. EFFECTIVE FOLLOW-UP & SUPPORT

Each woman will be informed of her choices and options for services based on her unique situation. Referrals to resources that will ensure support for a woman's physical, medical and emotional needs should be offered to every client **and** service providers should offer assistance if needed.

A differential response to domestic violence recognizes that the unique characteristics and dynamics of each situation require an individualized response. A differential approach examines each situation in its context from a holistic and strength-based approach and does not automatically prescribe one response (definition based on The Wingspan Conference on Domestic Violence, 2007). It is important for service providers to recognize that many women choose to stay with a partner who has been abusive. It is the responsibility of each community partner and service provider to be aware of the community resources and services available. At a minimum, service providers should consider making a referral to:

- ❑ **Guelph-Wellington Care and Treatment Centre for Sexual Assault & Domestic Violence** to ensure that the client's physical and medical needs are met regardless of whether there are visible injuries
- ❑ **Family and Children's Services**, if children are involved and they are at risk as defined by the Child and Family Services Act Section 37 as a "child

in need of protection” (any child who is experiencing any form of physical harm, emotional deprivation, neglect or sexual maltreatment that can result in injury or psychological damage)

- ❑ **Guelph-Wellington Women In Crisis** for counselling and crisis services such as shelter and support
- ❑ **Police** to make a report or file a complaint if they choose
- ❑ For a full description of services in our community, refer to the [Guide on Resources for Sexual Assault and Domestic Violence](#) (also referred to as the Purple Guide). A copy can be downloaded from the Guelph-Wellington Action Committee website at [www.theactioncommittee.ca](http://www.theactioncommittee.ca).

## COMMUNITY PARTNER CONSULTATIONS

In the interest of collaboration and providing effective follow-up and support, service providers may want to meet formally by calling a Community Partner Consultation. Community Consultations can be called at any time by community partners and may be particularly useful when a high-risk case emerges where there is no involvement in the justice system.

Community Partner Consultations may be initiated by any community partner or service provider to review cases and share information in ongoing high risk situations, to advocate for a client and assist her in taking control of her life whenever possible, and to support her efforts to protect herself and her children. Consultations may also be used to identify and advocate for strategies that hold the offender accountable and to review and evaluate the intervention and outcomes. It is a particularly useful tool for complex cases and may identify high-risk cases that need to be addressed. The Community Partner Consultation Action Plan (Appendix 5, Community Partner Consultation – Action Plan, page 33) provides a format for tracking information and interventions.

As a result of the Community Partner Consultation, a decision may be made with the client to share information with the High Risk Team or the Domestic Violence Emergency Response System (DVERS).

When DVERS is already enacted it will serve as the Community Partner Consultation.

The client should always be asked for her consent to hold a community partner consultation. If the woman declines to give consent, a consultation may take place without sharing identifying information. The woman will be invited to attend the consultation with a support person if she chooses. If she declines, she can be invited to present her comments in writing.

The agency initiating the consultation will gather and complete all signed consent forms. The service provider who calls the consultation will chair the meeting.

The meeting chair will record and distribute any action plan to the woman, if she chooses, and to all members present at the consultation (Appendix 5, Community Consultation Action Plan, page 34)

The First Contact Checklist will be reviewed (Appendix 3 and/or 4, page 29 and 31).

## **HIGH RISK TEAMS**

During the Protocol's development, there was a commitment by all community partners to move forward with a justice led High Risk Team to review cases where there is an identified high risk. There was also a commitment to formalizing the link between the High Risk Team, Community Partner Consultations and DVERS for the purpose of ensuring the safety of all women and children in high risk situations, regardless of whether their cases are before the courts or not.

The plan is to implement the High Risk Team consisting of the Crown, the Guelph Police, the Ontario Provincial Police, the Victim Witness Assistance Program and Probation and Parole, with a commitment to including community partner input wherever possible. In the future, this may evolve into more of a "blended model" where community partners regularly sit at the High Risk Team.

## **UNDERSTANDING DIFFERENT SECTORS AND THEIR RESPONSE TO SEXUAL ASSAULT AND DOMESTIC VIOLENCE**

It is important to recognize that many sectors provide services to women and children who have experienced domestic violence and/or sexual assault. Each sector is guided by different legislation and mandates, which results in unique responses from health services, family and children services, counselling services and the justice system, which includes the police, probation and parole and the Crown Attorney. The following procedures highlight the unique roles and procedures of each sector or community provider including the justice sector, health sector, and community and voluntary services sector.

### **A. JUSTICE SECTOR**

The justice sector consists of the police, the Crown Attorney, the Victim Witness Assistance Program and Probation and Parole. If an assault is reported to the police and a charge of sexual assault or domestic violence has been laid, the process that unfolds is directed by the justice system. Sometimes persons victimized by sexual assault or domestic violence will be reluctant to go to the police because once charges are laid there is a complex set of rules and procedures that must be followed. Sometimes women choose not to report to avoid having to navigate through the maze of processes involved.

## **POLICE SERVICE PROCEDURES**

It is important that individuals victimized by sexual assault or domestic violence clearly understand, that if they report a criminal offence to the police, the police will investigate.

### SEXUAL ASSAULT

If a client decides to call the police to report a sexual assault, she/he may be asked to go to the hospital for medical treatment and the collection of forensic evidence. The police may ask the client for a statement about the incident, which may be videotaped. If a client cannot remember, they should not guess. Your client should be prepared for questions that may be difficult but necessary to collect information for the investigation. If they are unsure, clients can ask the officer about the relevance of anything asked. If charges are laid, the police will present all the information from the investigation to the Crown Attorney, who will review the case and determine how to proceed.

### DOMESTIC VIOLENCE

Section 29 of the Police Adequacy Standards requires all police services to have a policy that outlines how to investigate domestic violence occurrences. The definition of Domestic Violence used by police is "any use of physical or sexual force, actual or threatened, in an *intimate relationship*, including emotional/psychological abuse or harassing behaviour." Intimate relationships include those between the opposite-sex and same-sex partners. These relationships vary in duration and legal formality, and include current and former dating, common-law and married couples. Once the police have knowledge that a crime has been committed, the police are obligated to lay a charge in cases of domestic violence. Criminal Code offences include, but are not limited to, homicide, assault, sexual assault, threatening death or bodily harm, forcible confinement, harassment/stalking, abduction, breaches of court orders and property related offences. The police recognize that although both women and men can be victims of domestic violence, the overwhelming majority of this violence involves men abusing women.

The police are legislated to lay charges when they have investigated a domestic violence incident and believe a criminal offence has been committed. Again, the police will need to get a statement and collect evidence. The statement may be videotaped. Once the police have laid charges, the client cannot have them dropped. The Crown Attorney is the person who determines how to proceed with the case and whether charges are prosecuted. If charges are laid, the accused will be arrested. The accused may be released or may be held over for a bail hearing depending on the circumstances. Any safety concerns should be expressed to the investigating officer.

It is important to inform clients that they may have a support person with them through out any of these procedures. Encourage clients to ask for the

officer's business card so that they can contact him or her with any information or questions.

Police Services will arrange contact with Victim Services if the client wants the support of this resource. Victim Services provides onsite practical and emotional support to victims and DVERS, which provides an alarm system that ensures immediate police response through a personal alarm provided by ADT. This service is for people deemed at high risk of experiencing violence or death by an estranged partner. DVERS is a collaborative effort between ADT, Guelph Police Service, OPP, Guelph-Wellington Women in Crisis, Victim Witness Assistance Program and Victim Services Wellington.

### **CROWN/CROWN ATTORNEY PROCEDURES**

Crown Attorneys prosecute criminal charges.

Crown counsels are advocates for the prosecution, but they are also Ministers of Justice with a duty to ensure that the criminal justice system operates fairly to all: the accused, victims of crime, and the public. The Crown Policy Manual facilitates and enhances the performance of that role by communicating the Attorney General's guidance to Crown counsel. These policies are accessible to the public on the Attorney General's website ([www.attorneygeneral.jus.gov.on.ca](http://www.attorneygeneral.jus.gov.on.ca)).

Crown counsel owes special duties of candor and respect to all victims but is not, and can never function as, the victim's lawyer. In circumstances where the fair and impartial exercise of prosecutorial discretion is at odds with the victim's desires, Crown counsel will be sensitive but realistic and candid with victims.

### SEXUAL ASSAULT/DOMESTIC VIOLENCE

Regardless of whether the crown is dealing with a charge of sexual assault or domestic violence, the procedures the Crown follows are the same.

If charges are laid, the Crown Attorney will:

- Screen all files according to the policies of the Ministry of the Attorney General
- Ensure that referrals are made to the Victim Witness Assistance Program when the case falls under their mandate
- Notify Family and Children's Services Initial Intake Team of all cases that fall under their mandate as required by law under the Child and Family Services Act
- Forward information about a case to Family and Children's Services and Probation and Parole when necessary
- Consider all information provided by the Community Partner Consultation group

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- ❑ Ensure that victim impact information is provided to the court on sentencing, if available
- ❑ Oppose release of the accused on bail, where appropriate
- ❑ Seek the appropriate conditions to protect the victim, witnesses and the public should the accused be released
- ❑ If the victim's personal records are subpoenaed by defence counsel, provide the victim with information regarding how to obtain a lawyer
- ❑ Meet with the victim before trial
- ❑ Request pre-sentence reports and/or psychiatric assessment, where appropriate.

**VICTIM WITNESS ASSISTANCE PROGRAM**

The Victim Witness Assistance Program is offered through the Ontario Victim Services Secretariat within the Ministry of the Attorney General. The program's mandate is to provide information, assistance and support to victims of crime throughout the criminal court process in order to increase their understanding of, and participation in, the criminal court process.

Once a criminal charge has been laid, services are offered on a priority basis to victims of sexual assault, partner assault/domestic violence, hate crimes, families of homicide victims or traffic fatalities, vulnerable victims with special needs and elderly victims. The services offered are described below.

SEXUAL ASSAULT/DOMESTIC VIOLENCE

- ❑ Establish early contact with the victim/witness and offer to provide information on the criminal justice process including case specific information such as court dates, along with an explanation of the purpose of these court appearances
- ❑ Provide information on appropriate referrals regarding safety planning and community resources
- ❑ Provide copies of public court documents such as bail and probation conditions
- ❑ Advocate on the victim/witness's behalf with the Crown Attorney and/or police with regards to their concerns about the case, bail conditions/variations, or special needs of the victim/witness
- ❑ Seek victim input at various stages (bail variation requests, guilty pleas and sentencing) and informing victims of the outcomes

- ❑ Provide assistance and emotional support to prepare the victim/witness to give evidence in court. (The Victim/Witness Assistance Program staff will inform the client that staff does not discuss evidence and that they have an obligation to disclose any information shared with them that may be considered new and relevant to the prosecution)
- ❑ Ensure that victims are aware of their right to complete a victim impact statement
- ❑ Make referral to the Criminal Injuries Compensation Board when appropriate.

### **CHILD WITNESS CENTRE**

The Child Witness Centre is a charitable agency that works in partnership with the justice system to provide support services and impartial court preparation for child victims and witnesses under the age of 18 involved in the criminal justice process (except for victims of domestic violence over the age of 16 who receive support from the Ministry's Victim/Witness Assistance Program). Goals of the child witness program are to:

- ❑ Reduce the risk that the court process will re-traumatize child victims and witnesses
- ❑ Help the child understand his/her role in court
- ❑ Reduce the number of cases not prosecuted because the victim and/or parents fear secondary victimization from the court process
- ❑ Facilitate truthful testimony.

Services provided free of charge include:

- ❑ Establishing contact with the child victim or witness immediately after criminal charges have been laid to offer services, provide information on the criminal justice process and answer related questions
- ❑ Providing impartial support and assistance through each stage of the court process, including ongoing updates on the progress of the case (such as court dates, along with an explanation of the purpose of these court appearances)
- ❑ Educating the child on court procedures and the role of a witness
- ❑ Helping the child cope with his/her fears and apprehensions
- ❑ Helping parents to be effective in supporting their child
- ❑ Providing information on counselling services
- ❑ Scheduling and attending pre-trial meetings for the child with the Crown Attorney

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- ❑ Recommending courtroom aids if required (e.g. closed circuit TV, screen, microphone, translation services, etc.)
- ❑ Providing 'child friendly' rooms in Kitchener, Cambridge, Guelph and Brantford where children wait before going to court
- ❑ Accompanying the child in the courtroom (and on the witness stand if necessary)
- ❑ Assisting with preparation of a Victim Impact Statement, which aids the court in determining sentencing
- ❑ Providing post-court support, including explanation of the verdict and sentence, and providing information about government services (e.g., Victim Support Line, Criminal Injuries Compensation)
- ❑ Advocating and promoting best practice procedures for child witnesses.

**PROBATION AND PAROLE PROCEDURES**

Probation and Parole Services is responsible for the supervision of adults on probation or conditional sentence orders issued by any court of criminal jurisdiction, and adults on parole as determined by the Ontario Parole and Earned Release Board.

Probation and Parole Officers (PPO's) must have a planned strategy for interaction not only with offenders but also with victims, police, courts, and male batterer programs. Contact with the victims of offenders under supervision for partner abuse is a mandated component of the PPO's job.

SEXUAL ASSAULT/DOMESTIC VIOLENCE

Probation and Parole Procedures are similar for offenders of both sexual assault and domestic violence. Information that can be provided by Probation and Parole Officers to the victim about an adult offender includes:

- ❑ If the offender is in custody and if so, the release date
- ❑ If the offender is on probation/parole or conditional sentence
- ❑ The parole eligibility date
- ❑ Standard conditions of the probation/parole/conditional sentence order
- ❑ Additional condition(s) which specifically name the victim e.g. non-association
- ❑ General geographic area of release from custody
- ❑ PPO's can also provide information about the Victim Support Line available through 1-888-579-2888 (this is a toll free number).

## **B. HEALTH SECTOR**

The health sector refers to private and public health care systems, including your doctor, public health and hospitals. A person who has experienced sexual violence or domestic abuse may disclose to a doctor or dentist, or other health care professionals because of the unique and personal nature of that relationship. Ideally, all family physicians, dentists, and alternative health care providers should be aware of the Protocol and follow the guidelines established. Currently, several health care institutions participate in the Guelph-Wellington Action Committee on Sexual Assault and Domestic Violence, including Homewood Health Centre, Trellis Mental Health & Developmental Service, Wellington-Dufferin Public Health, the Guelph Community Health Centre and Guelph General Hospital. Guelph General Hospital which houses the Guelph-Wellington Care & Treatment Centre for Sexual Assault and Domestic Violence, and as a result it has specific procedure for both sexual assault and domestic violence.

### **GUELPH-WELLINGTON CARE & TREATMENT CENTRE OF SEXUAL ASSAULT AND DOMESTIC VIOLENCE PROCEDURES**

The Guelph-Wellington Care and Treatment Centre for Sexual Assault and Domestic Violence is the regional centre for Guelph and Wellington County providing services to women, children, and men who have been sexually assaulted or abused or have experienced domestic violence (up to one year following the assault).

Specially trained nurses, physicians and social workers will see individuals in a private and quiet area away from the emergency department. Services are based on the needs and choices of each client. Family and Children's Services will only be called if children under the age of 16 are in need of protection. Police will only be involved if the patient wishes.

Services are free and a client does not need to have physical injuries to access these services. Clients should come directly to the Emergency Department at Guelph General Hospital. Clients also have the option to call the program directly during business hours at 519-837-6440 ext. 2728.

#### **SEXUAL ASSAULT**

If a client goes to the Care Centre because of a sexual assault, she can expect to meet with a specially trained nurse who will complete a physical examination, assessment and treatment of her injuries. Even if a client has no apparent physical injuries she can be referred to the Care Centre.

Services include:

- Physical examination, assessment and treatment of injuries
- Option to undergo testing, counselling, and preventive treatment for pregnancy (emergency contraception) and sexually transmitted infections

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- ❑ Options to complete the forensic evidence kit for police investigation and/or to complete the forensic evidence kit and freezing it until the client is able to make a decision regarding police involvement.
- ❑ Emotional support, crisis counselling, and information about the effects of trauma
- ❑ Provision of short term client centred counselling
- ❑ Emotional support for friends or family members
- ❑ Post assault follow up medical care that includes initial testing or follow up testing for sexually transmitted infections
- ❑ Referrals to appropriate community resources.

#### DOMESTIC VIOLENCE

If a client is referred to the Care Centre because of domestic violence she can also expect to meet with a specially trained nurse who will complete a physical examination, assessment and treatment of any injuries. This may include the option of photo documentation of her injuries. A client may choose this option and still choose not to involve the police. The nurses will not call the police to report the assault.

Services include:

- ❑ Physical examination, assessment and treatment of injuries
- ❑ Safety planning and risk assessment
- ❑ Option of documentation and/or taking photographs
- ❑ Crisis counselling
- ❑ Provision of short term client-centred counselling
- ❑ Photo documentation of injuries can be done with or without police involvement
- ❑ Referrals to appropriate community resources.

### **C. COMMUNITY AND VOLUNTARY SERVICES SECTOR**

Community and Voluntary Services refer to the variety of community and social agencies whose primary function is to strengthen communities and individuals. To this end, a variety of services and supports such as counselling, education and advocacy, financial aid and shelter are offered. Generally people choose to use these services and are therefore seen as voluntary clients. Some community services have both a voluntary and non-voluntary aspect to it, such as Family and Children's Services which is mandated to protect children and thus may have non-voluntary clients as well

as voluntary clients. Community and voluntary services comprise many organizations. However three organizations: Family and Children Services, Guelph-Wellington Women in Crisis, and Family Counselling and Support Services are described here, as they provide direct services to those impacted by sexual assault and domestic violence.

## **FAMILY AND CHILDREN'S SERVICES**

Family and Children's Services is mandated to protect children in our community. If a person has reasonable grounds to suspect that a child is or may be in need of protection, the person must promptly report the suspicion and the information to Family and Children's Services. Ontario's Child and Family Services Act (Section 37) defines the term 'child in need of protection' as "any form of physical harm, emotional deprivation, neglect or sexual maltreatment that can result in injury or psychological damage to a child" and it must be reported to Family and Children's Aid Services (1-800-265-8300). A child is a person under the age of 16, as defined by the Child and Family Service Act, or if the child is under a protection order, until the age of 18.

The duty to report is an ongoing obligation and cannot be delegated to someone else. If a person has made a previous report about a child, and has additional grounds to suspect that a child is or is likely to suffer harm, that person must make another report.

The Child and Family Services Act also requires a duty to report if a child is at risk of being harmed by domestic violence. In many situations where a child has witnessed domestic violence, the primary concern is emotional harm or the risk of emotional harm to the child, as well as the risk of physical harm.

All persons, professionals, or officials who fail to report a suspicion that child is or may be in need of protection during his or her contacts or duties may be subjected to a fine. If someone is uncertain about reporting they can contact Family and Children Services to discuss their questions and concerns to determine if it is reportable.

## **SEXUAL ASSAULT/DOMESTIC VIOLENCE**

Family and Children's Services will conduct an investigation whether a child needs protection because of sexual abuse or domestic violence. Consideration is given to the unique circumstances of each case. Each case is treated individually and interventions and supports are based on what a family needs by exploring and determining its strengths and resources. The traditional investigation process is outlined below:

1. Intake worker assigned and police are notified if a joint investigation is required
2. Internal review of any existing files

*Guelph-Wellington Community Protocol on Sexual Assault & Domestic Violence, 2010.*

3. Police may be contacted to determine if there is any history regarding violence, disturbing the peace, weapons, drugs, or alcohol
4. Contact non-offending parent(s) to inform them of our involvement
5. Determine need to interview children without parental consent
6. Arrange with the non-offending parent to meet and see the children. Interview the children privately and separately regarding the allegation, adult conflict and/or abuse and all safety factors
7. Inform the non-offending parent(s) that the child (ren) is not to have access to the offender until Family and Children's Services has completed the investigation and/or states otherwise
8. Determine if there are any other children under age 16 who may also be in need of child welfare intervention. If yes interview them
9. Determine if there are collateral witnesses and interview them
10. Obtain and activate all relevant consents
11. Interview non-offending parent(s) regarding the allegation(s) and all safety factors
12. Interview the offender regarding the allegations(s) and any other issue resulting from the interviews with the children, non-offending parent(s) and collateral witnesses
13. Collect all identifying information including date of birth, middle names, maiden names and native status and/or cultural affiliation
14. Complete a safety consultation with supervisor within 24 hours of seeing the children.

**In cases of Domestic Violence the First Contact Checklist (see Appendix 3, page 25) applies.**

At times, there are variations in the traditional investigation process. Common variations are as follows:

1. In the case of sexual abuse the Guelph General Hospital Sexual Assault/Domestic Violence Pediatrics Program may be contacted
2. If the woman is at Marianne's Place (emergency shelter), Family & Children's Services will make contact at the shelter
3. Family and Children's Services may choose to see the children at school, without parental consent, when there are immediate safety issues to address
4. Family and Children's Services may choose to contact police without parental consent, when there are immediate safety issues to address.

Once an investigation is complete, families may require further assistance from Family and Children's Services. Most often the Family Service Worker, who first met the family, will carry on with any ongoing work that is required. The length of ongoing involvement is determined based on the individual needs of each family.

## **GUELPH-WELLINGTON WOMEN IN CRISIS**

Guelph-Wellington Women in Crisis is a community based feminist organization providing services to women who have experienced woman abuse and sexual violence in Guelph and Wellington County. Women In Crisis provides four unique programs, reaching out to women who live in the city or in rural areas of the county. Any woman, who has experienced a sexual assault or woman abuse, may call the toll free 24-hour crisis line (519-836-5710 or 1-800-265-7233, both TTY/TDD Accessible). There are no fees for any Women In Crisis services.

### SEXUAL ASSAULT/DOMESTIC VIOLENCE

Guelph-Wellington Women In Crisis has several unique programs.

**The Sexual Assault Centre** offers individual and group counselling to women 16 years of age and older who have experienced sexual assault, childhood sexual abuse, and/or incest or sexual harassment recently or in the past. The Sexual Assault Centre provides long term individual and/or group counselling.

**Marianne's Place** is a fully accessible 28 bed emergency shelter that provides temporary housing for women and their children experiencing physical, emotional, sexual, verbal and/or financial abuse and stalking. The location of the shelter is confidential. The shelter offers programming and supports for women and their children.

**The Rural Women's Support Program** provides services for women and their children living in rural Wellington County who have been or are in an abusive relationship, or have experienced childhood sexual abuse and/or incest, recent or past sexual assault, harassment and/or stalking.

**The Transitional & Housing Support Program** offers a range of services to women in the community who are experiencing violence and/or abuse as well as those who have left violent/abusive relationships recently or in the past.

At a glance, each program of Women in Crisis offers the following services:

- Immediate telephone support and information through the 24 hour crisis lines
- Safety planning
- Immediate crisis and information appointments

- ❑ Individual counselling
- ❑ Group counselling and/or support groups
- ❑ Accompaniments to police, court, hospital and other appointments
- ❑ Assistance with criminal injury compensation and victim impact statements
- ❑ Sexual harassment support and information
- ❑ Advocacy and support in accessing other community supports
- ❑ Information on legal and medical procedures and options
- ❑ Assessment, implementation and ongoing support for the DVERS (Domestic Violence Emergency Response Service)
- ❑ Support & information for family and friends of survivors
- ❑ Public education and training on a variety of topics related to violence against women and children.

### **FAMILY COUNSELLING AND SUPPORT SERVICES**

Family Counselling and Support Services is a non-profit, community-based counselling agency that provides counselling services to residents of Guelph and Wellington County. Most services are offered on a fee-for-service basis, determined by income and ability to pay. However Family Counselling and Support Services provide several services for women, men and children impacted by domestic violence and sexual assault that are subsidized.

#### SEXUAL ASSAULT

Family Counselling offers individual counselling and group counselling for those who have experienced sexual trauma as children in North Wellington, and group counselling in Guelph.

#### DOMESTIC VIOLENCE

Family Counselling and Support Services offers the following services for those impacted by domestic violence:

**Peaceful Alternatives Program (PARS).** This program is for men and women needing to address woman abuse. It provides individual and couple assessments, separate group education/counselling sessions, and individual counselling for both men and women. Women may access this program free of charge. The cost for men to access individual counselling or the 12-week group program is set according to a sliding scale.

**The Early Intervention Program for Child Witnesses of Woman Abuse** is for children, ages 4 – 16, who have witnessed any form of violence or abuse

*Guelph-Wellington Community Protocol on Sexual Assault & Domestic Violence, 2010.*

in their family. Mothers can attend a concurrent group to assist them in helping their children to heal. There is no cost for either group and assistance with transportation and childcare is available.

## **VICTIM SERVICES WELLINGTON**

Victim Services Wellington is responsible for providing on-site emotional and practical support to victims of crime and tragic circumstance throughout Guelph and Wellington County.

### SEXUAL ASSAULT/DOMESTIC VIOLENCE

Victim Services Wellington offers the following services:

- ❑ Support to victims on-site 24-7 through emergency services
- ❑ Emotional and practical assistance
- ❑ Crisis intervention
- ❑ Referrals to appropriate agencies.
- ❑ Supportlink/DVERS is a program of Victim Services Wellington and is for people at risk of sexual assault, domestic violence and stalking. It provides safety planning, follow-up contact, and wireless phones pre-programmed only to 9-1-1, and provides a personal alarm installed in the home of high risk individuals in partnership with ADT.

## **TRAINING**

For the Protocol to be successfully implemented in the Guelph-Wellington Region, training of all community agencies and service providers will continue to be essential. Cross-sectoral training enables participants to appreciate the role each service has in responding to those who have experienced sexual assault and domestic violence. This in turn will build stronger partnerships and working relationships between agencies and service providers and reduce barriers between agencies. Training on the Protocol will assist this community in providing a consistent and caring response in Guelph-Wellington County. Training can be requested from the Guelph-Wellington Action Committee.

The objectives of training will ensure that participants will:

- ❑ Clearly understand the role different agencies and services have in responding to those who have experienced sexual assault/domestic violence
- ❑ Increase their understanding of "best practices" around assisting those who have been impacted by sexual assault and domestic violence

*Guelph-Wellington Community Protocol on Sexual Assault & Domestic Violence, 2010.*

- ❑ Understand the guiding principles and goals of the Protocol, as well as the services available for those who have been impacted by sexual assault and domestic violence
- ❑ Have the opportunity to share ideas, questions and challenges with colleagues and when possible, partners from other sectors
- ❑ Increase their general knowledge around sexual assault and domestic violence.

All member agencies and community partners have committed to training on the Protocol annually and to ensuring that new staff will be oriented to the Protocol.

## SUMMARY

This Protocol is intended to serve as a resource for service providers and all those who work with individuals impacted by sexual assault and domestic violence. The expectations for service outlined in the Protocol will enable us as a community, to deliver the most effective support possible to individuals in need. It cannot replace the most important quality we can all bring to our work – our understanding and empathy. It is not only what we say or do that will be remembered, but also how we make a person feel when he or she comes to us for help that will be remembered (based on the quote by Carl W. Buechner). By providing a consistent, caring, and respectful first response as well as coordinated, effective follow-up and support to those who experience domestic violence and sexual assault, we can help make this community safer for all. It is our firm belief that there should “no wrong door” for any one to come to, when seeking assistance in dealing with domestic violence and/or sexual assault.

## ACKNOWLEDGEMENTS

The Minister of the Attorney General of Ontario generously provided funding for the Community Response Protocol to Sexual Assault and Domestic Violence for the Guelph and Wellington County. The Community Response Protocol was also made possible by the following:

Guelph-Wellington Action Committee on Sexual Assault & Domestic Violence Steering Committee

|                    |  |
|--------------------|--|
| Sly Castaldi       | Guelph-Wellington Women in Crisis  |
| Mary Dempsey       | Guelph General Hospital SA/DV Care & Treatment Centre                      |
| Jennifer MacLeod   | Wellington-Dufferin Public Health Services                                 |
| Anne Marie Simpson | Guelph-Wellington Family and Children Services                             |
| Karen Suk-Patrick  | Guelph-Wellington Action Committee on Sexual Assault and Domestic Violence |

Members of the Action committee:

|                      |  |
|----------------------|--|
| Jodi Allward         | Trellis Community Mental Health & Developmental Services                 |
| Tanya Beckon         | Ontario Provincial Police  |
| Melanie Bowman       | The University of Guelph – The Wellness Centre / Student Health Services |
| Elizabeth Black      | Wellington County Social Services  |
| Vince Campolongo     | Wellington Catholic District School Board                                |
| Jennifer Davies      | Guelph-Wellington Women In Crisis  |
| Mary Fera            | Guelph Humane Society  |
| Liz Kent             | Victim Services Wellington   |
| Penny Leach          | Victim/Witness Assistance Program  |
| Ryan Pettipiere      | Wellington County Social Services  |
| Calvin McConnell     | Homewood Health Centre   |
| Patrick Milligan     | Guelph Police Service  |
| Michelle Ross-Miller | Family Counselling and Support Services for Guelph- Wellington           |
| Cheryl Sikkes        | Probation and Parole   |
| Jocelyn Speyer       | Crown Attorney's Office  |

We gratefully acknowledge our funder, the Ministry of Community and Social Services, and the many individuals who have given countless hours and dedication to this project.

We will continue to work towards ending sexual assault and domestic violence.

## APPENDICES

The following appendices are meant to serve as tools for those individuals working with those impacted by sexual assault and domestic violence.

## **Appendix 1: SHORT LETHALITY RISK ASSESSMENT**

Client's name: \_\_\_\_\_

Worker's name: \_\_\_\_\_ Date: \_\_\_\_\_

|  |                                  |                                 |
|--|----------------------------------|---------------------------------|
| Has he/she threatened to kill you or your children?                        | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |
| Has he/she ever used a weapon against you or threatened you with a weapon? | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |
| Do you think he/she might try to kill you?                                 | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |
| Is there an actual or pending separation?                                  | YES [ <input type="checkbox"/> ] | NO [ <input type="checkbox"/> ] |

If a woman answers yes to any of these questions, it is very important that a risk assessment is completed and a plan for her safety developed. If you are not comfortable completing a more comprehensive risk assessment and safety plan, then it is critical you facilitate a referral to a service provider that can, such as Women In Crisis or the Guelph General Hospital Sexual Assault Care & Treatment Centre. She should be reminded that if she chooses, she can contact the police at any time if she is feeling threatened or wishes to report that her partner has threatened her or her children.

Even if a woman answers NO to all of these questions, it is important to remember that there are many forms of abuse and you may still want to use your own agency's risk assessment and/or refer the client to services for women who are abused. Each sector has different tools for assessing risk and lethality, which are designed to measure specific aspects of risk.

This Lethality Risk Assessment **DOES NOT** predict the behaviour of any given individual. The single best predictor of future violent behaviour continues to be past violence, and we cannot, in any absolute sense, predict lethality or serious injury. If you don't feel comfortable doing safety planning, call **Guelph-Wellington Women in Crisis** 24-hour crisis line (519-836-5710) for assistance.

**APPENDIX 2: RISK ASSESSMENT/SCREENING TOOL for DOMESTIC VIOLENCE** (page 1 of 2)

| QUESTION  | YES | NO |
|---|-----|----|
| 1. Has your partner assaulted/threatened you before?  |     |    |
| 2. Have you been injured in prior assaults?   |     |    |
| 3. Has there been a recent increase in assaults/threats?  |     |    |
| 4. Has there been a recent change or separation in your relationship?   |     |    |
| 5. Have your children been assaulted by your partner?   |     |    |
| 6. Have the police been called to respond to any domestic violence situations involving your partner?   |     |    |
| 7. Has there been a change in contact between your partner and the children?  |     |    |
| 8. Is your partner jealous of you?  |     |    |
| 9. Does your partner stop you from seeing family, friends or anyone else?   |     |    |
| 10. If you are not separated from your partner, is your partner preoccupied or obsessed with you? (For example, is your partner making repetitive phone calls or checking your movements and contacts?) |     |    |
| 11. If you are separated from your partner, has your partner stalked you, the family or others? (e.g. harassing phone calls, watching, tampering with personal property, frequenting workplace etc.)    |     |    |
| 12. Has your partner killed or injured your pet?  |     |    |
| 13. Has your partner destroyed or threatened to destroy your personal property?   |     |    |
| 14. Has your partner threatened or attempted suicide?   |     |    |
| 15. Has your partner threatened to harm/kill the children?  |     |    |
| 16. Has your partner threatened to harm/kill any other family members or acquaintances?   |     |    |
| 17. Has your partner experienced any unusual stress recently? (such as losing a job?)   |     |    |
| 18. Does your partner abuse alcohol or drugs?   |     |    |
| 19. Is your partner more aggressive or violent when using alcohol or drugs?   |     |    |
| 20. Does your partner have mental health problems?  |     |    |
| 21. Is your partner on any medication?  |     |    |
| 22. If so, is he/she taking the medication as prescribed?   |     |    |
| 23. Has your partner sexually abused you?   |     |    |
| 24. Has your partner breached any court order, such as bail conditions or restraining order?  |     |    |
| 25. Does your partner own/have access to firearms?  |     |    |
| 26. Does your partner have a Firearms License or recently applied for one?  |     |    |
| 27. Do you fear that your partner will injure or kill you?  |     |    |
| 28. Have you ever received medical treatment for injuries because you were assaulted?   |     |    |
| 29. Do you fear that your partner will injure or kill the children?   |     |    |
| 30. Do you have children from a previous relationship?  |     |    |
| 31. Is there anything else that is causing you to fear your partner?  |     |    |



### **APPENDIX 3: DOMESTIC VIOLENCE FIRST CONTACT CHECKLIST** (page 1 of 2)

1. I explained the limits to confidentiality (I explained to her what could be held in confidence and what could not be held in confidence).
2. I checked if the client had already completed a risk assessment and if there was a prior risk assessment, I checked with the client if any circumstances had changed and reviewed her safety plan.
3. If there was no prior risk assessment, I completed The Lethality Risk Assessment and if she answered yes to any of these questions, I completed a safety plan **OR**
4. I facilitated the completion of a risk assessment and safety plan by another professional in the community.
5. I have considered any barriers that may have an impact on her ability to access service including; language, financial need, disability, transportation, geographic location, culture, age, and sexual orientation and if necessary, helped her to problem solve to address these (for example, assisted her in calling or arranging transportation for her).
6. I reviewed resources for safety including:
  - Police/Victim Services
  - Emergency Shelter
  - Crisis Lines
  - Hospital medical and support services.
7. I addressed her physical and medical needs by offering a referral to the Guelph-Wellington Sexual Assault & Domestic Violence Care & Treatment Centre at Guelph General Hospital (for medical care assessment, documentation of injuries and/or forensic services and crisis support) and I offered to assist with this referral.
8. If children were involved, I considered whether a referral to Family and Children's Services was needed.
9. I encouraged her to contact Guelph-Wellington Women in Crisis and I offered to assist with this referral.
10. I fully informed her of her choices and options for service provision. I offered her the purple information card.

## **APPENDIX 3: DOMESTIC VIOLENCE FIRST CONTACT CHECKLIST (page 2 of 2)**

### **Guide to Domestic Violence First Contact Checklist**

All service providers will follow the procedures outlined below in response to a disclosure or incidence of domestic violence, ensuring that regardless of where a woman or child discloses abuse, she will get a consistent and caring first response. Ideally, this process should be seamless, with as much assistance provided to that person to facilitate her accessing the services she chooses and in a manner that is according to our community's guiding principles stated at the outset of the Protocol.

A consistent and caring first response consists of three primary interventions:

#### **1. Explaining confidentiality and the limits of that confidentiality**

#### **2. Safety planning and risk assessment**

#### **3. Making appropriate referrals and problem solving with their client to overcome any potential barriers.**

In this context, service providers and community partners should:

Meet with women in a place that is private and safe

- Clearly describe their services and what kinds of assistance the woman might find helpful
- Identify the potential implications of accepting their services
- Provide her with information about other community services
- Provide her an opportunity to ask and have her questions answered
- Listen to her story in a respectful and non-judgmental manner

The importance of the first response to the disclosure of domestic violence cannot be underestimated. It lays the groundwork for effective intervention and potential prevention of further violence.

**APPENDIX 4: SEXUAL ASSAULT FIRST CONTACT  
CHECKLIST (page 1 of 2)**

1. I explained the limits to confidentiality (I explained to her what could be held in confidence and what could not be held in confidence).
2. I addressed her physical and medical needs by offering a referral to the Guelph-Wellington Sexual Assault & Domestic Violence Care & Treatment Centre at the Guelph General Hospital (for medical care assessment, documentation of injuries and/or forensic services, prevention of sexually transmitted disease, pregnancy prevention and crisis support) and I offered to assist with this referral.
3. I explained to her the various resources available to her including;
  - Community resources
  - Crisis Lines
  - Guelph-Wellington Women in Crisis
  - The option of reporting the assault to the police
4. I have considered any barriers that may have an impact on her ability to access service including language, financial need, disability, transportation, geographic location, culture, age, and sexual orientation. If necessary, helped her to problem solve in addressing these (for example, assisted her in calling or arranging transportation for her).
5. If children were involved, I considered whether a referral to Family & Children's Services was needed.
6. I encouraged her to find someone she could talk to, whether it be professional counselling services, a friend, family member, pastor or trusted person in her family, community or faith community.

**APPENDIX 4: SEXUAL ASSAULT FIRST CONTACT CHECKLIST**  
(page 2 of 2)

**Guide to Sexual Assault First Contact Checklist Guide**

All service providers will follow the procedures outlined below in response to a disclosure of sexual assault, ensuring that regardless of where a woman discloses, she will get a consistent and caring first response. Ideally, this process should be seamless, with as much assistance provided to that person to facilitate her accessing the services she chooses and in a manner that is according to our community's guiding principles stated at the outset of the Protocol. A consistent and caring first response consists of three primary interventions:

**1.Explaining confidentiality and the limits of that confidentiality,**

**2.Safety planning and risk assessment**

**3.Making appropriate referrals and problem solving with their client to overcome any potential barriers**

In this context, service providers should:

- Meet with women in a place that is private and safe
- Clearly describe their services and what kinds of assistance the woman might find helpful
- Identify the potential implications of accepting their services
- Provide her with information about other community services
- Provide her an opportunity to ask and have her questions answered
- Listen to her story in a respectful and non-judgmental manner

The importance of the first response to the disclosure of sexual assault and/or domestic violence cannot be underestimated. It lays the groundwork for effective intervention and can assist women in dealing with the potential traumatic impact of a sexual assault.

## APPENDIX 5: COMMUNITY PARTNER CONSULTATION ACTION PLAN

\_\_\_\_\_  
Today's Date:

D.O.B.

Name: \_\_\_\_\_  
Last First

|                |
|----------------|
| YYYY / MM / DD |
|----------------|

\_\_\_\_\_  
Referred to Team by:

\_\_\_\_\_  
Lead Agency:

\_\_\_\_\_  
Primary Case Manager

\_\_\_\_\_  
Written Consent Obtained by:

| Family Attending: |                       |
|-------------------|-----------------------|
| _____<br>Name     | _____<br>Relationship |
| _____<br>Name     | _____<br>Relationship |
| _____<br>Name     | _____<br>Relationship |
| _____<br>Name     | _____<br>Relationship |

Client/Family Viewpoint/Comments/Goals:

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Key Issues/Concerns:

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## **APPENDIX 6: WARNING SIGNS OF ABUSE**

The following 15 warning signs and 23 risk factors for woman abuse have been identified through research. They can help individuals around the victim and abuser understand what they are seeing and enable them to intervene.

### **Warning Signs He May Be Abusive**

- He puts her down
- He does all the talking and dominates the conversation
- He checks up on her all the time, even at work
- He tries to suggest he is the victim and acts depressed
- He tries to keep her away from you
- He acts as if he owns her
- He lies to make himself look good or exaggerates his good qualities
- He acts like he is superior and of more value than others in his home

### **Warning Signs She May Be Experiencing Abuse**

- She may be apologetic and makes excuses for his behaviour or becomes aggressive and angry
- She is nervous about talking when he's there
- She seems to be sick more often and misses work
- She tries to cover her bruises
- She makes excuses at the last minute about why she can't meet you or she tries to avoid you on the street
- She seems sad, lonely, withdrawn and is afraid
- She uses more drugs or alcohol to cope

### **Indicators for Risk of Future Harm: the Danger May Be Greater if...**

- He has access to her and her children
- He has access to weapons
- He has a history of abuse with her or others
- He has threatened to harm or kill her if she leaves him: He says, "If I can't have you, no one will."
- He threatens to harm her children, her pets or her property
- He has threatened to kill himself
- He has hit her, choked her
- He is going through major life changes (e.g. job, separation, depression)
- He is convinced she is seeing someone else.
- He blames her for ruining his life.
- He doesn't seek support
- He watches her actions, listens to her telephone conversations, sees her emails and follows her
- He has trouble keeping a job
- He takes drugs or drinks every day
- He has no respect for the law
- She has just separated or is planning to leave
- She fears for her life and for her children's safety or she is in denial and cannot see her risk
- She is in a custody battle, or has children from a previous relationship
- She is involved in another relationship
- She has unexplained injuries
- She has no access to a phone

*Guelph-Wellington Community Protocol on Sexual Assault & Domestic Violence, 2010.*

- ❑ She faces other obstacles (e.g. she does not speak English, is not yet a legal resident of Canada; lives in a remote area)
- ❑ She has no friends or family

Source: Guelph Wellington Women In Crisis, 2009.

## **Appendix 7: IDENTIFYING ABUSIVE BEHAVIOURS**

Here are some examples of abusive behaviour. Abuse can happen in many different ways and to any kind of person. Violence can happen in heterosexual or same-gender relationships. Many people experience abuse. Abuse is not only physical. These are just some examples. If you have experienced one or many of these, your relationship could be abusive.

### **Physical abuse**

- Slapping
- Shoving
- Kicking
- Not letting her sleep
- Using a weapon or other object to threaten her
- Keeping her confined
- Choking
- Taking away wheelchair, hearing aid or other assistive devices

### **Psychological/emotional abuse**

- Threatening to report her to Family & Children's Services
- Threatening to commit suicide
- Searching through purse, cell phone or personal belongings
- Controlling behaviour
- Accusing her of cheating
- Degrading her
- Silent treatment
- Putting her down constantly
- Name-calling
- Sexual Abuse
- Unwanted touching
- Giving her alcohol or drugs in order to have sex
- Sexual name-calling
- Unwelcome sexual comments
- "Flashing", leering
- Threatening to hurt sexually
- Rape
- Incest
- Exposing her to sexual images or pornography without permission

### **Social Abuse**

- Keeping her away from friends and family
- Not taking responsibility for children
- Embarrassing her in front of children, friends and other
- Ignoring her in public

### **Financial/Economic Abuse**

- Withholding money
- Preventing her from working
- Spending or mismanaging family income
- Controlling her spending
- Not allowing her to have debit/credit cards

**Legal Abuse**

- Having her counter charged by police
- Not allowing children to call home or access visits
- Representing himself in court, making endless motions over minor issues

**Spiritual Abuse**

- Using religion to control her behaviour
- Ridiculing her for her religious beliefs
- Forcing her to practice certain beliefs

**Immigrant Abuse**

- Threatening her with deportation
- Denying access to her passport
- Threatening to ostracize her from her ethnic community

**Stalking**

- Repeated phone calls, text messages or e-mails
- Sending her unwanted packages, cards, gifts or letters
- Following her
- Damaging her home, vehicle or property
- Contacting her at her workplace repeatedly
- Driving by her home or workplace many times a day

**No one deserves to be abused!**

## **APPENIDIX 8: COMMON REACTONS TO SEXUAL ASSAULT**

It is important to remember that every person reacts differently to sexual assault. Below is a list of typical reactions that survivors may experience following a sexual assault.

- ❑ Intrusive thoughts about the assault-not being able to get the assault out of your mind
- ❑ Nightmares and/or sleep problems
- ❑ Very fearful
- ❑ Feeling jumpy, on edge, etc
- ❑ Restlessness and difficulty sitting still
- ❑ Difficulty concentrating
- ❑ Experiencing flashbacks - suddenly reliving the assault in some form (seeing, hearing, smelling) and feeling as if it was re-occurring
- ❑ Crying easily
- ❑ Moody and irritable
- ❑ Avoidance of things associated/resembling the sexual assault
- ❑ Thinking you see the assailant everywhere
- ❑ Feeling different about oneself - everyone else is normal except you
- ❑ Turn off emotionally out of shock and disbelief

These are normal reactions and usually lessen over time. However, if you are having serious or prolonged reactions to the trauma, it may be helpful to seek out professional help.

Source: Guelph-Wellington Care & Treatment Centre for Sexual Assault & Domestic Violence, Guelph General Hospital, 2009.

## **APPENIDIX 9: TOP TEN RISK FACTORS FOR DOMESTIC VIOLENCE DEATHS**

The Ontario Government's Domestic Violence Death Review Committee consistently has found a number of risk factors associated with domestic violence deaths. The Committee reviews all domestic violence deaths in the province annually.

1. Actual or pending separation
2. History of domestic violence
3. Perpetrator depressed
4. Obsessive behaviour by perpetrator
5. Escalation of violence
6. Prior threats to kill victim
7. Prior threats to commit suicide
8. Prior attempts to isolate victim
9. Access to/possession of firearms
10. Excessive drug or alcohol use.

The Domestic Violence Death Review committee considers a case predictable, and potentially preventable, if there are seven or more risk factors present in a case.

Source: Annual Report of the Chief Coroner: 2008 Domestic Violence Death Review Committee.

## REFERENCES

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