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PROTOCOL INFORMATION

INTRODUCTION

Sexual assault is an unwanted act of a sexual nature imposed by one person or persons on another.¹ Sexual assault is a criminal offence which should be treated as such. It is a violent act of domination by the perpetrator and causes humiliation and feelings of powerlessness in the victim/survivor.

Women, in all stages of life, from infancy to old age, from all educational, class, income, sexual orientation and racial backgrounds, are sexually assaulted. In 1993, the *Canadian Panel on Violence Against Women* found that more than one-half (51%) of all Canadian women (16 years and over) have been the victim of rape or attempted rape, while 54% of women 16 and under had experienced some form of unwanted or intrusive sexual experience. Using the Canadian Criminal Code definition of sexual assault, which includes sexual touching, the study found that two out of three women have experienced what is legally recognized to be sexual assault. Ninety-six percent of perpetrators of child sexual abuse were men, and 81 percent of sexual assault cases (age 16 years and over) at the level of rape or attempted rape, reported by women, were perpetrated by men who were known to the women.² For women with disabilities, these figures may be even higher – one study indicates that 83% of women with disabilities will be sexually assaulted during their lifetime.³

Men are also sexually assaulted, particularly the young and vulnerable. The number of men who have been sexually assaulted is roughly one in five to seven. These assaults largely occur to males under the age of 13. In approximately 95 percent of the cases of sexual assault of men, the offender is male. Regardless of the different rates of risk, the effects of sexual assault on female and male adults and children are extremely serious and can be equally damaging⁴.

¹ While both men and women are sexually assaulted, some agencies' protocols use the feminine pronoun when referring to the victim/survivor of sexual assault in order to reflect the reality that women are profoundly more likely to be sexually assaulted than men. This is not intended to diminish the male experience of sexual assault. Sexual assault against men or women, children or adults is a crime and the procedure outlined in this protocol will be used to respond to both female and male victim/survivors of sexual assault.

² Statistics were taken from "Changing the Landscape: Ending Violence – Achieving Equality", Executive Summary, National Action Plan, The Canadian Panel on Violence Against Women, 1993.

³ Liz Stimpson and Margaret C. Best, *Courage Above All: Sexual Assault Against Women with Disabilities*, 1991⁵

⁴ From "Sexual Assault: Dispelling the Myths", Ontario Women's Directorate, 1992.

The Sexual Assault Response Protocol is a community driven document that outlines how our community will respond to adult victims/survivors of sexual assault, 16 years of age and older. In addition to presenting clearly defined roles and responsibilities for all service providers, the protocol delineates the approach and agreed upon principles of responding to victims/survivors of sexual assault. This results in a consistent, comprehensive and knowledgeable response from the participating services within our community to the victim/survivor.

STATEMENT OF PRINCIPLES AND BELIEFS

Whereas an effective and humane response to sexual assault requires common principles and a co-ordinated strategy amongst those agencies empowered to act on behalf of the community, we are agreed that:

- ◆ everyone has a right to live their life free from violence and abuse
- ◆ a victim/survivor deserves respectful, immediate and appropriate care, no matter how s/he behaves, looks or talks
- ◆ sexual assault is fundamentally about a perpetrator using power and control to dominate and violate an individual in a sexual manner. It is a violent act and not an act of sexual intimacy
- ◆ women and children are more vulnerable to sexual assault because of their lack of power, control and authority in patriarchal societies. Sexual assault both mirrors and perpetuates this inequality
- ◆ sexual assault frequently includes a violation of trust by those who are in a position of perceived or real power and/or authority
- ◆ the safety of the victim/survivor of sexual assault shall be the primary focus of any intervention
- ◆ sexual assault is a major social and health problem, in particular, for women. Victims/survivors must be able to receive appropriate and immediate help for all forms of assault
- ◆ sexual assault within the home does not exclusively impact the family. It affects the whole community
- ◆ sexual assault is NEVER the fault or the responsibility of the victim/survivor. The responsibility for the assault must rest with the perpetrator. Offenders must be held accountable for their behaviour. Sexual assault is a criminal offence and must be treated as such
- ◆ other organizations in the community have an important role with respect to sexual assault. Our services will be accessible as a resource to them wherever possible.
- ◆ a coordinated community approach to service delivery is essential to provide choices and to meet the many unique needs of victims/survivors who have experienced sexual assault

- ◆ all efforts should be made to ensure that information is provided to victims/survivors at every step of the process
- ◆ victims/survivors of sexual assault may immediately and/or later display a variety of behaviours that may not be understood or considered appropriate by service providers. It is essential that all behaviours are understood as coping strategies and that the victim/survivor is responding in a way that s/he believes is necessary for her/his survival. Furthermore, it is imperative that no judgement be attached to her/his behaviour before (e.g., dress, degree of impairment, location of assault, etc.) or during the assault (e.g., not fighting back, nervous laughter, aloofness, etc.).
- ◆ **THERE IS NO “TYPICAL” RESPONSE TO SEXUAL ASSAULT**
- ◆ victims/survivors of sexual assault may not always know how to access services, but they do know what they need to heal and these individual needs must be respected
- ◆ the issue of the assault is the primary focus when providing service to victims/survivors. Issues related to substance use, disabilities (including psychiatric), culture, poverty or sexual orientation are not the focus and should not detract from the credibility of the victim/survivor
- ◆ individuals who have additional needs due to age, language, culture, disability, poverty, geographic location or sexual orientation require services that are sensitive to, and reflect, these needs
- ◆ while sexual expression may be affected by sexual assault, sexual orientation is not necessarily affected
- ◆ victims/survivors can take control of the personal aspects of their lives provided they are given choices based on accurate information and provided with the support to do so. Caregivers must assist victims/survivors in reclaiming their autonomy. Honest information must be provided on the limitations of any choice
- ◆ victims/survivors who have been sexually assaulted are also survivors. They must be accepted as active partners in service development and social change to end sexual violence
- ◆ ending sexual assault is everyone’s responsibility. This protocol must address the issue of violence at both the individual and the systemic level in order to create a non-violent society

PROTOCOL AGENCY REPRESENTATIVES

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Hamilton, Ontario
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**Hamilton Police Service –
Victim Services Branch**

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Director: Lenore Lukasik-Foss

Representative: Lenore Lukasik-Foss

**Sexual Assault/Domestic Violence
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Representative: Marcel Castonguay, Executive Director

SEXUAL ASSAULT RESPONSE PROTOCOL Page 8
PROTOCOL AGENCY REPRESENTATIVES SIGNATORY PAGE

The undersigned signifies the intention of all parties to use this protocol for a coordinated response to sexual assault and to provide sensitive, respectful and appropriate service to sexual assault victims/survivors in the Hamilton area.

Hamilton Police Service, (HPS)



Glenn DeCaire, Chief of Police
Hamilton Police Services

Sexual Assault Centre (Hamilton & Area)



Lenore Lukasik-Foss
Director, Sexual Assault Centre

Sexual Assault/Domestic Violence
Care Centre



Diana Tikasz
Sexual Assault/Domestic Violence Care
Centre

Crown Attorney Office- Hamilton



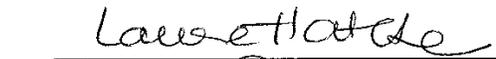
Alida Bowman,
Manager, Hamilton Health Sciences

Victim/Witness Assistance Program

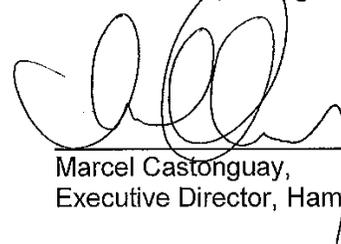


Timothy K. Power, Crown Attorney

Centre de santé communautaire
Hamilton/Niagara



Laura Hatcher, Manager



Marcel Castonguay,
Executive Director, Hamilton Niagara

DEFINITIONS

ANONYMOUS REPORT FOR SEXUAL ASSAULT: The purpose of this report is to give survivors of sexual assault an opportunity to give information to the Hamilton Police Service without being identified or making a formal complaint. The information they give will be sent to the Provincial ViCLAS Centre in Orillia and will assist police in identifying repeat sexual offenders. Note: a detailed outline of the Anonymous Report for Sexual Assault is included as an appendix to this protocol.

CAS: Children's Aid Society of Hamilton

CCAS: Catholic Children's Aid Society of Hamilton

CHILD: a person under sixteen years of age.

CONFIDENTIALITY: maintaining the privacy of the victims/survivors' information within the limits of legislation, and member agency policies.

CONSENT: the voluntary agreement of a person to engage in the sexual activity in question.

There is no consent when:

- ◆ the victim/survivor expresses, by words, gestures, conduct or any other means, a lack of agreement;
- ◆ a person other than the victim/survivor expresses agreement by words, gestures, or conduct or any other means;
- ◆ the victim/survivor is incapable of consenting to the activity;
- ◆ the perpetrator induces the victim/survivor to engage in the activity by abusing a position of trust, power or authority;
- ◆ the victim/survivor, having consented to engage in consensual activity, expresses by words, gestures, conduct or by any other means, a lack of agreement to continue in the activity;
- ◆ the accused's belief arose from the accused self-induced intoxication, or recklessness or wilful blindness; or the accused did not take reasonable steps, in the circumstances known to the accused at the time, to ascertain that the complainant was consenting (*The Criminal Code of Canada*).
- ◆ with certain exceptions, children under the age of 14 years old are deemed incapable of consenting to sexual activity

CSC (Hamilton): Centre de santé communautaire Hamilton/Niagara (Hamilton Région)

FLASHBACKS: are memories of past traumas. They may take the form of smells, body sensations, feelings or lack of them (numbness). At times there are no actual visual or auditory pictures, just the sense of panic, being trapped, feeling helpless. These experiences can be very traumatic. The intense feeling and body sensations occurring are so frightening because the feelings/sensations are not related to the reality of the present and many times seem to

come from nowhere. Many times, flashbacks occur during any form of sexual intimacy, or it may be a person who has similar characteristics as the perpetrator, or it may be a situation today that stirs up similar trapped feelings (confrontation, aggression). Flashbacks are a normal result of trauma.

HHS: Hamilton Health Sciences

HPS: Hamilton Police Service

P&P's (POLICIES AND PROCEDURES): reflect the policy of the Hamilton Police Service and contain procedures that shall be followed by members of that Service.

PORNOGRAPHY: images of sex in which there is force, violence, or symbols of unequal power. They may be very blatant: whips and chains of bondage, even torture and murder presented as sexually titillating, the clear evidence of wounds and bruises, or an adult's power being used sexually over a child. They may be more subtle: the use of unequal nudity, with one person's body exposed and vulnerable while the other is armoured with clothes; or even a woman by herself, exposed for an unseen but powerful viewer whom she clearly is trying to please. ... But blatant or subtle, there is no equal power or mutuality. In fact, much of the tension and drama comes from the clear idea that one person is dominating another. (Gloria Steinem, *Erotica vs Pornography*)

RE-VICTIMIZATION: is a behaviour/attitude which continues to silence victims/survivors and force them to accommodate the judgment of others in order to survive (e.g., not believing them, questioning their actions, dress, or location.)

RITUAL ABUSE: is a brutal form of abuse of children, adolescents and adults consisting of physical, sexual and psychological abuse, involving the use of rituals. Ritual abuse does not necessarily mean satanic, however, most victims/survivors state that they were ritually abused as part of a satanic worship for the purpose of indoctrinating them into satanic beliefs and practices. Ritual abuse rarely consists of a single episode. It usually involves repeated abuse over an extended period of time. The physical abuse is severe, sometimes including torture and killing. The sexual abuse is painful, sadistic and humiliating, intended as a means of gaining dominance over the victim/survivor. The psychological abuse is devastating and involves the use of ritual/indoctrination which conveys to the victim/survivor a profound terror of the cult members and of the evil spirits or powers they believe the cult members command. Both during and after the abuse, most victims/survivors are in a state of terror, mind control and dissociation in which disclosure is exceedingly difficult. It must be noted here that it is not criminal to be a member of a cult, however it is criminal to abuse another human being, even under the guise of ritual and religion. (Los Angeles County Commission for Women, 1989)

SACHA: Sexual Assault Centre (Hamilton & Area)

SADVCC: Sexual Assault/Domestic Violence Care Centre

SANE: Sexual Assault Nurse Examiner

SEXUAL ASSAULT: any unwanted and/or inappropriate act(s) of a sexual nature imposed by one person upon another. This may include kissing, fondling, oral, vaginal or anal intercourse and/or penetration. Sexual assault is often accompanied by verbal abuse, physical assault (beating, etc.) and degrading acts which further humiliate the victim/survivor. It is sexual assault no matter what the relationship of the victim/survivor is to the perpetrator.

Sexual assault must be acknowledged as a criminal act and be treated as such. It is also an act that is perpetrated to seek power, control and domination over another individual. It is often a violation of trust by those who are in a position of authority and power.

SEXUAL ASSAULT EVIDENCE KIT (SAEK): Sexual Assault Evidence Kit is the medical means used for the collection of physical evidence for the purposes of investigation and/or use in court. The SAEK is a kit provided by the Centre of Forensic Science to ensure the standardization of the collection of physical evidence by a doctor or nurse.

SEXUAL ASSAULT SURVIVOR: a positive term recognizing the strength required to live with an experience of sexual assault. Although survivors had no control over the assault, they do have options in their response and are actively involved in the process of reclaiming their personal power.

SEXUAL ASSAULT VICTIM: anyone who has been the target of sexual violence.

SEXUAL HARASSMENT: is any behaviour, comment, gesture or contact of a sexual nature that could be considered objectionable or offensive. It consists of a single or repeated incident(s) and unreciprocated action(s), comments or looks of a sexual nature which treat the recipient as a sexual object. It may or may not prejudice the recipient's job security or promotion prospects while creating a stressful work environment. It may also prejudice a user of services, education or housing needs. Sexual harassment is a form of sexual violence and is considered an offence under the Ontario Human Rights Code. Most commonly, it is men who sexually harass women.

SEXUAL INTEGRITY: in the legal context and for the purpose of the definitions, sexual integrity refers to the inviolable nature of a person's sexuality, which is compromised by a sexual offence. It does not, in any way, make reference to the morality of a person.

SEXUAL OFFENCES: Criminal Code definitions for sexual offences include sexual interference; invitation to sexual touching; sexual exploitation; incest; bestiality; parent procuring; householder permitting sex; corrupting children; loitering of sex offenders; procuring; living off the avails of a young person; sexual assault; sexual assault with a weapon, sexual assault causing bodily harm; aggravated sexual assault; and indecent exposure.

SEXUAL VIOLENCE: an act of violence, hatred and aggression characterised by an attempt to threaten, intimidate, coerce or engage in any unwanted behaviour of a sexual nature, which involves a violation of one's sexual integrity. Examples include, but are not limited to, pornography, sexual harassment, exploitation, stalking or voyeurism. Sexual violence includes, but is not limited to sexual assault and other sexual offences included in the *Criminal Code of*

Canada.

SODART: Sexual Offences/Domestic Assault Review Team is a community committee which meets regularly to discuss issues related to sexual assault and/or domestic violence including procedure review and case discussions.

VICTIM/SURVIVOR: includes anyone who has been the target of sexual abuse, assault, harassment or exploitation.

ViCLAS: Violent Crime Linkage Analysis System, a national database that is used to link serial offenders and the offences they commit. Designed to capture, collate, and compare crimes of violence through the analysis of victimology, offender's description, and methods of operation (M.O). forensic and behavioural data.

VIOLENCE: including any physical abuse, emotional abuse, psychological abuse, assaults of a physical or sexual nature and harassment (sexual, verbal, emotional, physical).

VSF: Victim Services Branch of the Hamilton Police Service.

V/WAP: Victim/Witness Assistance Programme - Ministry of the Attorney General

PRINCIPLES AND PROCEDURES

GENERAL INTERVENTION PRINCIPLES

The underlying goal of any general intervention is to empower victims/survivors by providing them with support, services and information which optimize their choices and allow them to regain some control over the situation. It is equally important that all service providers approach victims/survivors in a respectful manner. For this reason, service providers must be aware of their own assumptions and biases about how the victim/survivor looks and behaves, or about what s/he says, as well as being aware of what perspective is taken in the information gathering stage. In order to demonstrate respect, service providers will adhere to the following general principles in addition to the procedures outlined by their individual agencies.

Each agency will work in a coordinated manner to ensure that an effective response and support network is available to victims/survivors and their families.

When appropriate, cases of sexual assault may be discussed between member agencies subject to informed consent of the victim/survivor (e.g., at SO/DART).

INITIAL CONTACT

Initial contact will set the stage for the duration of the relationship between the individual and the agency. The impact which the trauma will have on the victim/survivor should be recognized and service providers should be sensitive to the effect this will have on their relationship with the victim/survivor. For this reason, it is essential that service providers convey respect for the victim/survivor from the beginning.

1. Identify yourself and the role that you play and assure the victim/survivor that you understand this may be difficult for her/him.
2. If you have received permission from the victim/survivor to talk to her/him:
 - ◆ find out how the victim/survivor prefers to be addressed, minimize the existing power imbalances by referring to the victim/survivor with the same formality with which s/he addresses you
 - ◆ explain that you are there to help and discuss the kind of assistance you can attempt to provide
 - ◆ advise her/him of the options of having someone of her/his choice present for support (e.g., friend, relative, advocate, etc.)
3. During this initial contact, attempt to ensure the following courtesies are provided:
 - ◆ allow the victim/survivor to determine what physical contact is acceptable between yourself and her/him. Consider that the personal space of the victim/survivor has just been violated. As a general rule, only make physical contact with the victim/survivor when you have been invited to do so.
 - ◆ let the victim/survivor control the pace of the intervention to the extent that this is

possible. Allowing her/him to take breaks when needed affords her/him some control over an otherwise disempowering situation

- ◆ try to create an environment that is comfortable and that facilitates communication. Ensure that it is safe and private as well as comforting wherever possible (e.g., comfortable chairs, warm décor and blankets or pillows help to create a comforting environment).
 - ◆ wherever possible and according to resources, provide a cultural interpreter, material in the victim/survivor's language, an ASL (American Sign Language) interpreter or any other resources related to ability/disability
4. Provide realistic and accurate information by identifying the implications and potential ramifications for the victim/survivor who accepts your assistance. For example:
- ◆ discuss the limits of confidentiality and the possibility that your records may be subpoenaed to court by the defense
 - ◆ explain that if a victim/survivor gives a statement to the police, s/he may have to repeat this information in court
 - ◆ advise the victim/survivor that support persons may, in some cases, be required to testify in court

CONFIDENTIALITY:

Each service provider has their own policy around the issue of confidentiality to which they must adhere. It is up to each service provider to be aware of their own procedures of confidentiality and disclosure obligations; and inform victims/survivors of these practices, policies and procedures.

- ◆ Discuss what is meant by the word “confidentiality” and its limitations
- ◆ Efforts to maintain confidentiality should be guided by the utmost respect for the victims/survivors and their wishes and applicable legal principles
- ◆ Ensure victim/survivor confidentiality except in cases where there is a threat of harm to the victim/survivor or to another person, or if a child is in need of protection

RIGHTS AND CHOICES OF THE VICTIM/SURVIVOR

It is fundamental to recognize a victim/survivor's right to make choices for her/himself, whether or not these choices reflect your personal biases or beliefs. S/he is an adult and must be treated as such. Ultimately s/he is the only one who has to live with the consequences of the assault and any actions s/he chooses to take after the assault.

With this in mind, it is crucial to emphasize the victim/survivor's choice in all matters, informing her/him of all of the options open to her/him. The following choices are available to all victims/survivors of sexual assault, with the exception of sexual assault within an intimate relationship

- ◆ s/he may do nothing;
- ◆ s/he may have a Sexual Assault Evidence Kit (SAEK) done but request no police involvement (the kit can be held for up to six months);
- ◆ s/he may have a SAEK done and request police involvement;

- ◆ s/he may give a statement to the police, not have an SAEK done and request the police not charge the offender at this time⁶;
- ◆ s/he may refuse the SAEK and still request police involvement;
- ◆ s/he may complete an anonymous report of sexual assault;
- ◆ s/he may request that the criminal procedures cease at any time ⁵.

Beyond the legal choices available to the victim/survivor, s/he also has the right to:

- ◆ medical attention/intervention without police involvement;
- ◆ gentleness and sensitivity during the medical examination/health assessment, treatment and supportive follow-up;
- ◆ privacy during the collection of medical evidence and at all other times, as much as is possible;
- ◆ request a friend, family member or advocate accompany them in the examination room;
- ◆ have each procedure explained to them in detail before it is done;
- ◆ call their personal health care provider to attend if desired and available;
- ◆ refuse the collection of evidence, and/or tests for sexually transmitted diseases, pregnancy and HIV testing;
- ◆ request copies of all documentation (release of documentation will be dependent upon the *Freedom of Information Act* and restrictions based on legal jurisdiction);
- ◆ request that law enforcement personnel or others leave the examining room;
- ◆ strict confidentiality from health care providers, officers, advocates, counsellors and others involved in the case as outlined in this protocol;
- ◆ have her/his reactions to the sexual assault (such as sleeplessness, nightmares, anxiety and fear, etc.) understood rather than considered abnormal behaviour

TRAINING

Training is an important accompanying piece to any protocol. It helps to ensure that all staff are working from the same underlying set of values. Training is essential not only for the individuals who are providing direct service (e.g., police officers, counsellors, nurses, physicians, crisis line volunteers) but for support staff as well (e.g., receptionists, intake workers). Support staff require this training because they are often the first contact that a victim/survivor will have with an organization. The reaction that a victim/survivor experiences when s/he tells of the assault affects how s/he will continue to perceive her/himself as a victim/survivor of sexual assault.

Wherever possible, inter-agency training should take place in order to maintain a common approach and to facilitate and understanding of the roles of all organizations involved. Where possible, other front-line and aftercare agencies should be invited to the training in order to facilitate education and awareness. The training should be community-based, using local experts and incorporating this protocol into the training. Ideally, training should be provided on an on-going basis, ensuring that new employees are quickly integrated into the protocol. It is highly recommended that anti-oppression training be included.

⁵ In the case of sexual assault within an intimate relationship, the police have an obligation to proceed with an investigation and lay charges where there are reasonable grounds to do so, regardless of the wishes of the victim/survivor.

MONITORING OF PROTOCOL

All agencies involved are responsible for the implementation of the protocol. This will be monitored by way of regular meetings of SO/DART at which time problems that have arisen will be discussed. The protocol should be constantly under scrutiny by the agencies involved, as well as victims/survivors of sexual assault, in order to keep it relevant, working and effective.

COMMUNITY RESOURCE REFERRALS

All service providers have an obligation to stay informed about appropriate resources and to let victims/survivors know about the range of resources and information available, and how they can access community services.

Victims/survivors are encouraged to seek additional follow up services from the organization that best meets their needs (i.e. affordability, physical accessibility, philosophical framework, language availability)

Contact to any follow-up services, on behalf of the victim/survivor, should only be done with her/his express permission.

RESPONSE TO CHILD SEXUAL ASSAULT

In dealing with children as defined in this protocol, the parties will be guided by the requirements of the "Child and Family Services Act of Ontario", the provisions of the Criminal Code of Canada and current legal principles. Consideration should also be given to the existing community child abuse protocols.

All agencies should be guided by their respective policies and procedures, when reporting to the Catholic/Children's Aid Society.

PROCEDURES**COMMITMENTS:**

WE WILL, WITHIN THE MANDATE OF OUR SERVICES be inclusive and equitable to all people accessing our services, while being responsive to issues related to race, ethnicity, gender, language, religion, age, sexual orientation, socio-economic status, and/or abilities of individuals.

It is understood and acknowledged that all services have different responsibilities in responding to a sexual assault. It is imperative that each agency has a working understanding of other agencies' policies. In order to clarify the respective service positions and to avoid misunderstanding, the following responsibilities are acknowledged.

CENTRE DE SANTÉ COMMUNAUTAIRE HAMILTON / NIAGARA (CSC Hamilton)**RESPONSIBLE FOR:**

Through the Centre régional des femmes francophone Program, the CSC Hamilton is responsible for providing support, referral, counselling, accompaniment services to French-speaking women victims/survivors of sexual assault and their respective families (business hours only). Services to girls under 16 years will be given in accordance with the requirements of the Child and Family Services Act of Ontario and in accordance with the CSC Hamilton's intervention guidelines. In particular, the CSC Hamilton is responsible for:

- ◆ providing emotional support and assist survivors to understand and clarify their rights and choices regarding medical treatment, reporting to police, court procedures and support option such as victim/witness services including anonymous reporting (appendix I) if the situation meets the criteria, as well as any other issues they identify in order to facilitate informed decision-making following a sexual assault
- ◆ referring the survivor to medical services, either at the CSC Hamilton or at the hospital. If required, assess and treat physical injuries
- ◆ providing accompaniments and transportation for survivors to the hospital (for sexual assault that have occurred within the past 72 hours) and/or police station (for sexual assaults either recent or historic)
- ◆ providing practical support to survivors. Practical support may include taxi fare to the hospital, police station or shelter, as required.
- ◆ providing interpretation services (French-English) to clients of the CSC Hamilton who need to access sexual assault related services only in organisations which do not provide interpretation services
- ◆ discussing concerns and review medical and counselling needs
- ◆ offering survivors information about support options such as Femaide: 1-877-336-2433, the 24 h French-speaking crisis/support telephone line for women survivors of violence, and other support options provided by local agencies
- ◆ if required, providing follow-up accompaniment for survivors to legal, medical and other sexual assault related appointments

- ◆ providing free and confidential individual counselling to survivors of recent or historic sexual assault
- ◆ providing referrals to appropriate agencies for survivors and their support persons who request services outside the mandate of the CSC Hamilton
- ◆ when requested, to advocate on behalf of the survivor's needs

ACCOUNTABILITY

Concerns regarding the quality or nature of service provided may be addressed to the CSC Hamilton's Program Director. All complaints or concerns will be investigated and responded to according to the CSC Hamilton's Complaints Policy and Procedures.

PROCEDURES for women victims/survivors of sexual assault (16 years and older):

Business hours only

SOCIAL WORKER**The Social worker will:**

1. Respond to the concerns and needs identified by the caller. Requests for services will be accommodated as quickly as possible.
2. Ascertain the immediate physical safety of the caller if the caller is contacting the CSC Hamilton following a recent sexual assault.
3. If the caller identifies a need for emergency medical or police intervention:
 - ◆ encourage the caller to call 911 and/or call on behalf of the caller
 - ◆ arrange for emergency transportation of the survivor by taxi to the SA/DVCC or to the police station, as required
 - ◆ offer accompaniment services to survivors of sexual assault who choose to seek immediate medical attention at the Sexual Assault/Domestic Violence Care Centre (SA/DVCC) and/or to make a report to the police. When possible, the social worker will provide herself the accompaniment services to the caller. If not, she will offer the services of another social or community worker for accompaniment services.
 - ◆ ensure that she has a safe place to return to, such as a friend, family member or shelter
4. Encourage medical attention for possible injury, pregnancy or sexually transmitted infections, including options for medical services at the CSC Hamilton (office hours) or at SA/DVCC. The caller will be provided information about the range of emergency medical services offered at the SA/DVCC for victims of sexual assault. The caller will be informed that medical procedures at the CSC can be performed either by a female or a male medical doctor and/or nurse, if one is available.

5. Discuss the range of options and choices available to the caller, including potential outcomes and consequences of each specific option. In particular, the caller will be provided information about reporting or not reporting the crime of sexual assault.
6. Provide emotional support and information respectful of the survivor's choices and decisions.
7. Arrange for interpretation services as required, when the survivor needs services of an organization which do not provide interpretation services.

ACCOMPANIMENT GUIDELINES

When a caller requests an accompaniment, the social worker will make appropriate arrangements.

A social or community worker will accompany survivors at the police station or the SA/DVCC. When necessary, meetings in advance of an accompaniment will take place at the offices of the CSC Hamilton during office hours only.

HOSPITAL ACCOMPANIMENTS

Upon receiving a request for an accompaniment to the SA/DVCC, the social or community worker will:

1. Arrange to meet the caller at the hospital. In doing so, the social or community worker will:
 - ◆ ensure the caller knows the location of the hospital
 - ◆ identify a meeting location within the hospital
 - ◆ identify a means by which to recognize each other
 - ◆ offer to send a taxi to pick the survivor up
2. Facilitate the survivor's decision-making, by providing information about the following options:
 - receiving medical treatment at the SA/DVCC or consenting to the sexual assault evidence kit or both
 - storing the sexual assault evidence kit for up to 6 months at the SA/DVCC without contacting the police
 - contacting the police in order to file a complaint
 - anonymous reporting in French or English
3. Advise the caller, along with reasons, of the following, should the caller indicate a choice to have a sexual assault evidence kit done:
 - not to take a shower, brush her teeth or comb her hair
 - not to go to the bathroom, if possible

- not to eat or drink anything, if possible
 - to bring a complete change of clothes (including shoes) to the SA/DVCC. The social or community worker will inform the caller that track suits are available at the SA/DVCC.
 - to bring or wear the clothes she was wearing at the time of the sexual assault, if possible
4. Inform the caller of the following:
- all procedures will be conducted in a private room away from other patients
 - all procedures will be explained before they are performed
 - only medical personnel will be in the room during medical treatment and/or the collection of evidence unless she requests a support person, e.g., social or community worker, translator
 - her consent will be sought for medical treatment and/or the collection of evidence. She may refuse the collection of any specific piece of evidence.
 - her right to ask for a break at any time during the examination
 - the importance of pre-test counselling before consenting to an HIV test. Information will be provided on anonymous HIV testing resources
5. Assist the caller with arranging interpretation services if required.

POLICE ACCOMPANIMENTS

Upon receiving a request for an accompaniment to the police station, the social or community worker will:

1. Discuss reporting options, including Anonymous Reporting in either English or French so she can make an informed decision.
2. Arrange to meet the caller at the police station. In so doing, the social or community worker will:
 - clarify which station the caller wishes to go to and its location
 - identify a meeting location at the station
 - identify a means by which to identify each other
 - offer to send a taxi to pick her up
3. Inform the caller that she is entitled to:
 - be interviewed in a suitable private location
 - get the services of an interpreter
 - a break in questioning, if required
 - the presence of a support person, e.g., social/community worker or friend, during the interview. Inform the caller that support persons present during police interviews may be subpoenaed to testify in court.
 - have the interview conducted either by a female or a male officer if one is available
 - clarification of any question or an explanation about the purpose of a question

4. Inform the survivor that the CSC Hamilton is able to provide follow-up counselling and support including accompaniment to court and other appointments related to the sexual assault.
5. Ensure the survivor has the name and badge number of officers who are involved in the investigation of the sexual assault complaint.
6. Provide the police officer(s) with the name and telephone number of the Program Director should follow-up contact be required.

FOLLOW-UP COUNSELLING AND SUPPORT

After the initial crisis intervention, the social worker will:

1. Discuss the other services available at the CSC Hamilton including confidential and free individual counselling.
2. Inform the survivor that she may arrange counselling and advocacy, accompaniment to court and to other sexual assault related appointments by calling the CSC Hamilton during business hours.
3. Offer the following telephone numbers:
 - 24-hour crisis/support line Eemaide: : 1-877336-2433
(Women 16 years and older only)
 - CSC Hamilton
 - Victim Assistance Services
 - Victim/Witness Program
 - Sexual Assault/Domestic Violence Care Centre
 - Sexual Assault Centre
 - other relevant services
4. Discuss available options for HIV anonymous testing and other sexually transmitted infections and give the survivor information about how to access services.
5. Discuss the possibility of filing an Anonymous Report (Appendix I) if the situation meets the criteria.

HAMILTON POLICE SERVICE (HPS):

RESPONSIBLE FOR:

- ◆ pro-active and reactive enforcement of the law
- ◆ investigation of offences and preparation of cases for prosecution

ACCOUNTABILITY

Any concerns in regards to an investigation or the conduct of a uniform officer, can be directed to the on-scene supervisor, Staff Sergeant and/or to the Detective Sergeant in charge of the Sexual Assault Unit.

If the subject of a complaint of sexual assault is a Hamilton Police Service officer the Special Investigations Unit will be notified.

A. SEXUAL ASSAULT UNIT:

RESPONSIBLE FOR:

- ◆ conducting a co-ordinated response and investigation to reported cases of sexual assault, which fall within the mandate of the unit
- ◆ laying of criminal charges
- ◆ assisting the Office of the Crown Attorney in the prosecution of offences
- ◆ thoroughly investigating all reports of sexual offences
- ◆ assisting and supporting all victims/survivors of sexual assault in a sensitive manner
- ◆ recognizing that sexual assault is a crime that can have serious traumatic effects on victims/survivors, and making every effort to minimize additional trauma
- ◆ when possible, assigning a Sexual Assault Investigator to investigate complaints of sexual assault, pursuant to the mandate of the Sexual Assault Unit and HPS procedures
- ◆ laying charges when appropriate, as per Provincial Policing Standards
- ◆ informing victims/survivors, when no charges are laid, of the reason for the decision and document the reasons in an incident report
- ◆ keeping victims/survivors informed of the progress of their investigation
- ◆ at all times treating victims/survivors with compassion, courtesy and respect for their personal dignity and privacy
- ◆ providing female and male victims with the option to have Victim Services attend at the scene and/or police station to offer 24/7 crisis intervention and support to sexual assault victims/survivors and their families
- ◆ where circumstances dictate and where possible, the interview of the victim/survivor will be conducted by a qualified investigating officer of the gender of the victim/survivor's choice

PROCEDURES**i) COMMUNICATIONS PERSONNEL**

Upon receiving a call for a sexual offence, Communications personnel will:

- ◆ assess the nature of the complaint; ascertain when the incident occurred, the immediate condition of the victim/survivor and, if known, the location of the offender
- ◆ when an emergency situation exists or the victim/survivor is at risk, immediately dispatch an officer to respond, in accordance with the HPS Priority Response System. If medical attention is required, dispatch an ambulance as well.
- ◆ follow the Child Abuse P&P when the sexual assault involves a child under the age of 16 years
- ◆ try to obtain as much information from the victim/survivor as possible including suspect information that may assist responding officers
- ◆ advise the victims/survivors if the incident has just occurred of precautions necessary to preserve physical evidence, such as:
 - **not** to shower or bathe
 - **not** to clean up the crime scene
 - **not** to wash or destroy clothing
- ◆ notify the Patrol Supervisor of the details of the complaint where appropriate

ii) UNIFORMED OFFICERS

Once dispatched to a complaint of a recent sexual assault, the officer will:

- ◆ upon arriving at the location of the victim/survivor, assess their physical and emotional condition and request attendance of ambulance personnel if required
- ◆ no complaint of sexual assault shall be deemed unfounded except by a member of the Sexual Assault Unit
- ◆ secure the crime scene and preserve and protect all physical evidence, until relieved or advised otherwise by the investigator
- ◆ conduct a brief interview with the victim/survivor to ascertain basic details about the incident (this interview is to be conducted in a private environment)
- ◆ ensure the patrol supervisor is informed of the circumstances
- ◆ advise the victim/survivor of the option of having Victim Services respond to the scene to assist in providing support and crisis intervention
- ◆ if the suspect is present and grounds exist to arrest, the officer shall arrest the suspect and ensure the clothing that suspect is wearing is not changed. Notify appropriate personnel for seizure of the clothing.
- ◆ discourage the victim/survivor from destroying physical evidence by showering, bathing, cleaning up the crime scene or washing clothing worn at the time of the assault. Provide the victim/survivor with information about the Sexual Assault Evidence Kit (SAEK), as to its importance in the investigation, as well as receiving

SEXUAL ASSAULT RESPONSE PROTOCOL

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medical attention. In the event the victim chooses not to proceed with the investigation, but wishes to have a SAEK completed, officers shall advise the victim that a completed SAEK may be stored by the hospital for a period of up to six months

- ◆ transport the victim/survivor if required for medical attention or a place of safety
- ◆ ensure the victim/survivor is advised of the services of Victim Services, VWAP, SACHA, SA/DVCC and CSC Hamilton and document the referral on the incident report
- ◆ advise the victim/survivor of the option of having someone present for support such as a representative of SACHA, SA/DVCC, CSC Hamilton, a Victim Services representative, a family member, a friend or another support person of their choice

When dispatched to a belated sexual assault or historical sexual assault, the officer will:

- ◆ attend promptly and gather pertinent facts for the purpose of completing an Incident Report. The report is to be forwarded to the Sexual Assault Unit

iii) FORENSIC SERVICES OFFICER

- ◆ shall be responsible for transporting medical/forensic evidence to the Centre of Forensic Sciences, as required

iv) SEXUAL ASSAULT INVESTIGATOR

When assigned, the Sexual Assault Investigator will:

- ◆ investigate and/or monitor the investigation of all sexual assault occurrences in compliance with HPS P&P's, and Ontario Major Case Management
- ◆ investigate the incident fully
- ◆ lay charges when appropriate as per Provincial Policing Standards
- ◆ ensure that any medical needs of the victim/survivor are met
- ◆ ensure that the collection of a SAEK is done, when necessary
- ◆ consult with the Victim Services Branch regarding case specific referrals and resources available as well as general information and support regarding victimology issues
- ◆ assess and discuss with the victim/survivor where and when an in-depth interview will take place
- ◆ advise the victim/survivor of the procedure for supplying a pure version statement
- ◆ advise the victim/survivor of their right to have a support person of their choice present throughout the investigation
- ◆ keep the victim/survivor informed of the progress of the investigation
- ◆ if charges are laid, allow the victim/survivor input as to possible conditions of release at a bail hearing
- ◆ advise victim/survivor that the V/WAP will be contacting them to assist them with preparation of filling out appropriate forms, court preparation and to keep them informed of the court progress of the accused
- ◆ advise the victim/survivor that she/he has the right to complete a Victim Impact Statement (V.I.S.)

- ◆ in cases where an arrest has been made, notify the victim/survivor of any conditions of release pertaining to the accused (this may be done by Court Branch personnel)
- ◆ forward all relevant information to the V/WAP office, immediately after an arrest is complete
- ◆ if there is any potential risk to members of the community, notify the Detective Sergeant in charge of the Sexual Assault Unit, so that appropriate action can be taken
- ◆ at all times, treat the victim/survivor with respect, compassion and be supportive throughout the entire process
- ◆ participate in training and cross-training within the Police Service and externally with our community partners. This training will include education sessions on the issues of sexual assault

v) DETECTIVE SERGEANT IN CHARGE OF THE SEXUAL ASSAULT UNIT

The Detective Sergeant in charge of the Sexual Assault Unit will:

- ◆ where a sexual assault meets the mandate of the Sexual Assault Unit, assign a investigator
- ◆ if the sexual assault is one that does not meet the mandate of the Sexual Assault Unit, assure that the Divisional Detective Staff Sergeant is made aware of the occurrence and that a detective is assigned to investigate the matter
- ◆ assess all inquiries from uniform supervisors attending sexual assault scenes, to determine if a Sexual Assault Investigator should be called out to continue the investigation
- ◆ ensure that there is a coordinated and consistent response to all sexual assault investigations
- ◆ maintain and act as liaison to other police agencies, criminal justice agencies, hospitals, and community agencies dealing with sexual assault issues
- ◆ identify training needs and requirements of the Police Service, conduct lectures and disseminate information concerning sexual assault issues

vi) DOMESTIC VIOLENCE INCIDENTS OF SEXUAL ASSAULT

If, in the course of a domestic violence investigation, it is determined that a sexual offence has been committed and reasonable grounds are established to lay charges, the police *shall proceed with charges regardless of the victim's wishes.*

Officers shall explain to both the victim and the accused that it is the duty of the police to lay a charge where there are reasonable grounds to believe an offence has been committed and that only a Crown Attorney can withdraw the charge. The police in deciding whether or not there are reasonable grounds must obtain and review all of the available evidence.

Domestic violence is any use of physical or sexual force, actual or threatened, *in an intimate relationship*, including emotional/psychological abuse or harassing behaviour. Although both

women and men can be victims of domestic violence the overwhelming majority of this violence involves men abusing women.

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.

B. ViCLAS**RESPONSIBLE FOR:**

Mandatory submissions on:

- ◆ all sexual assaults and attempts, solved or unsolved (including false allegations of sexual assault)
- ◆ all homicides and attempts solved or unsolved

- ◆ all non-parental abductions and attempts
- ◆ missing persons where foul play is suspected
- ◆ unidentified body or found human remains where foul play is suspected

ACCOUNTABILITY

Any concerns in regards to the submission of a ViCLAS report, can be directed to the Detective Sergeant in charge of the Sexual Assault Unit.

PROCEDURES

The ViCLAS Co-ordinator receives Anonymous Reporting for Sexual Assault (Appendix I) information and will:

- ◆ obtain all anonymous third party reports from SACHA, CSC Hamilton and SA/DVCC
- ◆ enter information from anonymous reports in ViCLAS database
- ◆ forward information to Provincial ViCLAS Center in Orillia for inclusion into National database
- ◆ in the event where a perpetrator is identified through Anonymous Reports, and investigator wishes to speak to a victim who has filled out this report, the coordinator will contact the involved agency and have the coordinator of that agency contact the victim in hopes of obtaining an interview for further information regarding the sexual assault
- ◆ maintain and act as liaison to other community agencies and police agencies
- ◆ identify training needs and requirements, and will provide such training to members of the police service and other agencies

SEXUAL ASSAULT RESPONSE PROTOCOL
C. VICTIM SERVICES BRANCH, HAMILTON POLICE SERVICE

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RESPONSIBLE FOR:

- ◆ providing 24 hour response to victims of sexual assault on scene or at the Police Station
- ◆ providing services to both female and male victims/survivors of sexual assault and their respective families
- ◆ providing specific gender for staff/volunteer response upon request and if available
- ◆ providing Victim Services staff response M-F 8:30-4:30 and Victim Services Volunteer response after hours
- ◆ providing emotional support during the immediate hours of Police investigation
- ◆ providing information and resources regarding the next steps in the process e.g. SA/DVCC, VWAP, SACHA and CSC Hamilton
- ◆ providing accompaniment with victim/survivor to hospital until SA/DVCC hospital staff available to carry on service
- ◆ providing referrals to other sexual assault related agencies
- ◆ ensuring staff review all volunteer reports and follow up with victim/survivor in all cases to ensure they are aware and connected to vital services in the Community
- ◆ discussing concerns and assessing/reviewing counselling needs in response to victim/survivor initiated calls or walk-in requests to the Victim Services Branch
- ◆ providing consultation to Sexual Assault Unit Detectives regarding services and options available to victims/survivors and respond to Detectives request to assist and support victims/survivors
- ◆ Conducting follow-up phone calls to offer advocacy or to assist or direct victims/survivors to the appropriate services

ACCOUNTABILITY

- ◆ concerns regarding the services can be addressed to the Administrator of the Victim Services Branch
- ◆ the Victim Services Branch reports directly to the Investigative Services Division Inspector of the Hamilton Police Service

PROCEDURES

- ◆ police personnel, community agencies and victims/survivors may call Victim Services directly 24 hrs / 7 days a week at (905) 546-4904 for immediate assistance
- ◆ telephone interventions are provided to victims/survivor initiated calls. In addition to providing crisis intervention, callers will be provided with sexual assault related community resource information.
- ◆ on scene interventions are provided in response to police initiated calls
- ◆ staff and/or volunteers will respond to the scene, hospital or police station as requested by the police officer within a 40-minute period

RESPONSIBLE FOR:

- ◆ providing appropriate support for all people accessing our services, while being sensitive to issues related to race, ethnicity, gender, age, sexual orientation, socio-economic status, religion, culture and/or abilities
- ◆ providing, at no cost to callers, a confidential and anonymous 24-hour, seven day per week crisis/support telephone line staffed by trained female volunteer workers. The crisis/support line is available to female and male survivors of sexual assault, 16 years and older and their support network including partners, family and friends who also require information and emotional support.
- ◆ assisting survivors to understand and clarify their rights and choices regarding medical treatment, reporting to police and any other issues they identify in order to facilitate informed decision-making following a sexual assault
- ◆ offering survivors information about medical, police and court procedures and support options such as victim/witness services, including anonymous reporting (Appendix I) if the situation meets the criteria
- ◆ providing accompaniments and transportation for adult women, 16 years and older, to the hospital (for sexual assaults that have occurred within the past 72 hours) and/or police station (for sexual assaults either recent or historic)
- ◆ providing emotional support and information
- ◆ providing practical support to women survivors. Practical support may include taxi fare to the hospital, police station or shelter, as required.
- ◆ supporting survivors to make informed decisions and to gain a sense of control following a sexual assault
- ◆ when requested, advocating on behalf of the survivor's needs
- ◆ providing free and confidential individual and group counselling to adult women survivors of sexual assault or sexual harassment in a woman-only space
- ◆ as required, providing follow-up accompaniment for women, 16 years and older, to legal, medical and other sexual assault related appointments
- ◆ providing referrals to appropriate agencies for survivors and their support persons who request services outside the mandate of the Sexual Assault Centre (Hamilton and Area). For example, female survivors requesting long-term counselling will be provided with assistance in identifying an appropriate counselor. Male survivors of sexual assault who request services in addition to telephone support will be provided with appropriate referrals.

ACCOUNTABILITY

Concerns regarding the quality or nature of service provided may be addressed to either the Centre's Director or the Crisis/Support Programme Coordinator. All complaints or concerns will be investigated and responded to according to the Centre's Community Complaints Policy and Procedures.

i) CRISIS/SUPPORT LINE WORKER

The Crisis/Support Line worker will:

- ◆ respond to the concerns and needs identified by the caller. Requests for cultural interpretation will be referred to the Crisis/Support Programme Coordinator and will be accommodated as quickly as possible. French-speaking callers will be offered the option of services by the CSC Hamilton.
- ◆ ascertain the immediate physical safety of the caller if the caller is contacting the crisis/support line following a recent sexual assault
- ◆ if the caller identifies a need for emergency medical or police intervention, encourage the caller to call 911 and/or call on behalf of the caller
- ◆ discuss the range of options and choices available to the caller, including potential outcomes and consequences of each specific option. In particular, the caller will be provided information about reporting or not reporting the crime of sexual assault. Information will be given about Anonymous Reporting (Appendix I) if the situation meets the criteria.
- ◆ provide emotional support and information respectful of the survivor's choices and decisions
- ◆ encourage medical attention for possible injury, pregnancy or sexually transmitted infections, including options for medical services
- ◆ offer accompaniment services to adult women, 16 years and older, who choose to seek medical attention at the Sexual Assault/Domestic Violence Care Centre (SA/DVCC) and/or to make a report to the police
- ◆ arrange for transportation by taxi to the SA/DVCC or to the police station, as required

ii) ACCOMPANIMENT GUIDELINES

When a caller requests an accompaniment, the volunteer crisis/support worker will make appropriate arrangements.

- ◆ Volunteer crisis/support workers will accompany female survivors, 16 years and older, to the police station or the SA/DVCC. Meetings, when necessary, in advance of an accompaniment will take place at the offices of the Sexual Assault Centre (Hamilton and Area) during office hours only.
- ◆ Volunteer crisis/support workers will not go to:
 - the scene of the sexual assault
 - the residence of the caller
 - any other private location

- ◆ Volunteer crisis/support workers will not:
 - accept a ride from a caller
 - use a personally-owned vehicle to give a ride to a caller

iii) HOSPITAL ACCOMPANIMENTS

Upon receiving a request for an **accompaniment to the SA/DVCC**, the volunteer crisis/support worker will:

1. Arrange to meet the caller at the hospital. In doing so, the volunteer crisis/support worker will:
 - ◆ ensure the caller knows the location of the hospital
 - ◆ identify a meeting location within the hospital
 - ◆ identify a means by which to recognize each other
 - ◆ offer to send a taxi to pick the woman up
2. Facilitate the survivor's decision-making, by providing information about the following options:
 - ◆ receiving medical treatment or consenting to the sexual assault evidence kit or both
 - ◆ storing the sexual assault evidence kit for up to 6 months at the SA/DVCC without contacting the police
 - ◆ contacting the police in order to file a complaint
 - ◆ anonymous reporting
3. Advise the caller, along with reasons, of the following, should the caller indicate a choice to have a sexual assault evidence kit done:
 - ◆ not to take a shower, brush her teeth or comb her hair
 - ◆ not to go to the bathroom, if possible
 - ◆ not to eat or drink anything, if possible
 - ◆ to bring a complete change of clothes (including shoes) to the SA/DVCC. The volunteer crisis/support worker will inform the caller that track suits are available at the SA/DVCC.
 - ◆ to bring or wear the clothes she was wearing at the time of the sexual assault, if possible
4. Inform the caller of the following:
 - ◆ all procedures will be conducted in a private room away from other patients
 - ◆ all procedures will be explained to her before they are performed
 - ◆ only medical personnel will be in the room during medical treatment and/or the collection of evidence unless she requests a support person, e.g., volunteer crisis/support worker

- ◆ her consent will be sought for medical treatment and/or the collection of evidence. She may refuse the collection of any specific piece of evidence.
- ◆ her right to ask for a break at any time during the examination
- ◆ the importance of pre-test counselling before consenting to an HIV test. Information will be provided on anonymous HIV testing resources.

5. Provide the caller with an Accompaniment brochure at the hospital.

iv) **POLICE ACCOMPANIMENTS**

Upon receiving a request for an **accompaniment to the police station**, the volunteer crisis/support worker will:

1. Discuss reporting options, including Anonymous Reporting (Appendix I) if the situation meets the criteria so she can make an informed decision.
2. Arrange to meet the caller at the police station. In so doing, the volunteer crisis/support worker will:
 - ◆ clarify which station the caller wishes to go to and its location
 - ◆ identify a meeting location at the station
 - ◆ identify a means by which to identify each other
 - ◆ offer to send a taxi to pick her up
3. Inform the caller that she is entitled to:
 - ◆ be interviewed in a suitable private location
 - ◆ a break in questioning, if required
 - ◆ the presence of a support person, e.g., volunteer crisis/support worker or friend, during the interview. Inform the caller that support persons present during police interviews may be subpoenaed to testify in court.
 - ◆ have the interview conducted by a female officer if one is available
 - ◆ clarification of any question or an explanation about the purpose of a question
4. inform the woman that the Centre is able to provide follow-up counselling and support including accompaniment to court and other appointments related to the sexual assault
5. ensure the woman has the name and badge number of officers who are involved in the investigation of her sexual assault complaint
6. provide the complainant with an accompaniment brochure at the station
7. provide the police officer(s) with her complete name and date of birth, if required, and the name and telephone number of the Crisis/Support Programme Coordinator should follow-up contact be required

SEXUAL ASSAULT RESPONSE PROTOCOL
v) FOLLOW-UP COUNSELLING AND SUPPORT

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After the initial crisis intervention, the volunteer crisis/support worker will:

1. Discuss the other services and programs available at the Sexual Assault Centre (Hamilton & Area) including confidential and free individual and group counselling through the Counselling and Advocacy Program.
2. Inform the survivor that she may arrange counselling and advocacy, accompaniment to court and to other sexual assault related appointments by calling the Centre during business hours.
3. Offer the following telephone numbers:
 - ◆ 24-hour crisis/support line
 - ◆ SACHA's Counselling and Advocacy Programme
 - ◆ Victim Assistance Services
 - ◆ Victim/Witness Program
 - ◆ Sexual Assault/Domestic Violence Care Centre
 - ◆ Other relevant services
4. Discuss available options for HIV anonymous testing and other sexually transmitted infections and give the survivor information about how to access services.

SEXUAL ASSAULT/DOMESTIC VIOLENCE CARE CENTRE (SA/DVCC)

RESPONSIBLE FOR:

- ◆ providing medical care through the Hamilton General or Juravinski Hospital Emergency Departments for those 13 years and older and McMaster Children's Hospital for those 17 and under who have been recently sexually assaulted
- ◆ providing options of care which are as follows:
- ◆ testing for Sexually Transmitted Infections and/or pregnancy and provide prophylactic treatment
- ◆ testing, when possible, for suspected drug facilitated sexual assault
- ◆ collecting physical evidence using the Sexual Assault Evidence Kit (SAEK) which can be frozen for a period of 6 months to allow someone more time to decide about legal involvement or to give the SAEK to police immediately and provide court testimony if necessary
- ◆ offering anonymous reporting if the situation meets the criteria
- ◆ providing crisis counselling, risk assessment safety planning and links to community resources
- ◆ arranging for a medical and/or social work follow-up
- ◆ conducting follow-up phone calls to discuss concerns, review medical or counselling

needs, provide client advocacy and to assist or direct victims/survivors to the appropriate services

- ◆ offer counselling services to:
 - anyone who received emergency medical care as a result of a sexual assault
 - adolescents/adults from the Hamilton community who have been sexually assaulted but did not seek emergency medical care
 - anyone wishing to complete an Anonymous Report (Appendix I)
 - significant others of sexual assault survivors
 - for child victims/survivors and their family, therapy is available through the Child Advocacy and Assessment Program

ACCOUNTABILITY

Concerns regarding the quality of the services can be directed to the Co-ordinator or Manager of the Sexual Assault/Domestic Violence Care Centre and/or the Director of Adult Ambulatory Care McMaster Site.

PROCEDURES

A. 24 hour Emergency Response

i) Location of Care

Care in the Emergency Department, Other Hospital Sites:

- ◆ for stable, medically cleared, patients who have been recently sexually assaulted: Staff are responsible to call the SA/DV nurse on call through HHS paging, the nurse will speak directly to the victim/survivor and determine which HHS emergency department they will meet at for assessment with the SA/DV CC. Assistance with transportation to the predetermined site is provided as needed (i.e. taxi voucher)
- ◆ for unstable patients who were recently sexually assaulted: The Triage or Charge Nurse is responsible to call the SA/DV nurse on call through HHS paging to consult as to how to proceed given the patient's particular situation.

Care in the Hamilton Health Sciences (HHS) Emergency Departments, Staff will:

- ◆ triage and provide medical attention to victims/survivors requiring treatment in accordance with standard Emergency Department policies and procedures
- ◆ page the SA/DV nurse on-call nurse upon patient arrival and only when victim/survivor is stable and able to consent to treatment.

ii) The SA/DV Nurse will:

- ◆ arrive to the ER within 45 minutes of being paged
- ◆ assume the primary care of the sexual assault victim/survivor

- ◆ offer the services of a volunteer from the Sexual Assault Centre (905 525-4162) to accompany them and provide support while being treated
- ◆ escort the victim/survivor to the private SA/DV treatment room
- ◆ provide physical care and emotional support to the victim/survivor
- ◆ provide information regarding medical and legal procedures in order to help victims/survivors make an informed choice about how they wish to proceed
- ◆ offer the following options to the victim/survivor:

These options may be performed by a team comprised of a SA/DV nurse and a physician or by a Sexual Assault Nurse Examiner (SANE) alone.

Options:

1. Receive a physical exam which includes testing for pregnancy and sexually transmitted infections (including HIV). Prophylactic medication for the prevention of pregnancy, STIs including HIV is also offered. Independent testing is also available to victims/survivors who suspect that they have been drugged and sexually assaulted to try to provide more information as to whether this has occurred.
2. If the victim/survivor wishes to file a police report, a SAEK will be completed once written consent is obtained. All relevant specimens will be collected according to SAEK directions in partnership with the victim/survivor. A victim/survivor may wish to decline any, or all parts of the SAEK. At no time will an open SAEK be left unattended to ensure continuity of evidence. The completed SAEK will then be given to the police officer by the nurse. If a police officer is not available, the SAEK will be temporarily stored in the SA/DV locked refrigerator.
3. If the victim/survivor is uncertain about involving police, a SAEK can be completed and stored in the locked refrigerator for a period of up to 6 months so that there is an opportunity to decide about legal involvement outside of the initial crisis.
4. If victims/survivors do not want to report to the Police, they will be offered (if they meet the criteria) an opportunity to complete an Anonymous Report (Appendix I), which may assist the police in identifying serial and predatory offenders.

The SA/DV Nurse will also:

- ◆ assess the patient's physical state and emotional well being and provide crisis support
- ◆ conduct nursing assessment, examination and documentation. Consult with the Emergency Department physician as needed or proceed according to relevant Medical Directives.
- ◆ provide the victim/survivor with clothing, if clothing was taken for evidence purposes
- ◆ provide victim/survivor with verbal and written information, including explanation of the tests done, medications and/or treatment received (indicated in Hamilton Health Sciences "Helping you Recover" brochure)

- ◆ describe social work counselling services and document the victim/survivor's wish for counselling follow-up and preferred method of contact
- ◆ inform the victim/survivor of relevant community support services such as the 24 hour crisis line at the Sexual Assault Centre
- ◆ ensure that the victim/survivor has a safe place to stay upon discharge from SA/DV CC, assist in contacting a shelter if needed. Ensure a safe means of departure and arrange a taxi voucher if necessary.

B. Follow-up**i) If the victim/survivor agrees to follow-up, the SA/DV CC Social Worker is responsible to:**

- ◆ contact the victim/survivor within 3 working days of their presentation to the SA/DV CC
- ◆ assess the victim/survivor's emotional/psychosocial needs, provide short term counselling and ensure that the individual is aware of relevant resources
- ◆ when appropriate, provide short term counselling services to those who have been sexually assaulted in adulthood and may not have had previous involvement with the SA/DVCC
- ◆ refer victim/survivor directly to community services if appropriate
- ◆ if the victim/survivor wishes to complete an Anonymous Report (Appendix I), this will be done according to the "The Guidelines for Using the Anonymous Report"

ii) Follow-up Clinic:

The purpose of the SA/DV Follow-up Clinic is to review the current health and safety status of the victim/survivor as well as provide emotional support and education.

The SA/DV Nurse is responsible to:

- ◆ Review the victim/survivor's test results from the initial visit
- ◆ Conduct further testing for sexually transmitted infections as per Medical Directive
- ◆ Review any treatment provided and do health teaching as needed
- ◆ Inquire whether they have social work support and arrange as needed

Follow-up appointments to the SA/DV Clinic may be made in the following ways:

- ◆ Self referral – provide the victim/survivor with the SA/DV CC office phone number to call and book their own appointment
- ◆ Telephone follow up – The SA/DV nurse is responsible to determine whether it is permissible and safe for the follow up nurse to call the victim/survivor and if there are any specific instructions to ensure the individual's safety. Document clearly how the individual wishes to be contacted for a follow up appointment.

RESPONSIBLE FOR:

- ◆ prosecuting charges where there is a reasonable prospect of conviction and where it is in the public interest to continue a prosecution

ACCOUNTABILITY

Concerns regarding the services of the Crown Attorney's office can be addressed to the Crown Attorney or the Regional Director of the Ministry of the Attorney General.

PROCEDURES

i) Liaison Crown

There will be, within the Crown Attorney's Office, a designated Crown to act as liaison between their office and interested parties in the area of sexual assault.

In cases where there is a question as to the appropriateness of charges, or in cases involving a large number of victims, the liaison Crown is available for consultation with the Police or other interested parties in the area of sexual assault.

ii) Judicial Interim Release

In cases where criminal charges are laid involving sexual assault allegations, the Investigating Officer prepares the Crown Brief and the Bail Opposition Report before the bail hearing. The Investigating Officer should provide information sufficient to allow the Crown Attorney conducting the bail hearing to make an informed decision as to whether the accused should be released. If the accused is to be released, adequate information is required to determine the terms of release. The Crown Brief includes:

- ◆ information from the Police gathered during the course of the investigation, including:
 - witness statements
 - notes
 - any medical evidence
 - statements of the accused; and
 - summaries of videotaped interviews and, where available, transcripts
- ◆ whether further time is required for investigation
- ◆ criminal record of the accused, including police reports outlining the nature of any similar offences or prior convictions for violence; and
- ◆ police occurrence reports involving allegations of prior acts of violence, including reports where charges were not laid, or where charges were withdrawn or dismissed.

In determining whether the accused is to be released within the parameters of the Criminal Code, Crown counsel's paramount consideration should be whether the accused represents a

continuing risk to the victim or other persons. Throughout this process, the protection of the victim is of the utmost importance. If the accused is to be released, the following conditions are to be considered:

- ◆ that the accused have no contact directly or indirectly with the victim; and
- ◆ that the accused not attend at the premises where the victim resides or works (notwithstanding the fact that they may have resided together when charges were laid)

Prior to consenting to any significant bail variation which directly affects involved parties, the Crown Attorney should consult with the investigating officer, or other persons who may be affected by the variation, including the victim.

Notwithstanding the detention of the accused, the Crown shall, in the appropriate circumstances, request an Order of the Court that the accused abstain from communicating directly or indirectly with the victim, witness, or any other person.

iii) Preparation for Court

- ◆ Upon setting a date for preliminary hearing or trial, a Crown Attorney will be assigned as soon as practical to handle the prosecution to its conclusion
- ◆ Prior to resolving any charge(s) involving sexual assault, the Investigating Officer should be contacted to ensure that all relevant information (including a Victim Impact Statement) is available at the time of the plea and for the purpose of determining the appropriate sentence
- ◆ It is the responsibility of the assigned Crown Attorney to meet with, and prepare, the victim for the trial process. This preparation should be done with the Investigating Officer but may also involve representatives from the Victim/Witness Assistance Program.

iv) Court Proceedings

- ◆ The assigned Crown Attorney should advise the investigating officer and/or the victim of any adjournments of the trial, change of plea, or motions relating to the criminal charges.
- ◆ The assigned Crown, in most cases, will apply for an Order banning the publication of any evidence that may tend to identify the complainant
- ◆ **After a finding of guilt or a firm indication of a guilty plea**, and prior to sentencing, the assigned Crown Attorney, Victim/Witness Assistance Program or the Investigating Officer will advise the victim that a victim impact statement may be prepared for consideration at the time of sentencing. The Victim/Witness Assistance Program will assist in explaining how to complete the victim impact statement and the possible consequences of making it.
- ◆ At the sentencing hearing, the assigned Crown Attorney will tender any appropriate victim impact statements. In addition, the Crown may tender appropriate information from any professionals relevant to impact on the victim and anticipated progress in the future.
- ◆ In the event of an appeal, Crown counsel conducting the appeal will advise the Investigating Officer. The Investigating Officer will, in turn, advise the victim and/or any other interested parties of the particulars of the appeal, including:
 - a) the hearing date;

- b) conditions of any release pending the appeal; and
- c) the outcome of the appeal

VICTIM/WITNESS ASSISTANCE PROGRAMME**RESPONSIBLE FOR:**

- ◆ offering support to the victim/survivor of sexual violence after criminal charges are laid and can extend to the final disposition of the case
- ◆ offering information and assistance through the court process
- ◆ providing case specific information (tracking court dates; bail and probation conditions etc.)
- ◆ providing courtroom orientation and accompaniment as needed
- ◆ liaising with police and Crown Attorney
- ◆ assisting in completing Victim Impact Statements
- ◆ assisting in completing applications to the Criminal Injuries Compensation Board

ACCOUNTABILITY

Concerns regarding the agency services can be addressed to the Coordinator of the Victim/Witness Assistance Program. All complaints will be responded to in accordance with the Victim/Witness Assistance Program policy.

PROCEDURES**The Victim/Witness Assistance staff will:**

- ◆ establish contact with the victim/survivor via letter, telephone or office visit to provide information about the Programme and their voluntary participation in it
- ◆ Consult with the Crown Attorney and police, and provide the victim/survivor with information on:
 - the charges laid with respect to the crime
 - the victim's role in the prosecution
 - the dates and places of all significant proceedings that relate to the prosecution
 - the outcome of all significant proceedings on appeal
 - any pretrial arrangements that are made that relate to a plea that may be entered by the accused
 - the interim release and, in the event of conviction, the sentence of the accused (including any conditions of probation)
 - sources to obtain release dates of offenders and representation to parole authorities
 - making representation to the court by way of a victim impact statements
 - the Victim's Bill of Rights Ontario and the Compensation for Victim's of Crime Act
 - community services, government services and any other services which may assist them

- ◆ provide courtroom orientation, explanation of legal terminology, court procedures and court tours as necessary
- ◆ act as a liaison on behalf of the victim/survivor with the police, Crown Attorney, and community agencies
- ◆ advise the Crown Attorney if there is a sexual assault case for which a full-time assistant Crown Attorney has not yet been assigned and assure that it has been reviewed in order to ensure it is assigned at the earliest opportunity
- ◆ support the Crown Attorney in ensuring that the victims/survivors will be interviewed by the assigned Crown Attorney in advance of the trial and preliminary hearing
- ◆ provide assistance to the victim/survivor during Crown Attorney interviews as needed
- ◆ explore appropriate support person(s) to the victim/survivor and provide court accompaniment as necessary
- ◆ provide needs assessment, crisis intervention, referrals to community service providers and on-going emotional support as needed
- ◆ provide follow-up and/or debriefing services
- ◆ access all available resources for victims/survivors who have special needs
- ◆ inform the Crown Attorney and the HPS officer-in-charge of the case of circumstances where the victim/survivor refuses V/WAP's assistance

CONCLUSION

With the completion of this document, the members of this committee agree that their organizations have an ongoing commitment to improving response services to victims/survivors of sexual assault in Hamilton.

It remains the responsibility of the individual services to monitor and evaluate their performance in regard to the commitments agreed to as part of this document.

The original copy and computer disk of this document will be kept with the Hamilton Police Service, Sexual Assault Unit.

APPENDIX I

ANONYMOUS REPORT FOR SEXUAL ASSAULT

- ◆ All adult victims/survivors of sexual assault who do not want to report to the Police, but would like to provide the details of the assault for the purpose of identifying serial and predatory offenders will be offered the option to complete an anonymous report as long as they meet the criteria for completing the report.
- ◆ There are no time restrictions for victims/survivors wishing to make an anonymous report.
- ◆ Agencies from the Hamilton area may refer clients wishing to complete an anonymous report or victims/survivors may make this request directly to the participating agencies.
- ◆ The purpose of Anonymous Reporting is to give survivors of sexual assault the opportunity to give information to the Hamilton Police Service without being identified or making a formal complaint. The information you give will be sent to the Provincial ViCLAS Centre in Orillia and will assist Police in identifying repeat sexual offenders.
- ◆ Any victim of sexual assault can complete this report. Three agencies in Hamilton are available to support individuals in filling out an anonymous report: Centre de santé communautaire Hamilton (**CSC Hamilton**), Sexual Assault/Domestic Violence Care Centre – McMaster Site (**SADVCC**) and the Sexual Assault Centre – Hamilton & Area (**SACHA**).
- ◆ The victim/survivor's name will not be used in this report. The victim/survivor does not have to answer any question that may identify her. For example, the relationship to the offender could identify her and it is strictly the victim/survivor's choice whether or not to include that information in the report.
- ◆ The CSC Hamilton, SA/DVCC and SACHA workers will follow their confidentiality policies. They will also ensure that no information stating a survivor wants or has completed an Anonymous Report for Sexual Assault will be kept on any agency records.
- ◆ CSC Hamilton, SADVCC and SACHA will forward an Anonymous Report for Sexual Assault to the ViCLAS Coordinator at the Hamilton Police Service, who will forward it to the Provincial ViCLAS Centre. The information will be added to the National Database.
- ◆ Once the anonymous report has been submitted to the ViCLAS unit, it becomes the property of Hamilton Police Services.
- ◆ It is possible that the Hamilton Police Service, through ViCLAS, are able to identify other incidents involving the same offender who assaulted the victim/survivor. Some survivors might consider making a formal complaint with police if they were aware of any additional incidents. However, the Hamilton Police Service and the agencies will respect the victim/survivor's anonymity and will not re-contact her about an anonymous report. It will be the victim/survivor's decision whether or not to contact the Hamilton Police about an Anonymous Report for Sexual Assault she has filed.
- ◆ A situation might arise where the police, using ViCLAS data, could be doing an investigation on another crime that involves the same offender. Should an interview with the offender take place, the police will not disclose any information that could identify the victim/survivor. In rare circumstances, it could be possible that the **offender** gives police information that identifies the victim/survivor. In that case, the police would be required to contact her.
- ◆ In the event that the Hamilton Police Service decides that a member or members of the public might reasonably be at risk, they may issue a public or other warning as necessary. This decision is the sole discretion of the Chief of the Hamilton Police Service.