



A Community Response to Sexual and Domestic Violence in Guelph-Wellington

Created by the Guelph-Wellington Action Committee on
Sexual Assault and Domestic Violence (GWAC)

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Introduction

The Guelph-Wellington Community Response Protocol for Sexual Assault and Domestic Violence outlines best practices for organizations and individuals who may directly or indirectly come to work with people victimized by sexual assault and/or domestic violence.

This Protocol¹ was developed by the Guelph-Wellington Action Committee on Sexual Assault and Domestic Violence (GWAC). The Committee represents a variety of sectors that come into contact with survivors of violence. These include: education, health, community counselling services, crisis services, violence against women services, child protection services, and services connected to the criminal justice system, such as court and police services.

The Protocol itself is intended to serve as a best practice guide for all organizations in the City of Guelph and Wellington County, and as a resource for the entire community. The Protocol:

- Provides clarity on the roles that organizations play when working with those experiencing sexual assault and domestic violence
- Fosters collaboration and co-ordination between organizations, ensuring a consistent first response to those experiencing sexual assault or domestic violence, safety, and coordinated and effective follow-up support
- Integrates legislated actions, policies relevant to women and children experiencing violence, and common procedures that impact the work of each organization
- Recognizes that while anyone can be a victim of sexual assault or domestic violence, women² and children are predominantly the victims of these crimes³. The Protocol reflects this reality, but the procedures outlined in the Protocol apply to all people affected
- Recognizes that each organization brings its own mandate, responsibilities and (at times) specific procedures to its work
- Includes service mapping on a few priority areas of survivor needs, identified by the Committee.

The following principles guide our work:

SAFETY

Women and children have the right to live free from harm or threat of harm, and will be able to trust that those working in justice, health and other sectors will respond if this safety is threatened. Safety is the first priority in our provision of services to those experiencing violence.

¹ The Protocol was first developed in 2003, and has seen several revisions. The most recent occurred in 2016.

² The terms 'woman' and 'women' are often used throughout the protocol as an umbrella term, meant to encompass a wide range of identities including but not limited to cis gender women, women with trans experiences and folks on the transfeminine spectrum. Many thanks to ARCH HIV/AIDS Resources and Community Health Centre for providing this definition.

³ While some men do experience violence within an intimate relationship, the vast majority of victims are women: see Ontario Women's Directorate, Government of Ontario. *Neighbours, Friends and Families: Community Action Kit to Prevent Woman Abuse*. <http://learningtoendabuse.ca/neighboursfriendsandfamilies/sites/neighboursfriendsandfamilies/files/images/downloads/FinalKit.pdf>. Further, Canadian statistics tell us that the prevalence of sexual violence experienced by males is not the same as that experienced by women and girls: see Juristat Canadian Centre for Justice Statistics. *Sexual Offences in Canada*. 2004: 1 and Statistics Canada. *Measuring Violence Against Women: Statistical Trends 2006*.

ACCOUNTABILITY

Women and children receive the services they need in a timely, coordinated, and responsive manner. Where abuse occurs, abusers will be held accountable for their actions wherever possible through our justice and community systems.

CHOICES AND OPTIONS

Women and children are informed of their options and will make their own choices whenever possible. We respect, support and encourage women in their right to make informed decisions.

ANTI-RACISM/ANTI-OPPRESSION ANALYSIS

Women and children of all races, cultures, economic status, abilities, genders, sexual orientation, ages and identifies are treated with equity and understanding. We acknowledge that systems of oppression affect a person's ability to access services, resulting in marginalized communities facing additional barriers. Barriers are things that get in the way of a person's ability to get help. Barriers can be physical, implicit, financial, emotional, social or any combination of the above. We achieve equity by providing services and interventions that proactively remove or reduce access barriers wherever possible. We improve supports by taking leadership to ongoing learning about systemic and historical inequalities, existing inequities, and practices for inclusion.

ACCESSIBILITY

We work towards the elimination of barriers in accessing services for all women and children, including barriers connected to language, ability to pay, age, geographic location and additional accessibility challenges.

PREVENTION AND EARLY INTERVENTION

We include education and programs to increase public awareness of sexual assault and domestic violence in our community work. We implement early intervention strategies that prevent harm or reduce the threat of harm for women and children.

A SHARED UNDERSTANDING, COMMITMENT AND COLLABORATION

We commit to work together to reduce barriers to service, to identify gaps in service and to acquire the necessary resources to meet the needs of women and children who have been affected by sexual assault and domestic violence.

1. *Domestic violence* or 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
2. *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
3. *Best practices for responding to domestic violence disclosures exist*, and some practices identified by our Committee are outlined here
4. *Best practices for responding to sexual assault disclosures exist*, and are outlined here

5. *There is no “wrong door”* for anyone seeking support concerning sexual assault and domestic violence in the Guelph-Wellington community. The community collaboratively responds to survivors of violence, and help them find the supports they need.

How Can Community Organizations Support the Protocol’s Work?

Ongoing familiarity with the Protocol and training of organizations and their staff supports the successful implementation of the Protocol.

Orientation to the Protocol and training also enables workers to:

- Understand the role each organization has in responding to those experiencing sexual assault and domestic violence
- Ensure that new staff and volunteers at their organization remain apprised of their responsibilities, and supportive options available to survivors in the community
- Have an understanding of “best practices” around assisting those who have been impacted by sexual assault and domestic violence
- Have the opportunity to share ideas, questions and challenges with colleagues and partners from other sectors
- Increase their general knowledge around sexual assault and domestic violence.

Sectors Providing Services to Women and Children Experiencing Domestic Violence and Sexual Assault

A number of sectors work directly with women and children experiencing sexual assault and domestic violence.

This section of the Protocol highlights the unique roles and procedures of each sector, and organizations within them that are mandated to support women and children experiencing violence.

A. JUSTICE SECTOR

While some victims of sexual assault or domestic violence will *not* report to the police, others will. If an incident is reported to the police and a charge of sexual assault or assault is laid, the process that unfolds is directed by the justice system.

The justice sector consists of the police, the Crown Attorney, the Victim Witness Assistance Program, the Child Witness Centre, Probation and Parole, and the High Risk Review Team.

Police

The Police Services Act Section 4(2) states that an adequate and effective police services must include:

1) Crime prevention, 2) Law enforcement, 3) Assistance to victims of crime, 4) Public order maintenance and 5) Emergency response.

It is important that organizations, workers and those who have experienced sexual assault or domestic violence have been made aware and thoroughly understand that if a criminal offence is reported to police, the police are *mandated to investigate*.

A police investigation may involve: interviewing witnesses, seizing physical evidence (i.e. a weapon), documentary evidence (i.e. court orders, medical records), taking of photographs, and obtaining electronic information (i.e. text messages), to name a few. If charges are laid, the accused person is entitled to see all of the evidence gathered by the Police, with a few notable exceptions (i.e. the identity of a confidential informant).

It is important that organizations, workers and those who have experienced sexual or domestic violence understand that the Police, and the rest of the Criminal Justice System, are in an optimal position to hold the offending person accountable for their actions, and also inhibit that offender's ability to victimize other people in the future.

The Police are the only organization in a position to safely and legally address the issue of firearms and other lethal weapons that may be accessible to the individuals in conflict, and present a risk of harm to others.

If a worker becomes aware of a domestic situation where any persons are at high risk of imminent death or serious bodily harm, they should encourage the client to contact the Police. If the client refuses, the worker should discuss with their supervisor and/or legal counsel the limits of client confidentiality prior to involving the Police without the client's consent.

What do the Police Services do in the case of domestic violence?

- The Police Services Act, sections 41 & 42; Adequacy and Effectiveness Standards Regulation 3/99; Ontario Association of Chiefs of Police Quality Assurance Plan, mandate, and authorise the Police to investigate complaints of physical and/or sexual violence in the context of domestic violence.
- If, during the course of their investigation, the Police determine that there are reasonable and probable grounds to believe that an offence has been committed in the context of an intimate relationship, the police are mandated to lay the appropriate charge(s).
- Criminal Code offences may include, but are not limited to; homicide, assaults, sexual assault, threatening death or bodily harm, forcible confinement, criminal harassment, abduction, breaches of court orders and property related offences.
- If the Police learn that children (persons under age 16 yrs.) may have been exposed to domestic violence, they are duty bound to inform Family & Children Services of the situation.

What do the Police Services do in cases of a sexual assault?

In Canada, a victim can report a sexual assault that occurred recently, or occurred some time ago.

- The hospital may provide medical treatment and assist in the collection of forensic evidence
- The police decide whether or not there is enough evidence to result in a criminal code charge.
- 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.

In both situations of domestic or sexual assault, if the Police investigation results in a person being arrested and charged with an offence, ownership of that matter transfers to the Crown Attorney's Office. The police cannot withdraw charges.

In circumstance of sexual or domestic violence, safety concerns may be expressed by the victim to the investigating police officer.

Crown/Crown Attorney Procedures

Crown Attorneys prosecute criminal charges. Crown counsels have a duty to ensure that the criminal justice system operates fairly to all: the accused, victims of crime, and the public. For this reason, Crown counsel owes special duties to the victim but does not function as the victim's lawyer.

What does the Crown do in the case of a sexual assault or domestic violence?

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
- 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

Once a criminal charge has been laid, the Victim/Witness Assistance Program role is to provide information, assistance and support to victims of crime throughout the criminal court process. Victim/Witness Assistance Program helps the victim to increase their understanding of, and participation in, the criminal court process.

What does Victim/Witness Assistance Program do in the case of sexual assault or domestic violence?

- Establish early contact with the victim/witness after a charge is laid
- Provide information on the criminal justice process, including case specific information such as court dates
- Offer explanation of the purpose of court appearances
- Provide copies of public court documents, such as bail and probation orders.
- Give referrals to community support services
- Advocate on the victim/witness's behalf with the Crown Attorney or police with regards to any concerns about the case. This might include concerns about the charges, a proposed resolution or special needs of the victim/witness
- Seek victim input at various stages (for example bail conditions, resolution and sentencing), Document the victim/witness input and give this to the Crown Attorney for consideration. Inform victims of the outcomes of court appearances upon request
- Provide information and support to prepare the victim/witness to testify in court. Arrange a preparation meeting with the Crown when required. *Note: Victim/Witness Assistance Program staff do not discuss evidence with victim/witnesses.*
- 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 through the Child Witness Program, provides caring and compassionate support and advocacy for children and youth who are victims or witnesses of crime and their families - enabling and empowering them to use their voice, tell their story, and help them be heard so that they can heal and develop into strong members of the community. The Child Witness Centre works with children under the age of 18, unless they are victims of domestic violence, who then receive support from the Victim/Witness Assistance Program.

What does the Child Witness Centre do in the case of sexual assault or domestic violence?

All services are provided free of charge ensuring they are accessible to all who need them. Services available are as follows:

- Provide support and assistance through each stage of the court process.

- Educate the child/youth on court procedures and their role as a witness.
- Help children understand and cope with their fears and apprehensions.
- Work with parents so that they can be effective in supporting their child throughout the process.
- Assess the need for testimonial aids (eg. closed circuit tv, screen, microphone, translation services).
- Schedule and attend pre-trial meetings for the child with the Crown Attorney.
- Accompany and support children in the courtroom.
- Assist with preparation of a Victim Impact Statement.
- Provide post-court support, including explanation of the verdict and sentence, and provide information about government services (e.g., Victim Support Line, Criminal Injuries Compensation).
- Provide information on counselling services available in the community.
- Advocate and promote best practice procedures for child victims and witnesses.

Probation and Parole

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 programs for offenders.

What does Probation & Parole do in the case of sexual assault or domestic violence?

Probation and Parole Procedures are similar for situations of both sexual assault and domestic violence. In these situations, Probation and Parole's main role is to provide information to the victim. Information that can be provided to the victim about an adult offender includes:

- If the offender is on probation/parole or has a conditional sentence
- The release date, if the offender is in custody
- The general geographic area of release from custody
- The parole eligibility date
- Conditions of the probation, parole or conditional sentence order
- Additional condition(s) which specifically name the victim e.g. conditions not to contact or associate with the victim.

High Risk Review Team

Domestic violence high-risk committees are comprised of a group of professionals committed to the management of high-risk domestic violence cases. The goal of a domestic violence high-risk committee should be to have mechanisms in place that ensure that cases deemed high risk are managed effectively. The Team is comprised of the Domestic Violence Assistant Crown Attorney, Victim/Witness Assistance Program Manager, Police, Probation and Parole Officer, the PAR Program Agency, and a Family and Children's Services Manager. In appropriate circumstances, non-justice system agencies are also involved in the management of these cases.

What does the High Risk Review Team do in the case of sexual assault or domestic violence?

The Team manages high-risk domestic violence cases and meets monthly to review risk as it relates to accused person(s) who may cause serious harm or death to a victim or victims.. Cases must be involved in the criminal justice system. The Team will:

- Facilitate a timely, coordinated, and effective criminal justice response to high-risk domestic violence cases

- Take a flexible, collaborative approach to enhancing public safety and the safety of victims of domestic violence and their children through active case management, offender management, appropriate information sharing and the coordination of services for victims
- Develops a plan of action and actions for which each committee member or non-justice system agency is responsible is set out and follow up is noted

Community agencies participating in the Guelph-Wellington Action Committee may make a referral for review and consideration by the Team. See Appendix B for the DVHR referral form.

B. HEALTH SECTOR

Currently, several health care institutions participate in the Guelph-Wellington Action Committee on Sexual Assault and Domestic Violence, including Homewood Health Centre, Canadian Mental Health Association (CMHA) Guelph/Wellington, Wellington-Dufferin Public Health, the Guelph Community Health Centre and Guelph General Hospital.

Because women and children may disclose experiences of violence to any health care provider with whom they have a trusted relationship, we encourage all healthcare professionals – family doctors, walk-in clinic staff, dentists and others – to familiarize themselves with this Protocol and utilize its practices and resources.

Guelph General Hospital houses the Guelph-Wellington Care & Treatment Centre for Sexual Assault and Domestic Violence, and as a result it has specific procedures for both sexual assault and domestic violence.

Guelph-Wellington Care & Treatment Centre for Sexual Assault and Domestic Violence

The Guelph-Wellington Care and Treatment Centre for Sexual Assault (SA) and Domestic Violence (DV) is the regional centre for Guelph and Wellington County, providing medical, emotional and forensic care to women, children, men and transgender persons who have been sexually abused, assaulted or have experienced domestic violence or sexual exploitation through human trafficking. Individuals who attend the Emergency Department of any of the area hospitals and report sexual abuse, sexual assault, domestic violence or human trafficking will be offered care and treatment with a Sexual Assault Nurse Examiner (SANE) in a private area away from the emergency department once triage is complete. Services are voluntary and are based on the needs and choices of each client. The person does not need to have physical injuries to access these services.

What does the Treatment Centre do in the case of Sexual Assault?

- A Sexual Assault Nurse Examiner will meet with the victim privately to provide crisis counselling and discuss options for care.
- The victim-survivor will receive emotional support and information about the effects of trauma.
- The victim-survivor will have the option to complete a physical examination and assessment, treatment and documentation of injuries. The Treatment Centre's staff will discuss/offer sexually transmitted infection testing/treatment and emergency contraception to prevent pregnancy.
- The victim-survivor will have the option to complete a Sexual Assault Evidence Kit for police investigation and/or complete the Sexual Assault Evidence Kit and freeze it for a period of 6 months while making a decision about police involvement.
- Follow up appointments will be offered as necessary.

- The victim-survivor will be offered short term counselling. Emotional support for friends or family members is also offered.
- Warm referrals to appropriate community resources.

What does the Treatment Centre do in the case of Sexual Abuse of a Child?

- A Sexual Assault Nurse Examiner that has specialized training in Pediatric care will meet with the child and their care providers.
- A detailed history will be collected.
- A well child examination will be offered /completed.
- Follow up counselling will be offered. Emotional support for family members is also offered.
- Make referrals to appropriate community resources

What does the Treatment Centre do in the case of Domestic Violence?

- A Sexual Assault Nurse Examiner will meet with the victim-survivor privately to provide crisis counselling and discuss options for care.
- The victim-survivor will receive emotional support and information about the effects of trauma.
- The victim-survivor will have the option to complete a physical examination, assessment, treatment and documentation of any injuries. This will include the option of photo documentation of injuries. This option can be chosen and still choose not to involve the police.
- The nurse will not call the police to report the assault.
- The victim-survivor will receive safety planning and risk assessment.
- The victim-survivor will be offered short term counselling.
- Emotional support for friends or family members is also offered.
- Warm referrals to appropriate community resources

What does the Treatment Centre do in the case of Sexual Exploitation through Human Trafficking?

- A Sexual Assault Nurse Examiner with specialized training in Human Trafficking will provide safe patient centre individualized care as required.
- Warm referrals to appropriate community resources.

C. COMMUNITY SERVICES SECTOR

Community services refer to a variety of community and social agencies whose primary function is to strengthen communities and individuals. Services and supports include individual and family counselling, the faith community, advocacy, financial aid, practical assistance and shelter.

Community services comprise many organizations. However three organizations in Guelph-Wellington are mandated to support women and children experiencing violence. These three organizations are described here.

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 report this 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". 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.

In situations where a child has witnessed domestic violence, the primary concerns are emotional harm, the risk of emotional harm, as well as the risk of physical harm. If someone is uncertain about reporting, they can contact Family and Children's Services to discuss their questions and concerns to determine if it is reportable.

What does Family and Children's Services do in the case of sexual assault or domestic violence?

Family and Children's Services will investigate whether a child needs protection because of sexual abuse or domestic violence. The investigation process starts after concerns about a potential risk to a child are reported:

- Assign an intake worker. Family and Children's Services also look into whether or not there are past or existing files
- Notify Police if a joint investigation is required (that is, if there are charges). Police may be contacted to determine if there is any history regarding violence, disturbing the peace, weapons, drugs, or alcohol
- Family and Children's Services determines if they need to interview children without parental consent
- Arrange with the non-offending parent to meet and see the children. If there are any other children under age 16 who may also be in need of child welfare intervention, they will also be interviewed.
- Interview the children privately and separately regarding the allegation, adult conflict and/or abuse and all safety factors
- Interview non-offending parent(s) regarding the allegation(s) and all safety factors
- 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
- Children will not have access to the offender until Family and Children's Services has completed the investigation and/or states otherwise
- Complete a safety consultation with supervisor within 24 hours of seeing the children.

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.

In addition Family and Children's Services:

- May contact the Guelph General Hospital Sexual Assault/Domestic Violence Pediatrics Program in case of sexual abuse of a child.
- Make contact with the woman at the shelter, if the woman is at Marianne's Place (emergency shelter),
- May choose to see the children at school, without parental consent, when there are immediate safety issues to address
- May choose to contact police without parental consent when there are immediate safety issues to address.

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.

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.
- 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.
- The Family Court Support Program assists women and their children navigate through the Family Court process.

What does Guelph-Wellington Women In Crisis do in the case of sexual assault or domestic violence?

Guelph- Wellington Women In Crisis offers:

- 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
- 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 & Support Services for Guelph-Wellington

- Family Counselling & Support Services for Guelph-Wellington offers individual and group psychotherapy services at no cost for women, children, youth and men impacted by domestic or sexual violence.
- Family Counselling & Support Services for Guelph-Wellington offers a subsidized rate for psychotherapy services for men and women who have behaved in an abusive or violent manner

- Family Counselling & Support Services for Guelph-Wellington offers psychotherapy on relationship issues, parenting, family, anger management, trauma, mental health, and financial literacy
- Please follow <http://familyserviceguelph.on.ca> for more information on our services

What does Family Counselling & Support Services for Guelph-Wellington do in the case of sexual assault?

Family Counselling and Support Services for Guelph-Wellington offers individual and group psychotherapy services at no cost for women, children, youth, and men impacted by sexual trauma.

What does Family Counselling & Support Services for Guelph-Wellington do in the case of domestic violence?

- **The VAW (Violence Against Women)** program offers individual and group treatment for women who have experienced intimate partner violence. The Phase 1 group offers psychoeducation, support, and tools for safety and emotional regulation. The Phase 2 is focused on recovery through integration of meaning. Sessions are offered to participants at no cost.
- **Peaceful Alternatives Program (PARS)** is for men and women who have used violence in their relationships and women who have experienced abuse. It provides individual and couple assessments, separate group education/counselling sessions, and individual counselling for both men and women. The cost for clients to access individual counselling or the 12-week group program is set according to a sliding scale. The program provides clients with an opportunity to examine their beliefs and attitudes towards domestic violence and learn non-violent strategies and skills to resolve conflict and develop a healthy relationship.
- **The Peaceful Alternatives for Male Youth** program offers eight group sessions to youth ages 12 to 17. This program helps youth to identify appropriate ways to express their emotions and to develop peaceful alternatives to aggressive behaviour. Groups run twice per year. Group sessions are offered to the participants at no cost.
- **The Early Intervention Program for Child Witnesses of Woman Abuse** is for children, ages 4-16, who have witnessed any form of violence 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. Assistance with transportation and childcare is available.
- The High Conflict Communication program offers education and coaching to parents who are living separately, experiencing conflict in their communication, and who want to develop parenting plans which enable successful co-parenting of their children. This program also provides counselling to parents and children/youth who want to re-establish a relationship after a period of estrangement.
- The Starting Over program provides financial literacy support for women who have experienced abuse. This is a fully funded program that provides 3-6 individual financial counselling sessions and covers topics such as budgeting, debt management, understanding credit ratings and scores, spending and shopping, emotional influence of money and financial communication strategies.

Victim Services Wellington

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

What does Victim Services Wellington do in the case of sexual assault or domestic violence?

Victim Services Wellington offers:

- Support to victims on-site 24-7 through emergency services
- Emotional and practical assistance
- Crisis intervention
- Referrals to appropriate agencies.
- Safety planning
- Mobile Emergency Response System (MERS) is a personal tracking device that can be offered to high risk victims of violence while at home or in the community 24 hours 7 days a week. The device has a panic button, which when activated, sends a SOS signal to an alarm company which then alerts the police the client's location. Safety Planning is done on an on-going basis with these clients.
- Victim Quick Response Program (VQRP) can provide assistance to victims of SA/DV in the following ways:
 - short term immediate counselling services (if no publicly funded agency is available)
 - crime scene clean up,
 - immediate emergency expenses such as emergency accommodation and meals,
 - emergency home repairs: e.g. lock changes
 - transportation.

D. EDUCATION SECTOR

The education sector includes secondary and post-secondary institutions in Guelph-Wellington. Teacher and other school-based professionals may hear sexual and domestic violence disclosures from students. See Appendix A: Younger Women Service Map, which details a variety of school-based supports for students who have experienced violence.

Creating a Consistent, Caring and Effective First Response

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. Service providers should:

- Meet with women in a place that is private and safe
- Listen to her story in a respectful and non-judgmental manner
- Describe their services and other types of assistance (i.e. counselling, legal, health or police services) that the woman might find helpful
- Where relevant, identify any potential implications (i.e. limits to her confidentiality) if she accepts services
- Provide information about other community services
- Provide the opportunity to ask questions.

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

1. Explaining Confidentiality and 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 of confidentiality – that is, what can be held in confidence and what cannot – must be explained as well. The limits to confidentiality include:

- Workers' requirement to notify Family and Children's Services of children at risk of experiencing harm, as outlined by the Child and Family Services Act
- In some situations where there is a significant probability that the client is at risk to herself or others, the agency may break confidentiality
- Information a client provides is kept in a file within that agency. In some circumstances, it may be shared with other workers in the agency
- In general information gathered is protected under relevant privacy legislation and will only be disclosed with the client's consent
- If the client's file is subpoenaed, the agency must produce the file
- When an individual is charged, police information is shared with the Crown Attorney, Defence Attorney and court, and that disclosure (including information about the victim) 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 forms with the client. The principles of informed consent require that the consent form identifies:

- ✓ 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

When there is a disclosure of sexual assault or domestic violence, the safety of the woman and/or children is of primary importance. The goal of safety planning and/or the use of risk assessment tools is to empower women while increasing them and their children's safety.

There are many tools and risk assessments in use, each with a different purpose. See *Risk Assessment* and *Appendix D: Top 10 Risk Factors for Domestic Violence Deaths* to learn more about domestic violence lethality and tools for assessing risk.

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 changing circumstances. It is important to review and/or revise a safety plan regularly; abusive situations and risk factors can change quickly, and it is easy to forget elements of a safety plan when under stress. In addition, while safety strategies such as Court Orders can be helpful, they are not easily accessible to all women; and when in place, do not guarantee her safety.

3. Making appropriate follow-up referrals.

A key point of hearing a sexual or domestic violence disclosure is to offer information on appropriate follow-up referrals to local services. This may include describing your own agency's services; as well as and other types of assistance (i.e. counselling, legal, health or police services) that the woman might find helpful. Always support the woman's self-determination and ability to choose her next steps. Provide information about other community services and an opportunity for her to ask questions. Where possible, help to connect her to a worker at the referred agency right away and take leadership in problem-solving potential barriers (i.e. transportation, financial costs) to accessing services.

- ✓ See *Appendix A: Domestic Violence First Contact Checklist* and *Appendix B: Sexual Assault First Contact Checklist* for more detailed information on responding to disclosures
- ✓ See *Making An Effective Referral: Warm Transfers* for more details on making referrals
- ✓ See *Human Trafficking, Working with Young Women* and *Engaging Men* for service maps of available services in Guelph-Wellington

Making an Effective Referral: Warm Transfers

Service providers in Guelph-Wellington represent a wide variety of sectors that may come into contact with survivors of violence, including: education, health, community counselling services, crisis services, violence against women services, child protection services, and services connected to the criminal justice system.

Survivors of domestic violence or sexual violence may access one service or multiple services in these sectors. Oftentimes, the organization that a survivor reaches out to first may provide *some* of the support she needs, but not all. In many cases, a variety of community organizations may need to be involved in order to assist her with everything from safe housing, crisis counselling, legal advice or support in navigating immigration processes.

For these reasons, it's important that those in touch with survivors of violence are:

- *Aware of existing services* in the region that can help survivors of domestic and sexual violence; and
- *Able to successfully bridge* survivors to these services and supports.

Warm Transfers: Successful Bridging

Referring a survivor of violence to a service in the community may mean offering them a brochure, phone number or general information about the service.

We know from experience, however, that women don't always follow up or make the call once they leave our office. They may have concerns about their confidentiality; or they may have questions about the service that we don't know about. They may not have the confidence to ask for additional support. Often, women often feel overburdened with information and choices. A referral – be it a brochure, phone number or otherwise – may feel like just one more piece of information, as opposed to a helpful piece of a system that can provide assistance.

The practice of *warm transfer* differs from a simple referral by intentionally bridging a survivor to the services she needs, when she needs it.

How to Make a *Warm Transfer*:

- Tell the survivor that you know of another organization that will be able to help them to address the problem she is facing: *"I know of an organization here in Guelph that can help you with _____ (name the problem or concern: i.e. housing, your children's safety, your family law rights) better than I can. Can I tell you a bit more about them?"*
- Talk through any fears about the agency you are referring to (or their service model) that the survivor may have
- Support her to understand the process (for example, intake, any common wait times for services/first-time appointment) and what to expect
- Dispel any misconceptions about the agency. This might include misconceptions about their service model, about information the survivor will be required to provide, or other concerns

- Commit to bridge the survivor to the referred agency personally. This might mean attending an appointment along with her the first time she goes; or being with her while you/she make the initial phone call
- Help the survivor to understand what relationship you may have with the referred agency: for example: what is their role in the community? Are they a member of GWAC or other committees you are on? Can you refer to workers/officer by name?
- Make clear that you have a relationship with/knowledge about the agency. If you do not, it might be helpful to contact the agency and talk to a frontline worker to gain some information
- When facilitating a warm transfer, remember that confidentiality is vital to women's sense of control. Consent to share information with another service provider (or follow up on a woman's experience with another agency) can enhance service provision. However, the process of informed consent must be clear and respectful. Always allow enough time to complete consent forms with a client, and to make sure she understands what the consent outlines. Informed consent require that the consent form identifies:
 - ✓ 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
 - ✓ An authorizing signature.
- If you have the client's consent, tell the worker receiving the client/intake, or making the first time appointment, that you will be following up to see how things went
- Check in with the survivor about any access barriers (i.e. transportation, financial, language interpretation, other) ahead of their meeting with the referred agency. Wherever possible, help to reduce or remove these
- Follow up with the survivor after she attends the first appointment or makes the first contact with the referred agency – how did it go?
- Offer debrief support to the survivor afterward. This is especially important when transferring the survivor to services at institutions or systems that she has fears around: for example, Family and Children's Services, accessing legal supports, Ontario Works, or police reporting
- Offer follow-up advocacy if the survivor was disappointed, confused or has questions about her experience with the referred organization

In addition: a few cautions about *warm transfers practices...*

- **Do not** give the survivor the worker's direct cellphone number or email, unless specifically instructed to do so by the worker. The staff person may not regularly check their email or voicemail (or have limited availability to do so), and this can cause delays in connecting the survivor to the organization

- **Avoid choosing one ambassador**, safe staff or “hero” at a referring agency. It may seem like a good idea at the time – but as we know, staff members move on, switch positions in the agency, or go on vacation. Choosing one designated staff person can inadvertently lead to increased wait times, burnout or lack of succession planning
- Overall, these points also encourage all our agencies to take leadership in training their staff to effectively respond to these referrals.

Risk Assessment Tools

GWAC members are using a variety of tools. Here are the most commonly-used risk assessment tools by GWAC members:

- *Danger Assessment, Jacquelyn C. Campbell.* The Danger Assessment assesses the level of danger an abused woman has of being killed by her intimate partner (lethality). The tool was originally developed by Jacquelyn Campbell with consultation and content validity support from battered women, shelter workers, law enforcement officials, and other clinical experts on battering. There are two parts to the tool: a calendar and a 20-item scoring instrument. It is briefer than many other tools, and when applied consistently is reputable and accurate in predicting lethality. The partner of the abusive person (that is, the victim-survivor) responds to the questions. See: <https://www.dangerassessment.org/about.aspx> to learn about this tool and its intended use, and <https://www.dangerassessment.org/uploads/pdf/DAEnglish2010.pdf> to view the actual tool itself
- *B-Safer.* B-SAFER assesses risk of future assault and lethality. The B-SAFER is designed for police use (but others can use it). It is a shorter version of the SARA tool, and is structured so that the service provider interviews the service-user by asking a series of questions. It includes assessment of abuser's history of violent actions, ideation/intent, attitudes and personal psycho-social history. The partner of the abusive person (that is, the victim-survivor) responds to the questions. See: <http://www.catap.org/news#BSAFER>
- *ODARA.* The Ontario Domestic Assault Risk Assessment (ODARA) assesses risk of future assault. ODARA was originally developed for front-line police officers but is available for use by victim services, health care workers, probation and correctional services personnel, in addition to domestic violence shelter and case workers. This tool assesses risk of future partner assault in addition to the frequency and severity of these assaults. Although it was not designed to predict risk of lethality, the authors have found a correlation between higher ODARA scores and more severe assaults in the future. The partner of the abusive person (that is, the victim-survivor) responds to the questions. For additional information and for a full scoring and interpretation booklet, please refer to the following website: <http://odara.waypointcentre.ca/>
- *High Risk Indicators, Domestic Violence Death Review Committee (Office of the Chief Coroner for Ontario).* The Office of the Chief Coroner has reported incidences and reviews of domestic homicide and domestic homicide-suicide in Ontario. Since its inception in 2003, the DVDRC has reviewed 164 cases involving 251 deaths. High-risk indicators are based on this work. DVDRC tool assesses the risk of lethal intimate partner violence. The service provider working with the victim-survivor responds to the questions. For the Committee's tool, see page 44 of: <http://www.mcscs.jus.gov.on.ca/stellent/groups/public/@mcscs/@www/@com/documents/webasset/ec165340.pdf>
- Some organizations are using a combination of two different safety assessment tools.
- Some organizations are not using any risk assessment tools, and refer women to other organizations in the community to do this instead.

Why are we using these tools? How are we hoping to support women experiencing violence with them?

It is important to recognize that organizations in Guelph-Wellington are using risk assessment tools in order to *measure different concerns*; and to *achieve a number of different outcomes*.

Concerns that organizations are measuring with risk assessment tools include:

- The risk of future partner assault in cases of domestic violence
- Predicting the frequency or severity of future assaults
- The risk of lethal violence
- The risk of harm to children or potential harm to children
- Some organizations aim to measure more than one concern when they use risk assessment tools.

Outcomes organizations wish to achieve by using risk assessment tools include:

- To understand if a woman is at imminent risk of being harmed by her partner or ex-partner
- To understand if a woman is at imminent risk of being killed by her partner or ex-partner
- To understand if we have a duty to report concerns/connect the woman to Child and Family Services
- The woman herself better understands her level of risk (sometimes women are unaware of or minimize these risks; it can also support her in making decisions about her next steps: for example, staying at the shelter, reporting to the police or taking other actions)
- The level of risk identified in assessments help to inform our safety planning with individual women
- The level of risk identified in assessments can be used to make requests in the context of the criminal justice system: for example, in requesting no-contact orders, in offender bail hearings, or in case proceedings
- Some organizations are seeking more than one of the above outcomes when they use risk assessment tools with women.

These concerns, outcomes and contexts are all important. Equally important for organizations who currently use a risk assessment tool (or are considering using one in the future) is to be clear about what you wish to assess.

Knowing what your organization does to support women experiencing violence – and what you hope to do by assessing women’s levels of risk – will help you to choose and implement the correct tool for your organization.

It will also support consistent use of the tool, and consistent response from staff and volunteers in response to high scores.

Shouldn’t all organizations offering services to women experiencing violence in Guelph-Wellington be using the same risk assessment tool?

In fact, GWAC has found that there are many realistic reasons why organizations in Guelph-Wellington use different risk assessment tools. Here are some of the reasons:

- Different organizations in Guelph-Wellington have different mandates – that is, how they interact with, respond to and support women experiencing violence. The mandate of the police service, for example, is very different from the mandate of a women’s shelter

- Different organizations are measuring different concerns when they administer these tools; therefore, some tools are just better suited to some agencies than others
- Women experiencing violence may *spend more time with* or choose to *share more information* with some service providers; and less with others
- Some risk assessment tools take a long time to administer (i.e. a 1-hour interview), and some organizations' staffs have limited time with individual women
- Different organizations are using the results/high scores from assessments in different ways: for example, criminal justice organizations respond to high scores in different ways than community-based organizations
- Some organizations administer risk assessments *only* in cases where there are charges against the offender
- Some organizations administer risk assessments for *all* cases of violence against women
- Collaboratively, we are all aiming to mitigate and end risk to women experiencing violence, however, we have different ways of doing this. Oftentimes, one organizations' services for women experiencing violence compliments the work and services of another organization.

We are an organization that offers services to women experiencing violence in Guelph-Wellington. How do we know what risk assessment tool is right for us?

Only your organization can decide what risk assessment tool will work best for you and the women you support. Here are some practices and questions that can support you in making this decision.

1. To begin, consider checking in with other organizations in the community – or in a neighboring region – that offer services similar to yours. For example, if you are a community-based agency, you may want to reach out to another community-based agency. If you are a shelter, you will want to reach out to another shelter. Ask them what risk assessment tool they are currently using; have used in the past; what they like about it; and what they do not like about it. This will help you to narrow down to a few choices to consider more carefully.
2. Compile a list of 2-5 tools that you think might be a good fit.
3. Review the structure and content of the different tools:
 - a. Summarize the intent of each (*what the tool assesses*)
 - b. Summarize the possible outcomes of each (*what will you learn/score*)
 - c. Identify the resources it will take to implement each tool. For example: Who can use the tool (all organization personnel, or can only specially-trained persons do so?) How will you train your organizations' personnel? How much time does it take to administer the tool with one woman?
4. Bring together some of your organization's management, staff and frontline staff and volunteers. Share the summaries you've created. Have a copy of your organization's mandate or core services available.
5. Review the risk assessment tools as a group. Be sure to consider the following questions in your review:

- a. In applying a risk assessment tool with women experiencing violence, what do we hope to learn?
 - b. What risk(s) are we assessing?
 - c. How does this tool help us to meet our organization's mandate/provide our services to women experiencing violence?
 - d. What will we do when there is a high score/high risk is identified?
6. In addition, be sure to consider the following structural questions about the tools you are considering:
- a. When will our staff/volunteers use the risk assessment tool?
 - b. How often? With which women?
 - c. Will our staff/volunteers have the time to conduct this risk assessment with women we serve, and within our current service structure? (i.e. is the interview format too long? Will it be cumbersome to integrate into intake/individual sessions?)
 - d. How many staff/volunteers will use the risk assessment tool?
 - e. Is training required/recommended? If yes, who will lead the training?
 - f. Should we create any supportive resources for our staff/volunteers: for example, a how-to guide, checklist or other information?
- 7. Be sure to integrate the tool you decide on into your organization's current new staff orientation or volunteer training curriculum.**

These questions will help you and your team to decide what the right tool(s) are for your organization. In addition, it will help you to consider how you will integrate the tool into your current service structure, and support your staff and volunteers in using it with confidence.

Last, some organizations choose not to use any risk assessment tools. Instead, they refer women to other organizations in the community to do this work. If this is what your organization decides to do, be sure to make referral information on community partners who conduct risk assessment available to your staff and volunteers—as well as to service users who may be experiencing violence.

Resources

Inventory of Risk Assessment Tools:

- Department of Justice. Inventory of Spousal Violence Risk Assessment Tools Used in Canada
- Online: http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr09_7/p4.html

Neighbours, Friends and Families

- Neighbours, Friends and Families is a public education campaign to raise awareness of the signs of woman abuse so that those close to an at-risk woman or an abusive man can help. For resources on safety planning:
- <http://www.neighboursfriendsandfamilies.ca/?q=how-to-help/safety-planning>

Human Trafficking

Human trafficking consists of exploitation in conjunction with force, coercion, deception, fraud, and threat. Exploitation can occur through forced labour, organ removal, forced sexual service, or more than one of these⁴.

Commercial sexual exploitation is the exploitation of an individual for things of value, particularly of a sexual nature, sexual services, or related services⁵. In this, human trafficking for the purpose of commercial sexual exploitations involves the use of force, coercion, deception, fraud, and threat to sexually exploit another (i.e. make her provide sexual services) for money or in exchange for other valuables. While people can be trafficked and exploited for a number of reasons (and certain populations are more vulnerable to differing situations of trafficking and exploitation), sexual exploitation of persons through human trafficking is a crime that disproportionately affects women and girls.

Marginalized and exploited populations of women – for example, youth, socioeconomically disadvantaged and Aboriginal women – are most vulnerable to being targeted. Certainly, social location and its impact upon women’s economic independence, victimization by crime and safety is integral to the phenomenon of human trafficking for the purpose of commercial sexual exploitation. Ontario’s The Learning Network notes:

“Some of the factors that make someone more vulnerable [to trafficking] are social (e.g., gender inequality, history of colonial exploitation, poverty, lack of access to education, restrictive immigration policies resulting in forced migration), economic (e.g., supply and demand for labour in many sectors, low risk – high reward for perpetrators), and political in nature (e.g., wars and other situations resulting in displaced persons/refugees). Results include increased economic vulnerability, isolation and forced displacement, all of which contribute to the push and pull factors underpinning human trafficking”⁶.

Service providers in Guelph-Wellington agree, noting that a coordinated response to human trafficking is needed in Ontario communities so to increase capacity in addressing the complex supportive, practical and safety needs of trafficked persons. Many community-based organizations need to be involved “in order to assist victims with everything from safe housing to navigating immigration processes”⁷.

Vulnerabilities and Factors that Increase Risk of Trafficking

Factors that increase a woman or girl’s risk of being targeted or trapped into situations of domestic trafficking in Canada⁸ include the following:

- Lack of awareness about sexual violence, including sexual exploitation through trafficking
- Past history of violence, including childhood abuse
- Poverty
- Transient or unstable housing

⁴ Women’s Support Network of York Region. 2013. *The Educator’s Resource Manual: Addressing Trafficking For The Purpose Of Commercial Sexual Exploitation*, p. 6

⁵ Ibid, 2.

⁶ The Learning Network. *Human Trafficking* (Issue 2, September 2012). p. 1.

⁷ *Changing Attitudes, Changing Lives: Ontario’s Sexual Violence Action Plan*. 2011. p. 16-17.

⁸ Sethi, A. 2007. Domestic Sex Trafficking of Aboriginal Girls in Canada: Issues and Implications. In *First Peoples Child & Family Review: A Journal on Innovation and Best Practices in Aboriginal Child Welfare Administration, Research, Policy & Practice*, Vol 3, November 2007: 57-71. Online source: http://www.fnccaringssociety.com/sites/default/files/online-journal/vol3num3/Sethi_57.pdf

- Use of drugs or alcohol/addiction
- Lack of social support system
- Community disengagement
- Gaps in service provision
- Ineffective policies and legislation (including anti-violence and exploitation protections) impacting women

Unique Challenges: Working with Trafficked Survivors

Addressing the needs of human trafficking survivors can present unique challenges to service providers. It's important for service providers to be aware of these concerns and contexts in advance, and consider how their agency might work to meet these.

1. High safety concerns for trafficked survivors

Women and girls who are trafficked for sexual exploitation face substantial safety concerns from traffickers and their associates, particularly when they attempt to exit a trafficking situation. Trafficking is a lucrative business with high monetary returns for traffickers, and so traffickers will go to great effort to retain or return a victim⁹. In addition, trafficking commonly occurs in context with other organized crime. If you are a service provider that is supporting or preparing to support trafficked women and girls, you will want to consider how you will also support the safety of service users and staff while doing so. This may include:

- Actively engaging your agency or building's security personnel when trafficked survivors are accessing services
- Ensuring that meetings with trafficked survivors occurs in safe spaces (i.e. your agency's head office, but not a small satellite office)
- Ongoing safety planning with trafficked survivors
- Due to safety concerns, survivors will often need to leave the region very quickly
- You will likely need to move quickly to connect with colleagues in the community, and arrange immediate referrals to social support, housing, withdrawal or addiction support services
- Problem-solving immediate practical needs, such as safe transportation to another region
- Ensuring that you do not involve the survivor's family members or friends without her express agreement

2. High confidentiality concerns for survivors

Exiting a trafficking scenario can present increased safety concerns for exploited women and girls. Traffickers and their associates may live in the community, or have the ability to monitor the activities of women. Talking to a service provider takes great courage and poses significant risks for survivors. If you are a service provider that is supporting or preparing to support trafficked women and girls, you will want to consider how you will also support the immediate and ongoing confidentiality of this population while doing so. This may include:

- Reviewing your intake, assessment or other formal processes for service access. If these require the service user to sign a document, to take paperwork away with her, to respond to detailed questions about her situation or to show identification, this will present barriers for trafficked persons
- Considering how you may revise, reduce or omit components of intake/assessment as needed, so to better support this vulnerable population

⁹ Sexual Assault Centre/Rape Crisis Centre of Peel. May 2012. *Breaking the Chains of Human Trafficking—Linking Community Support in Peel: Train the Trainer Manual*. Module 1: The Root Causes of Human Trafficking.

- Respecting the self-determination of service-users: do not share any of their information without their clear agreement, or engage others such as family or friends
 - Preparing for the possibility that a trafficker or other third party may contact your agency and attempt to learn information about the survivor or her service access.
 - Consider how your agency will protect service users against breaches of confidentiality
 - Ensuring that you do not involve the survivor's family members or friends without her express agreement
 - Be prepared that trafficked women and girls may refuse to participate in formal information-gathering processes for realistic reasons. Consider how your agency and staff can accommodate this, and still provide safe service
 - If you have any limits to your confidentiality, tell the trafficked person what these are.
3. *Survivors are often anxious, fearful and easily emotionally triggered*
This has an impact on your frontline response, as well as considerations for making the space you work in look and feel safe for women. Frontline responders must be prepared to:
- Respond quickly, yet reduce the appearance of crisis of chaos
 - Deal with challenging service users, who are may be frightened, stressed, overwhelmed or mistrustful of workers
 - Be mindful of the survivor's emotional state while you work with her, and reduce/remove triggers where possible
4. *Building rapport with survivors is key to laying the foundation for their ability to escape the trafficking situation in future.*
Many trafficked women have no existing relationships with health and social service providers, or have had negative experiences in the past. They may also have been told by traffickers that there will be negative repercussions if she accesses health, police or social supports: for example, that she will be punished for engaging in illegal activities, that she will not be believed, or that the trafficker has connections to helping professionals. Take the time to develop a rapport with the individual—or, where possible, with at-risk groups in advance. It often takes more than one attempt for a trafficked person to leave the exploitative environment. Allowing the survivor to make her own decisions is key to developing trust, a collaborative relationship and to support her long-term planning.

For a map of services in Guelph-Wellington that can offer support to human trafficking survivors, see Appendix A: Service Maps, Human Trafficking.

Working with Young Women

Young women between the ages of 15 and 25 years are at the highest statistical risk of experiencing gender-based violence^{10, 11}. In addition:

- Young women from marginalized racial, sexual and socioeconomic groups are more vulnerable to being targeted for sexual violence¹²
- In addition to “in-person” experiences of violence, young women also face gender-based violence over social, digital and online media: for example, cyber harassment, stalking, shaming or online sexual violence¹³
- Young populations may present unique confidentiality, support system or service access concerns that adult women do not.

Service providers in Guelph-Wellington have identified that an awareness of the unique needs of younger women service users is important in addressing violence against young women in the community.

Unique Challenges: Supporting Young Women Survivors of Violence

Working with young women can present unique challenges to service providers. It’s important for service providers to be aware of these concerns and contexts in advance, and consider how their agency can work to meet these needs and reduce access barriers.

Outreaching to young women who have experienced violence.

While a number of services exist in Guelph-Wellington for survivors of violence, young women are often less aware of services, or perceive them as appropriate for adult women only. Additionally, young women are more likely to disclose their experiences of violence to different helping persons than do adult women: friends, family members, or education system staffs. This means that outreaching to younger women may look different than outreach materials and approaches to older women.

For example, outreach endeavours aiming to reach young women ought to consider:

- Developing accessible outreach materials. For example, print and online material that is simple, clean and easy to pocket; pens, markers, toiletries and other useable resources which contain crisis and support information for youth experiencing violence
- Developing outreach materials and agency information that speak directly to young women; or depict young women and the spaces in which they spend their time (i.e. at school, with friends, online, on campus)
- Ensuring any violence recovery services and resources include the concerns and life patterns of younger women: for example, attending school, dealing with parents, dating, social concerns such as meeting and keeping friends
- Outreach into spaces and agencies where young women spend their time, or have prior relationships. For example: schools, campus, youth drop-in, social programs for teens and young adults, social media and websites, community youth-oriented events, community agencies with designated youth programs

¹⁰ The Learning Network on Violence Against Women: Violence Against Young Women. Online: http://www.vawlearningnetwork.ca/sites/vawlearningnetwork.ca/files/LN_Newsletter_Issue_6_2013_0.pdf

¹¹ Juristat Canadian Centre for Justice Statistics. *Sexual Offenses in Canada*. 2004: 1

¹² Wolfe and Chiodo, CAMH, 2008, p. 3.

¹³ CBC News. May 29, 2014. *Sexting, pornography findings in youth survey a new warning*. Online: <http://www.cbc.ca/news/health/sexting-pornography-findings-in-youth-survey-a-new-warning-1.2657708>

- Developing programming for youth experiencing violence that also has a social component (i.e. a group, mealtime or drop-in format)
- Incorporating a clear description about your agency's confidentiality policy into intake, outreach or informal discussions with youth. This can support young women in understanding their rights to confidential services (as well as identify any limits to your confidentiality)
- Offering practical assistance, such as transportation options or snacks at programming. Youth are less likely to have their own transportation, and this can create barriers to their participation in counselling or other services

Making information on healthy relationships, sexual violence and violence against young women accessible.

Information and education can help young people to understand their rights, and also know where they can turn if they need support. If your agency works with young women directly – or other professionals who work with younger women – consider ways that you can include information on violence against women supports when working with these populations. This may mean providing referral information, displaying information about violence against young women in your organization's public spaces, or having an ongoing relationship with other organizations in the community that can provide resources and educational information. If your organization provides education on violence in the community, be sure to target youth-friendly spaces, as well as organizations that often come into contact with young people. Be sure to include information on responding to sexual violence or relationship violence disclosures in your educational information or presentations.

Young women often have less access to financial resources and transportation. Be sure to ask young service users if they are facing any specific access barriers – such as transportation, or school/work hours in which they are unavailable -- and work to accommodate these. Where possible, offer practical assistance such as transportation support options or services that are readily accessible on public transit in urban areas, so to support their ability to make appointments independently.

Dealing with gender-based violence over social, digital and online media: for example, cyber harassment, stalking and online sexual violence.

The internet is an important place where women and young women spend their time, communicate, socialize and connect with others. Online violence can extend from an abusive relationship (that is, a partner or ex-partner may use social or online forums to stalk, keep track of, harass or threaten a victim). Online mediums can also be spaces where sexual harassment and violence occurs. It can impact a survivor's "off-line" communities as well: for example, the impacts of what happens online can affect a young women's school life, her relationships with friends or classmates, and more. Examples of online violence can include:

- Spreading lies online about someone's sexual reputation
- Spreading truths online about someone's sexual reputation
- Forwarding a sexual, nude or hookup picture or text of someone without that person's permission
- Pressuring someone to send something sexual or nude (for example, a picture or sext)
- Sending someone a sexual, nude or hookup text when they don't want you to; or in order to harm or threaten them
- Putting sexual putdowns or comments (i.e. "Lisa is a slut") on someone's Facebook, Tumblr or other social media

- Making online/text threats or jokes to sexually assault someone¹⁴.

You can support a young woman experiencing online violence by

- ✓ Believing her story and its impact on her life
- ✓ Supporting her confidentiality wherever possible
- ✓ Resisting any judgemental responses
- ✓ Support her in remaining connected to her community.

See resources below for more detailed information on responding to online violence.

Young populations and confidentiality.

Young women may also present complex confidentiality concerns (i.e. is a parent or other care-giver aware that she is participating in your agency's services? Does she wish them to remain unaware?). Be sure that you are aware of young people's rights to confidentiality so that you can communicate this to young service users.

If you are a professional that supports young people under the age of 18, you should know your obligations to share or report certain incidences of sexual and other forms of violence, including exploitation or misconduct impacting minor youth. This may mean that, under some circumstances, you cannot promise young survivors that their story will remain between the two of you:

- Check with your employer.
- Information on reporting child abuse, neglect or exploitation can also be found at: <http://www.children.gov.on.ca/htdocs/English/documents/topics/childrensaid/Reportingchildabuseandneglect.pdf>
- Learn more about your obligations, and be sure to tell youth about any limits to your confidentiality.

Resources: Learn More About Supporting Young Women Experiencing Violence

- The Learning Network on Violence Against Women: Violence Against Young Women. Online: http://www.vawlearningnetwork.ca/sites/vawlearningnetwork.ca/files/LN_Newsletter_Issue_6_2013_0.pdf
- Healthy Relationships and Dating Violence: www.yellowbrickhouse.org/english/files/2014/08/Healthy-Relationships-Guide-Final.pdf
- Digitizing Abuse – Teen Dating Harassment Through Technology Infographic: www.urban.org/digitizingabuse/infographic.cfm
- Women's Support Network of York Region, 2014. Online & Okay: <http://www.sexualassaultsupport.ca/Resources/Documents/Booklet%20Survivors%20PagebyPage.pdf>

For a map of services in Guelph-Wellington that can offer support to young women, see Appendix A: Service Maps, Young Women.

¹⁴ This information thanks to: Women's Support Network of York Region, 2014. Online & Okay: <http://www.sexualassaultsupport.ca/Resources/Documents/Booklet%20Survivors%20PagebyPage.pdf>

Engaging Men

While anyone can be a victim of sexual assault or domestic violence, women and children are predominantly the victims of these crimes¹⁵. Perpetrators of domestic and sexual violence are most often men who are known to the victims:

- According to the Statistics Canada's 2006 *Family Violence in Canada: A Statistical Profile*, in 2004, there were nearly 28,000 incidents of spousal violence reported to the police: 84% of victims were female; 16% of victims were male
- Over a 10 year period, police reports showed males were much more likely than females to be the perpetrators of spousal violence incidents coming to the attention of police and more likely to repeatedly abuse their spouse¹⁶
- Females are overwhelmingly and consistently the targets of sexual assault¹⁷
- Comparably, in a 2004 report, males made up 29% of child victims, 12% of youth victims and 8% of adult victims¹⁸.

Many prevailing societal attitudes justify, tolerate, normalize and minimize violence against women and girls¹⁹; or a tolerance of masculinity norms inclusive of male violence²⁰. As a consequence, prevalence of sexualized violence reflects these social values, and intimate violence (such as partner and sexual violence) is clearly differentiated by gender²¹.

The World Health Organization (WHO) notes that there is evidence that working concretely "with men...can yield positive results"²²:

"There is a "silent" majority of men who are against violence especially violence against women. Working with men as partners will help to identify these allies in the fight against this problem. The behaviours and values of men and boys affect the health and well-being of others (girls, boys, women and other men) in their lives"²³.

Service providers in Guelph-Wellington agree, noting that a coordinated response to engaging men is helpful in addressing violence against women in the community.

Vulnerabilities and Factors that Increase Risk of Male Perpetration of Violence

¹⁵ See Ontario Women's Directorate, Government of Ontario. *Neighbours, Friends and Families: Community Action Kit to Prevent Woman Abuse*.

<http://learningtoendabuse.ca/neighboursfriendsandfamilies/sites/neighboursfriendsandfamilies/files/images/downloads/FinalKit.pdf>. Further, Canadian statistics tell us that the prevalence of sexual violence experienced by males is not the same as that experienced by women and girls: see Juristat Canadian Centre for Justice Statistics. *Sexual Offenses in Canada*. 2004: 1 and Statistics Canada. *Measuring Violence Against Women: Statistical Trends 2006*.

¹⁶ Ibid

¹⁷ Juristat Canadian Centre for Justice Statistics. *Sexual Offenses in Canada*. 2004: 1

¹⁸ Ibid

¹⁹ World Health Organization. *Understanding and addressing violence against women*. Online: http://www.who.int/reproductivehealth/topics/violence/vaw_series/en/

²⁰ World Health Organization/London School of Hygiene and Tropical Medicine. *Preventing intimate partner and sexual violence against women: taking action and generating evidence*. Geneva, World Health Organization, 2010. Online: http://whqlibdoc.who.int/publications/2010/9789241564007_eng.pdf?ua=1 : 19.

²¹ This information thanks to: Ontario Women's Directorate, Government of Ontario. *Neighbours, Friends and Families: Community Action Kit to Prevent Woman Abuse*. Online: <http://learningtoendabuse.ca/neighboursfriendsandfamilies/sites/neighboursfriendsandfamilies/files/images/downloads/FinalKit.pdf>: 21.

²² World Health Organization (WHO). 2009. Why engage men in the fight to end violence against women and girls? Online: http://www.who.int/gender/topics/why_engage_men/en/

²³ Ibid

The World Health Organization (WHO) identifies the following individual risk factors of male perpetration of sexual or domestic violence:

- Exposure to child maltreatment, such as child sexual abuse or intra-parental violence
- Mental health issues
- Substance misuse or addictions
- Tolerance/acceptance of violence
- Low resistance to peer pressure

Community and social risk factors, in addition, include:

- Poverty and low education
- Traditional gender norms and social norms supportive of violence
- Ideologies of male sexual entitlement
- Weak community sanctions for sexual violence²⁴.

Unique Challenges: Working with Men who Use Violence

Working with men can present unique challenges to service providers. It's important for service providers to be aware of these concerns and contexts in advance, and consider how their agency might work to meet these.

5. *Limited services exist for men who have used violence or are at-risk of perpetrating violence.*

While a number of services exist in Guelph-Wellington for survivors of violence, there are fewer services for men who have used violence or are at-risk of perpetrating violence. Sometimes workers are not aware about available services for men in the community. Timely referrals can support men in addressing their own needs or behaviours, as well as in preventing violence.

6. *Prevention and education on violence against women can help to support victims of violence, men who have used violence, and at-risk men and boys.*

Studies show that most men don't believe in using violence or aggression against women, and wish to be part of the solution in ending it²⁵. Engaging boys and men in proactive and preventative education can offer relevant supports to men in crisis, disrupt negative attitudes about relationships, and introduce alternative values and behavioural change. On the other hand, leaving men and boys out of efforts to end violence "separates them from the solutions to violence, reaffirms gender norms around male violence and leaves the burden of addressing violence squarely on women's shoulders"²⁶. If your agency or community works with men or men and boys in at-risk populations, consider ways that you can include education and prevention work in your activities.

7. *In order to address violence against women, men's additional needs – such as mental health issues or addictions – must also be addressed.*

Engaging men to end violence against women often also means facilitating access to information and other supports, such as addiction counselling, mental health supports, and connections to positive social networks in the community.

²⁴ See: World Health Organization/London School of Hygiene and Tropical Medicine. *Preventing intimate partner and sexual violence against women: taking action and generating evidence*. Geneva, World Health Organization, 2010. Online: http://www.who.int/violence_injury_prevention/publications/violence/9789241564007_eng.pdf : 30, Table 4.

²⁵ White Ribbon Campaign. *Men's Attitudes and Behaviors Towards Violence Against Women*. Online: http://www.whiteribbon.ca/wp-content/uploads/2012/11/survey_img_02.png

²⁶ World Health Organization (WHO). 2009. Why engage men in the fight to end violence against women and girls? Online: http://www.who.int/gender/topics/why_engage_men/en/

Resources: Learn More About Engaging Men to Address Violence Against Women

- The White Ribbon Campaign. Ten Things You Can Do to End Violence Against Women. Online: <http://www.whiteribbon.ca/what-you-can-do/>
- The Learning Network on Violence Against Women: Engaging Men and Boys to End Violence Against Women. Online: http://www.vawlearningnetwork.ca/sites/vawlearningnetwork.ca/files/LN_Newsletter_Issue_5_Online.pdf
- World Health Organization/London School of Hygiene and Tropical Medicine. *Preventing intimate partner and sexual violence against women: taking action and generating evidence*. Geneva, World Health Organization, 2010. Online: http://www.who.int/violence_injury_prevention/publications/violence/9789241564007_enq.pdf

For a map of services in Guelph-Wellington that can offer support to male survivors of violence or men who have used violence, see Appendix A: Service Maps, Engaging Men.

Appendix A: Service Maps



Human Trafficking: GWAC Services Map

Criminal Justice

- Victim Witness Assistance Program offers support to young women who are victims or witnesses in cases before the courts
- Child Witness Centre offers support to young women under 18 who are witnesses

Health Services

- Public Health services (low or no-cost birth control, testing, information)
- Sexual Assault and Domestic Violence Care Centre offers acute care for recent victims and those requiring acute safety and support

Police Services

- Outreach and relationship-building with at-risk populations
- Respond to incidents which connect or lead to contact with trafficked persons
- Investigate trafficking and exploitation
- Make first contact with trafficked survivors impacted by crime, and refer them to comprehensive supports

Outreach to At-risk Women

- Women and youth engaged in sex or entertainment work
- Youth and women survivors of violence
- Youth in foster, group home or other care/ institutional settings
- Underhoused or transient populations
- Women and girls engaged in substance use or with addictions

Services for Abused Women

Guelph Women In Crisis:

- Outreach and relationship-building with at-risk populations
- Counselling, advocacy and crisis support
- Shelter and support in finding housing
- Community programming for women recovering from violence
- Sexual Assault and Domestic Violence Care Centre offers acute care for recent victims and those requiring acute safety and support
- Family Counselling & Support Services: group and individual support

Practical Assistance

- Victim Quick Response Program (Victim Services): emergency transportation, financial assistance, meals and accommodation
- The County of Wellington also offers emergency transportation and financial assistance
- Free language interpretation services: Face to face interpretation provided by Kitchener-Waterloo Multicultural Centre: Tel: 519-745-2593
- Immediate telephone interpretation: Guelph Women In Crisis Lines: 519-836-5710 or 1-800-265-SAFE



Services for Younger Women: GWAC Services Map

Prevention and Education
 Guelph-Wellington Women In Crisis offers public education in schools, at community organizations, and in large and small group settings. Public education promotes awareness and knowledge of issues of woman abuse and sexual violence; it helps to change attitudes to foster healthy relationships and builds a stronger community

Individual Counselling

- Family Counselling & Support Services for Guelph-Wellington: Individual counselling, Walk-in counselling, Violence Against Women counselling (no fee for these services)
- Guelph-Wellington Women In Crisis provides support and public education presentations for students and youth
- Child and Youth Sexual Abuse Team (CYSAT) for children under 12 who have experienced sexual abuse, exhibit sexualized behaviour, and youth who have sexually offended

School-Based Supports

- University of Guelph Students At Risk Program
- Guelph Resource Centre for Gender Diversity offers safe space, workshops and resources
- Social Workers available in all secondary schools
- Upper Grand secondary schools also have Child and Youth Counsellors
- High School police resources officers (there is one officer for every two schools)

Group Counselling

- Family Counselling & Support Services for Guelph-Wellington (FSSGW) offers group counselling for survivors of relationship violence
- FSSGW also offers a group for survivors of sexual violence
- There are groups at FSSGW for youth under 16; as well as adults 18 and up

Residential & Shelter

- Wyndham House (housing, educational alter-natives, social supports and programming)
- Michael House (shelter and support for pregnant and parenting young women)
- Freedom House (faith-based residential program for women)

Health Services

- Public Health services for teens and young women (low or no-cost birth control, testing, information)
- Sexual Assault and Domestic Violence Care Centre offers acute care for recent victims and those requiring acute support
- Community Addiction Services (Homewood Health Centre)

Criminal Justice

- Victim Witness Assistance Program offers support to young women who are victims or witnesses in cases before the courts
- Child Witness Centre offer support to young women under age 18



Engaging Men: GWAC Services Map

Male Survivors of Child Abuse

- Family Counselling & Support Services for Guelph-Wellington offers individual and group counselling for adults;
- Family Counselling & Support Services also offers a Child Witness group for youth who witnessed violence
- Sexual Assault and Domestic Violence Centre offers acute care for recent victims
- Victim Witness Assistance Program and Child Witness Centre support men and boys who are victims/witnesses in cases before the courts
- EARS phone-line for adult male survivors: 519-570-3277

Parenting

- Family & Children Services offers the Caring Dads Program
- Family Counselling & Support Services offers individual parenting support
- Guelph Community Health offers Circles of Care parenting course and Strengthening Families for the Future (free program for families with children aged 7-11)
- Playtime and parent-child programs offered by the Ontario Early Years Centre

Mental Health & Coping

Family Counselling & Support Services for Guelph-Wellington

Canadian Mental Health Association

Guelph Community Health Centre:

- Individual counselling
- Walk-in counselling
- Anger Management Groups

Addiction Services

Homewood Community Addiction Services

Sanguen Health Centre

HIV/AIDS Resources and Community Health (ARCH):

- Services include withdrawal, residential treatment programs
- Health promotion
- Harm reduction support

At-Risk Youth

- Family Counselling & Support Services for Guelph-Wellington: group support for male youth who witnessed violence or exhibit aggressive behavior
- John Howard Society: co-ed group for youth who are in conflict with the law/at-risk youth

Men Who Abuse

- Partner Abuse Response: Group program for those who have used violence in their relationship (criminally-charged cases):
- Family Counselling & Support Services for Guelph-Wellington

Appendix B: Domestic Violence High Risk referral form

Please contact the GWAC Coordinator (actioncommitteecoordinator@gmail.com) for a copy of this form.

Appendix C: 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. A consistent, caring and effective first response consists of three primary components:

1. Explaining confidentiality and informed consent
2. Safety planning and risk assessment
3. Making appropriate referrals.

Domestic Violence First Contact Checklist (for frontline workers):

- I explained the limits to confidentiality (I explained to her what could be held in confidence and what could not be held in confidence).
- 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.
- I completed a safety plan OR I facilitated the completion of safety plan by another professional in the community.
- 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).
- I reviewed resources for safety with her, including:
 - Police/Victim services
 - Emergency shelter
 - Crisis lines
 - Hospital, health or medical services
- 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
- If children were involved, I considered whether a referral to Family and Children’s Services was needed.
- I encouraged her to contact Guelph-Wellington Women in Crisis.
- I offered to assist with these referrals.
- I fully informed her of her choices and options for service provision.

Appendix D: Sexual Assault First Contact Checklist

All service providers will follow the procedures outlined below in response to a disclosure of sexual violence, ensuring that regardless of where she shares her story, she will get a consistent and caring first response.

Sexual Violence First Contact Checklist (for frontline workers):

- I explained the limits to confidentiality (I explained to her what could be held in confidence and what could not be held in confidence).
- 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). I offered to assist with this referral.
- 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
- 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).
- If children were involved, I considered whether a referral to Family & Children’s Services was needed.
- 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 E: Identifying Abusive Behaviours

Abuse can happen in many different ways and to any kind of person. Violence can happen in heterosexual or same-gender relationships. Abuse is not only physical. If you have experienced one or many of these, your relationship could be abusive.

Physical abuse

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

Psychological/emotional abuse

- Threatening to report you to Family & Children’s Services
- Threatening to commit suicide
- Searching through purse, cell phone or personal belongings
- Controlling behaviour
- Accusing you of cheating

- Degrading you
- Silent treatment
- Putting you down
- Name-calling
- Sexual Abuse
- Unwanted touching
- Giving you alcohol or drugs in order to have sex
- Sexual name-calling
- Unwelcome sexual comments
- “Flashing”, leering
- Threatening to hurt you sexually
- Rape
- Exposing you to sexual images or pornography without permission

Social Abuse

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

Financial/Economic Abuse

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

Legal Abuse

- Having you counter-charged by police as a means of controlling or punishing you
- 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 your behaviour
- Ridiculing you for your religious beliefs
- Forcing you to practice certain beliefs

Immigrant Abuse

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

Stalking

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

Appendix F: Top Ten Risk Factors for Domestic Homicide

The Ontario Government's Domestic Violence Death Review Committee has consistently found a number of risk factors associated with domestic violence deaths. The Committee reviews all domestic violence deaths in the province annually. The top ten risk factors for domestic homicide are as follows:

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

Appendix G: Common Reactions 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 with/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.

Appendix H: Know your Obligations

Duty to Report

We all have an obligation to report suspected child abuse and neglect. If you know or suspect that a child is or may be in need of protection, your prompt action could make a real difference in the life of a child.

The Child and Family Services Act recognizes that people working closely with children have a special awareness of the signs of child abuse and neglect and a particular responsibility to report their suspicions. Social workers, teachers, doctors, child and youth service providers and employees of these service providers are all considered professionals under the Child and Family Services Act.

Family and Children's Services protects and helps children by offering support programs that assist families feeling challenged by the sometimes overwhelming daily struggles of raising a family. We often partner with other community agencies to deliver programs that make a positive difference to families in need.

If a community member believes a child is being abused or neglected, it is a legal responsibility to report concerns to Family and Children's Services. As part of its legal duty, Family and Children's Services must then look into every report it receives. To investigate, a Family Service worker may talk to the parents, child and other people who know the child to decide how best to help based on their findings. The goal is to help families find the support they need to care for their children.

Call Family & Children's Services of Guelph-Wellington:

- Day or night, 7 days a week:
1-800-265-8300 or
519-824-2410
- To learn more about recognizing at-risk children and what happens when you report, go to: <http://www.children.gov.on.ca/htdocs/english/childremsaid/reportingabuse/index.aspx>

Workplace Violence

Violence, harassment and bullying in a variety of forms can have a negative [impact](#) on organizational culture and an organization's reputation. It can result in:

- More absenteeism and sick leave
- Higher employee turnover
- Higher Employee Assistance Program (EAP) costs
- Increased short term/long term disability and drug plan costs
- More workplace accidents
- Stress-related lawsuits

In 2010, the Ontario Legislature passed [Bill 168](#), which amends the Occupational Health & Safety Act (OHSA) to include specific requirements regarding preventing and addressing incidences of violence and harassment in the workplace. This includes better supporting employees who are experiencing domestic violence, and this violence comes to affect their workplace.

Any employer with more than 5 employees is required to comply with this legislation.

What Employers Must Do:

- Familiarize yourself with the requirements of the legislation
- Prepare [policies](#) with respect to workplace violence and workplace harassment, including addressing the needs of employees who may be affected by domestic violence
- [Develop and maintain programs](#) to implement the policies
- Provide training to workers on workplace violence and harassment
- Post information on definitions of workplace violence and harassment, including domestic violence, in your workplace's common areas
- Familiarize workers with your organization's policies on how to prevent and/or resolve incidences of violence
- Offer EAP programs and other appropriate crisis and counseling referrals for employees subject to workplace violence or harassment

Resources for Employers and Employees:

[What Employers Need to Know to Help](#)

Occupational Health and Safety Council of Ontario

[Bullying in the Workplace: A handbook for the workplace](#)

Ontario Safety Association for Community & Healthcare

[Violence and Bullying Posters](#)

Canadian Centre for Occupational Health and Safety

[Workplace Violence Posters](#)

Health and Safety Ontario

Related Links

[Domestic Violence](#)

Ontario Ministry of Labour

[What You Need to Know About Violence in the Workplace.](#)

Industrial Accident Prevention Association

[Workplace Violence](#)

Canadian Centre for Occupational Health and Safety

[Violence and Harassment](#)

Health and Safety Ontario

Appendix I: Action Committee Member Agencies

ARCH (HIV/AIDS Resources & Community Health)
Canadian Mental Health Association Waterloo Wellington
Child Witness Centre
County of Wellington – Housing Services
Crown Attorney’s Office
Family and Children’s Services
Family Counselling and Support Services for Guelph-Wellington
Guelph Community Health Center
Guelph Neighbourhood Support Coalition
Guelph Police Service
Guelph-Wellington Care & Treatment Centre for Sexual Assault & Domestic Violence
Guelph-Wellington Women in Crisis
Homewood Community Addiction Services
Immigrant Services of Guelph-Wellington
John Howard Society of Waterloo-Wellington
Legal Clinic of Guelph and Wellington County
Ontario Provincial Police
Parkwood Gardens Church & Evangelical Fellowship of Guelph
Sanguen Health Centre
The Drop In Centre
University of Guelph
Upper Grand District School Board (UGDSB)
Victim Services Wellington
Victim/Witness Assistance Program
Wellington Catholic District School Board (WCDSB)
Wellington County Social Services
Wellington-Dufferin-Guelph Public Health
YMCA-YWCA of Guelph