

SEXUAL ASSAULT

EMERGENCY

RESPONSE

PROTOCOL

SARNIA-LAMBTON

PROTOCOL SUBCOMMITTEE SIGNATORY PAGE

We, the undersigned, are committed and accountable to the Sexual Assault Emergency Response Protocol Sarnia-Lambton.

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SEXUAL ASSAULT EMERGENCY RESPONSE PROTOCOL **SARNIA-LAMBTON**

TERMS OF REFERENCE: The Sexual Assault Protocol Sub-Committee is a group of medical, social service and criminal justice organizations committed to improving emergency response services to adult (over 16 years old) victims/survivors of sexual assault by developing a co-ordinated community sexual assault response protocol.

COMMITMENT: We will, within the mandate of our services: be inclusive and provide equal treatment for all people accessing our services, while being sensitive to the issues related to race, ethnicity, gender, age, sexual orientation, socio-economic status, and/or abilities of individuals.

STATEMENT OF PRINCIPLES AND BELIEFS:

1. Sexual assault is an act of aggression using power and control to dominate and violate an individual. It is not an act of sexual intimacy.
2. Sexual assault frequently includes a violation of trust by those who are in a position of perceived or real power and/or authority.
3. Sexual assault is a crime which demands that perpetrators, not their victims, be held responsible for the assault.
4. All persons who have experienced sexual assault should receive sensitive, immediate and appropriate care. Individuals who have experienced sexual assault may display a variety of behaviors that may not be understood. Victims/survivors respond using various unique coping strategies.
5. Support and counselling to victims/survivors of sexual assault will focus on providing options and information about services and the impacts of sexual assault so that the victim/survivor can make informed choices.
6. A coordinated community approach to service delivery is essential to providing choices and meeting the many unique needs of victims/survivors who have experienced sexual assault.

NOTE: Adapted in part from the work of Sexual Assault Network in Ottawa, Sexual Assault Protocol in Ottawa, and Region of Peel Sexual Assault Protocol.

DEFINITIONS

Child Sexual Abuse: An assault or touching, directly, or indirectly, or invitation to touching of a sexual nature which violates the sexual integrity of the child victim. Authority and power enable the perpetrator, implicitly or directly, to impose sexual acts on the child or coerce the child into sexualized compliance.

Confidentiality: Maintaining the privacy of client information.

Consent: The voluntary agreement of the victim to engage in the sexual activity in question. There is no consent when:

- the agreement is expressed by words, gestures, or conduct or any other means of a person other than the victim/survivor;
- the victim/witness is incapable of consenting to the activity;
- the perpetrator induces the victim/witness to engage in the activity by abusing a position of trust, power or authority;
- the victim/witness expresses, by words, gestures, conduct or any other means, a lack of agreement;
- the victim/witness having consented to engage in consensual activity, expresses by words, gestures, conduct or by any other means, a lack of agreement to continue in the activity;
- the accused's belief arose from the accused self-induced intoxication, or recklessness or willful blindness; or the accused did not take reasonable steps, in the circumstances known to the accused at the time, to ascertain that the complainant was consenting (Sections 273.1 and 273.2 Criminal Code of Canada)

Children are deemed incapable of consenting to sexual activity with adults.

Sexual Assault: Any unwanted act of touching or threat of touching, directly or indirectly that violates the sexual integrity of any person. It is sexual assault regardless of the relationship of the victim to the perpetrator.

Sexual Harassment: Is any behaviour, comment, gesture or contact of a sexual nature that could be considered objectionable or offensive. It consists of a single or repeated incident(s) and unreciprocated action(s), comments or looks of a sexual nature which treat the recipient as a sexual object. It may threaten a person's safety and security or prejudice the recipient's job security or promotion prospects while creating a stressful working environment. It may also prejudice a user of services or housing needs. Sexual harassment is a form of sexual violence and is considered an offence under the *Ontario Human Rights Code*. Most commonly, it is men who sexually harass women.

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

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

Victim: Includes anyone who has been the target of sexual violence.

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

A. GENERAL INTERVENTION PRINCIPLES

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

1. INITIAL CONTACT

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

- a. Identify yourself and the role that you play and assure the victim/survivor that you understand this may be difficult for them. Define the boundaries, identifying the ways you can assist the survivor; also identifying the limitations which prevent you from assisting them.
- b. Establish a sense of safety for the victim/survivor. Be sensitive to their needs for a sense of safety.
- c. If you have received permission from the victim/survivor to talk to them:
 - find out how the victim/survivor prefers to be addressed, minimize the existing power imbalances by referring to the victim/survivor with the same formality with which she addresses you.
 - explain that you are there to help, and discuss the kind of assistance you can attempt to provide.
 - advise her of the option of having someone of her choice present for support (e.g. friend, relative, Rape Crisis Centre volunteer, or Victim Services).

- d. During this initial contact attempt to ensure the following courtesies are provided:
- Allow the victim/survivor to determine what physical contact is acceptable between yourself and them. Consider that the personal space of the victim/survivor has just been violated. Only make physical contact with the survivor when you have been invited to do so.
 - Let the survivor control the pace of the intervention to the extent that this is possible. Allowing the victim/survivor to take breaks when needed affords them some control over an otherwise disempowering situation.
 - Try to create an environment that is comfortable and that facilitates communication. Ensure that it is safe and private as well as comforting wherever possible, (e.g. comfortable chairs, warm decor and blankets or pillows help to create a comforting environment). Be aware that some survivors may not be able to disclose all at once. Survivors need to feel that they are not being judged or blamed.
 - Wherever possible and according to resources, provide a cultural interpreter and material in victim/survivor's language.
- e. Provide realistic and accurate information by identifying the implications and potential ramifications for the victim/survivor who accepts your assistance, for example:
- Discuss the limits of confidentiality and the possibility that your records may be subpoenaed to court by the defence.
 - Explain that if a victim/survivor gives a statement to the police that she may have to repeat this information in court.
 - Advise the victim/survivor that as a volunteer or staff person who has tried to provide assistance, you may be called to testify in court.
- f. As your initial contact with the victim/survivor comes to a close, provide her with any pamphlets, information bulletins, and/or other relevant available material and information about your service and how she can contact you in the future.

2. CONFIDENTIALITY

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

- Discuss what is meant by the word "confidentiality" and the kind of limitations there are of promising it.
- Efforts to maintain confidentiality should be guided by the utmost respect for the survivor and her wishes and applicable legal principles.

3. VICTIM/SURVIVOR'S RIGHTS AND CHOICES

It is fundamental to recognize a victim/survivor's rights to make choices for herself, whether or not these choices reflect your personal biases or beliefs. It is crucial to emphasize the victim/survivor's choices in all matters, informing her of the options open to her. The following

choices are available to all victims/survivors of sexual assault, with the exception of spousal assault and child sexual abuse in which cases the police have an obligation to lay charges:

1. She may do nothing.

2. MEDICAL

It is important that individuals who have been sexually assaulted consider seeking medical care. There are options available regarding this care.

- The Sexual Assault Treatment Centre where medical care such as an examination and treatment of possible injuries or an examination, treatment and collection of evidence is offered. Occasionally someone will come for information only. Referrals to other agencies can be arranged.
- Personal physician where an examination and treatment can be offered and, again, occasionally someone will want to have information only. Referrals can be arranged.
- Lambton Health Unit where medical care such as testing for S.T.D.'s and provision of antibiotics and pregnancy prevention are offered. Information and referrals are also available.

3. LEGAL

- Victim/survivors may request police involvement. A statement may be given and an investigation will begin, however, it is at the discretion of the police to lay charges.
- Victims/survivors may contact Victim Services or Victim Witness Assistance and request information about the criminal justice process and their rights with respect to the process.
- Usually, it is at a survivors' request that police become involved. However, there are situations where the police may become involved without her permission. If it is spousal assault or child sexual abuse, the police have an obligation to lay charges. An investigation would also be conducted if a third party makes a report to the police about the assault.
- Victims/survivors have the right to seek independent legal counsel to pursue civil action.
- Victims/survivors have the right to apply for Criminal Injuries Compensation.

4. RAPE CRISIS INTERVENTION

- Victims/survivors have the right to receive immediate support and counselling services.
- Victims/survivors may contact the Sexual Assault Survivors' Centre 24-hour crisis line to obtain information, emotional support and request accompaniment to hospital, police, crown attorney and court.
- Victims/survivors may request individual and/or group counselling from the Sexual Assault Survivors' Centre (16 years of age and older) or from other community resources such as Bridge the Gap (0-18 years), Sertoma Centre for Children and Youth, Family Counselling Centre-Sexual Assault Outreach Program. Survivors are encouraged to seek additional follow-up service from the organization that best meets their needs.

B. MEDICAL

SEXUAL ASSAULT TREATMENT CENTRE (S.A.T.C.)

LOCATION: The S.A.T.C. is considered to be part of the emergency department at Sarnia General Hospital which is located at 220 N. Mitton Street, Sarnia.

HOURS OF OPERATION: The S.A.T.C. is available 24 hours a day, 7 days a week.

CLIENTS: The S.A.T.C. is available for women and men; adults and children.

STAFF: The S.A.T.C. is staffed by a program coordinator who works part-time and is available by contacting the switchboard operator at Sarnia General Hospital (464-4500) and asking for pager #133. The office number is 464-4522.

The S.A.T.C. is also staffed by specially trained registered nurses who are on call 24 hours a day. The on-call nurse may be contacted through Sarnia General Hospital switchboard (464-4500) and your asking for the on-call nurse for S.A.T.C. The on-call nurse is expected to arrive at the S.A.T.C. within 30 minutes of notification of patient being present.

Emergency medical attention is provided by the emergency department physician on duty.

General examination, documentation and collection of evidence is provided by either a physician or specially trained sexual assault nurse examiner.

SERVICES OFFERED: Treatment of health care needs of sexual assault patients; emotional support; information regarding various medical, legal and counselling options; legal services (i.e.. collection of evidence, attendance at court); education (clients, care providers, consultation and community); detailed documentation.

ACCOUNTABILITY: Concerns regarding the quality or nature of the services can be directed to the program coordinator and/or program manager.

RECORD KEEPING: All out-patient records are kept in individual clients' charts and these are kept in a locked filing cabinet. Access to these charts is restricted to the S.A.T.C. coordinator and Health Records Personnel.

All in-patient records are kept in individual clients' charts and these are kept secured in the Health Records Department. Access is restricted to Health Records Personnel. While records are kept confidential, they are subject to subpoena by the courts, and as such, would be available to the prosecution and defence.

OPTIONS FOR CARE: All patients who have been sexually assaulted will be given information regarding treatment options by the S.A.T.C. team nurse. If the assault has occurred within 72 hours, the following options are available:

A 'Kit' exam refers to the collection of physical evidence such as hair samples, blood samples, swabs, etc. for the sexual assault forensic evidence kit. This evidence could be useful in police investigation and at court.

- 1) Physical exam only - - if the patient wishes to be examined and treated for possible injuries, prevention of sexually transmitted diseases, prevention of possible pregnancy, etc.
- 2) Physical exam and kit exam - - if patient wishes to be treated as above and also wishes evidence to be collected and given to the police to assist them in the investigation and possible court case. Evidence could consist of clothing, swabs, blood samples, etc.
- 3) Physical exam, kit exam, and storage of evidence for up to 6 months - - as above, but the evidence is not given to the police at the time of the examination. It is stored for up to 6 months and either destroyed or given to the police at the request of the patient.

Police notification is made only when requested by an adult patient. A third party report may be made to the police on behalf of the patient as requested by the adult patient.

Children's Aid Society is notified regarding patients under age 16 as mandated by law.

LAMBTON HEALTH UNIT (L.H.U.)

GOAL: To enable people in the community to attain an integration of the physical, emotional, intellectual and social aspects of their sexuality.

OBJECTIVES: To increase self-reported, positive sexual health status.

REQUIREMENTS: The L.H.U. shall provide programs to the public that promote sexual health in an objective and factual manner.

The L.H.U. shall provide information, confidential assessment, counselling and referral to individuals on such issues as sexual abuse/assault.

The L.H.U. shall provide clinical services such as: client referral to social service agencies, laboratory tests for sexually transmitted diseases and pregnancy, development of a management plan appropriate to clients needs, provision of prescription at cost and/or free for clients in financial need.

CONFIDENTIALITY: All personal information is collected under the authority of the Health Protection and Promotion Act of 1983 (Sexual Health Programmes). Our clients are reassured re: the strict confidentiality of all information given.

RECORD KEEPING: All personal information is kept in individual clients' charts and these are kept in a locked cupboard. Access to these charts is restricted to personnel employed in the area. Our clients are reassured of the confidentiality of this information.

INITIAL RESPONSE AND SERVICES PROVIDED: It must be noted that we at the Health Unit do not see clients immediately after they have been abused i.e.. we have never had a client come to the Health Unit and disclose that they have just been abused. In most cases they have been to the hospital if they have sought medical help at all, and it is more likely that they would come to us for a follow-up examination two or more weeks later.

In the majority of cases, our clients come to the Health Unit for a regular annual examination or for their first tests after starting on the Birth Control Pill, and as the medical history is being taken or during the actual physical examination, a client may reveal that she has been sexually assaulted in the past.

A routine physical examination is done which includes blood pressure, a pap test, and a bi-manual examination of the reproductive organs. Routine swabs are taken for chlamydia and gonorrhoea. Any other testing, as indicated on the assessment, is performed such as vaginal swabs for trichomonas, vaginosis, yeast, etc. Viral tests re: herpes, blood tests re: V.D.R.L. or H.I.V. and pregnancy testing may also be done. The emergency contraceptive pill is given where indicated. Our clients are also taught how to examine their own breasts and advised re: benefits, etc. Questions are answered and relevant information and literature (pamphlets, etc.) are given to the client.

FOLLOW-UP: After the examination and testing has been carried out, if necessary, our clients are referred to the appropriate physician and/or social agencies for follow-up.

HOURS OF OPERATION: There is a member of the nursing staff available in the Family Planning Clinic on Monday through Friday at 8:30 a.m. to 4:30 p.m. Physician clinics are also offered each Wednesday and Thursday in Sarnia, twice a month in Petrolia, and once a month in Forest.

REFERRAL PROCESS: A client may choose to refer herself after the appropriate information is given or a phone call is made to the appropriate agency by the Health Unit staff if indicated.

C. LEGAL

POLICE

PURPOSE: The purpose of this procedure is to assist members of the Police Service who investigate sexual assault offenses. It is designed to give instructions on the purpose of sexual assault interviews at various stages of the victim treatment process and to give suggestions for improving the interview experience and results.

TRAUMA FOR VICTIM OF SEXUAL ASSAULT: A sexual assault may be an extremely traumatic experience for a victim. Following a physical, emotional and psychological attack of a sexual nature, the victim may feel humiliated, degraded, distressed, afraid and angry. The reaction to such an experience is unpredictable and the appearance presented to the investigating member may be unintentionally misleading.

Each victim will react differently to the assault and reactions will change through time. The first few hours following the attack will be marked by disorganization and disorientation. In the days following, the victim may exhibit signs of shock and disbelief, accompanied by anxiety, fear and guilt. Police who come in contact with the victim must be aware of these changes and use knowledge and good judgment to appraise the interview situation.

NOTE: WHEN THE VICTIM OF A SEXUAL ASSAULT IS A CHILD, REFER TO THE CHILD ABUSE PROCEDURE (0504) AND THE CHILD SEXUAL ABUSE VIDEO TAPING PROCEDURE (0505) IN THE SARNIA POLICE SERVICE MANUAL.

PROCEDURE:

1. INITIAL POLICE RESPONSE

- 1.1 In the majority of cases, the first person in authority with whom the sexual assault victim comes in contact is the uniform officer. When the officer responds to the scene, the officer can assist in the entire treatment process.
- 1.2 Basic police duties include the gathering of information regarding the offense, attending to the needs of the victim and crime scene preservation. The initial reaction to, and understanding of, the victim's experience will greatly assist in creating a positive attitude about the entire investigation process, hospital examination and prosecution of the case in court.

- 1.3 A primary duty is to obtain the original description of the sexual assault from the victim and record it in your notebook. The initial statement may be critical with respect to any subsequent determination concerning the validity of the victim's complaint.
- 1.4 The goal of the police involvement in a sexual assault case should be the apprehension, identification and preparation for prosecution of the suspect. This should be done with the least possible added trauma to the victim.
- 1.5 Sexual assault victims must be interviewed privately (this includes only one police officer). *If the victim so requests, interviews should be conducted by an officer of the same gender as that of the victim.* If family insist on being present, bring them into the interview later. Victims may colour what they say to protect themselves. Remember that what has occurred is embarrassing to the victim. In the course of your contact explain:
 - a) police procedure
 - b) medical investigation
 - c) legal process, i.e. a lawyer is not required
- 1.6 The most important step in interviewing the sexual assault victim is to gain their confidence and trust by being understanding, sympathetic, yet professional. The responding member must not judge a sexual assault victim's credibility, but take the victim's information at face value and report the facts accordingly.
- 1.7 The absence of guilt will enhance your appearance as a compassionate professional, thus increasing the victim's confidence and your ability to gather unbiased information. In many cases the victim has been confined and ordered to do degrading things during the assault. Let the victim know they should not be embarrassed if they cry. Where possible, allow the victim to maintain some control of the interview situation, i.e. let the victim decide where to sit, etc. The victim needs to feel they still have some measure of control in life and this, in turn, assists in maintaining the victim's self-esteem.

1.8 Although the intimate details of the assault need not be obtained by the initial investigator, the officer should endeavour to obtain the following information:

- a) the extend of the injuries of the victim, if any,
- b) what happened,
- c) where the attack took place,
- d) the identity or description of the attacker,
- e) where the attacker lives or works, if known,
- f) the direction in which the attacker left, and, by what means, and
- g) whether a weapon was involved.

1.9 Obtaining the information referred to above is critical to the prompt apprehension of the attacker and treatment of the victim. A full reporting of the complaint and means of contacting the victim will serve as the basis for a follow-up investigation by the Criminal Investigation Division.

1.10 Sexual Assaults of a minor nature shall be investigated by a member of the Uniform Division.

1.11 Sexual Assaults of a more serious nature may be investigated by a member of the Uniform Division, where, in the opinion of the Officer in Charge, the member is qualified to follow-up the investigation.

2. CRIMINAL INVESTIGATION DIVISION

2.1 The Criminal Investigation Division is generally responsible for investigations of sexual assault of a more serious nature. Normally officers of the Criminal Investigation Division do not answer the initial call, but rather enter the case at the request of the initial responding officer. The Criminal Investigation Division is responsible for an in-depth interview of the victims of sexual assaults by obtaining a detailed account of the attack and the circumstances leading to it.

2.2 In almost all cases the investigator will be interviewing the victim a short time after the attack. It is therefore very important for the investigator to explain the reason for the interview and particularly the need for the intimate questions about the attack which may be asked. This officer will be responsible for determining the need for, and making all necessary arrangements for, medical attention.

2.3 As with the responding officer, a key to a good interview by the investigator is to gain the confidence and trust of the victim. The investigator can accomplish this by not being forceful, but by asking questions in a manner that shows concerns for the victim. Intimate details of the attack may be painful and embarrassing for the victim to recall. However, the details are information that the investigator must have in order to get an accurate picture of the circumstances surrounding the case and to prepare proper reports for court.

3. INTERVIEWING THE VICTIM

3.1 The key to the prosecution of a sexual assault case is the testimony of the victim. The co-operation of the victim in the Crown's case is due, to a great extent, to the relationship the victim develops with the investigating officer. Therefore, the officer should possess and display an attitude of sensitivity and concern for the victim. Understanding the victim's feelings and responses to the attack is a basis for gaining this sensitivity.

a) Conduct the interview with the maximum of privacy, whether it is at the hospital, the victim's home, or the police station.

b) Be sympathetic and understanding of the victim's situation; however, be firm in collecting all information on the case.

c) Establish yourself as an ally of the victim by trying to cushion the pressures from family, friends, and possible threats from the attacker.

d) Let the victim tell the story without interruption while you take careful notes.

e) Give the victim an opportunity to ventilate pent-up feelings in describing the attack.

f) Go back over the story and, using your notes, ask specific questions covering areas of the victim's story that were incomplete or unclear.

g) Do not question the victim's status as a bona fide sexual assault victim while you gather information on the attack.

h) Make special note of anything that the attacker said as a verbatim statement, in order to establish the M.O. (modus operandi).

i) Place the victim before the attack and the previous relationship, if any, with the attacker.

j) If the victim knew the attacker, get all the information on possible whereabouts.

k) Preface the possibly embarrassing aspects of the interview by explaining the necessity for the questions.

l) Be sure that the victim's immediate safety is ensured and that transportation home or to a friend's residence is provided.

4. MEDICAL EXAMINATIONS OF VICTIMS

4.1 Officers, upon responding to a sexual assault, and when the circumstances are such that a medical examination may be necessary for evidential purposes, shall immediately attend:

Sarnia General Hospital, 220 North Mitton Street, Sarnia
(designated as the Sexual Assault Treatment Centre) and request the examination be conducted.

4.2 In all cases where the victim is a young person, a parent or guardian must sign release of information papers before the examination is conducted.

5. CRIME SCENE

5.1 Upon initial response to a sexual assault complaint, if the scene can be determined, it is the duty of the responding officer to ensure that the scene remains undisturbed and that members of the Identification Branch are summoned to carry out examination for trace evidence.

5.2 The scene of a sexual assault may contain much corroborative trace evidence. The most common, usually small objects, materials, and body substances that may be subjected to laboratory examinations in solution of the crime are the following: a) hair, b) fibres, c) blood, d) semen.

Note: The Ontario Police has deemed sexual assaults to be benchmark incidents. Accordingly, it is the responsibility of the officer taking the sexual assault complaint to notify the area detective sergeant immediately.

VICTIM SERVICES OF SARNIA-LAMBTON

MANDATE: Victim Services is a community based program, providing immediate emotional and practical assistance to victims of crime. Assistance is available 24 hours a day.

ACCOUNTABILITY: Victim Services is funded by the Ministry of the Solicitor General and Correctional Services and meets all requirements and volunteer training standards as required by the Ministry. Concerns regarding the program can be addressed to the director or the board of directors.

HOURS OF OPERATION: 24 hours a day, 7 days a week. For assistance after-hours, referrals are made through the responding police service.

SERVICES PROVIDED:

- A) Crisis Response: Police requests for immediate support for a victim of sexual assault will be directed to Victim Services.

Upon receiving a call for assistance from the Investigating Officer and with the consent of the victim, Victim Services personnel will:

1. Attend to the requested location immediately. Victim Services personnel will meet a client at the police station, court house, or any other public location. Victim Services staff/volunteers will attend the woman's residence or the scene of a sexual assault if police are present and have ensured everyone's safety.
2. Victim Services personnel have the authority to transport a client in their own vehicle, or travel in a police cruiser with a client. Personnel will not accept a ride with a Victim Services client nor will they drive a client's car.
3. Victim Services personnel are able to offer: emotional support; practical assistance; discuss the range of options and choices available to the survivor and the potential outcomes and consequences of specific choices; if the survivor has been sexually assaulted by their intimate partner, discuss the cycle of violence and issues of power and control as they impact on their relationship; Assist with locating alternate, safe accommodations if the survivor is fearful of returning home; provide information on the Sexual Assault Survivors' Centre and community resources for long-term assistance; and provide information on the nature of judicial proceedings and with the consent of the victim, make a referral to The Victim/Witness Assistance Program.

4. If a male Victim Services volunteer is present, consideration will be given to the survivor, and a second female volunteer will be requested to attend, if desired by the survivor.

Accompaniment for Medical Treatment:

1. If the person chooses to seek medical attention, notice is given to the Sexual Assault Treatment Centre.
 2. Personnel from the Sexual Assault Survivors' Centre are also contacted by Victim Services. Request for Sexual Assault Survivors' Centre volunteers to attend the Sexual Assault Treatment Centre to meet the police and survivor, and notice is given of estimated time of arrival.
 3. Victim Services personnel may transport the survivor to Sarnia General Hospital and will leave upon arrival. Sexual Assault Survivors' Centre personnel will accompany the survivor through the medical process.
- B. Follow-up Services: Victim Services personnel will also: ensure the victim is aware of the opportunity to complete a Victim Impact Statement, explaining its purpose and facilitating its completion, if the victim chooses to do so; provide information on Criminal Injuries Compensation; assist with appropriate referrals for continued assistance.

POLICIES FOR VICTIM SERVICES PERSONNEL:

- A. Confidentiality and Record-keeping: All information is confidential. If there is a police investigation, information that has not previously been shared with the investigating officer will be re-directed to the officer first. Victim Services does not maintain detailed records of any occurrence.
- B. Working with Police: Victim Services personnel will not speak for the officer or client. If an individual expresses a concern regarding the police investigation, then volunteers will direct that person to the police officer. Volunteers will not act as a mediator between the victim and police.
- C. Working with a Client: Victim Services personnel will: respect the personal space of the survivor; accept the victim/survivor with a sense of dignity, self-respect and worth, accepting the individual without judgment; be inclusive and provide equal treatment for all people accessing the service, while being sensitive to the challenges of race, ethnicity, gender, age, socio-economic status and/or abilities of individuals.

VICTIM/WITNESS ASSISTANCE PROGRAM

MANDATE: The mandate of the Victim/Witness Assistance Program is to provide practical, and current, information and emotional support to victims and witnesses who are required to participate in the Criminal Justice System.

It is not the role of the Victim/Witness Assistance Program to discuss evidence with the victim or witness. If the victim/witness wishes to discuss any evidence, they will be referred to the Crown Attorney and/or the investigating police officer.

REFERRALS TO THE VICTIM/WITNESS ASSISTANCE PROGRAM: Victims and Witnesses of sexual assault are referred to the Victim/Witness Assistance Program after criminal charges have been laid. Referrals are made by Crown Attorneys, Police Officers, Victim Services, social service agencies, and self referrals.

The Case Co-ordinator of the Crown Attorney's office provides completed client referral forms to the Victim/Witness Assistance Office for every sexual assault which has occurred in Lambton County. The Victim/Witness Assistance Program, in turn, sends introductory letters to each of the victims/witnesses describing the services available through the program.

Referrals of victims/witnesses from any other source are contacted by telephone immediately upon receipt of the referral.

PROGRAM SERVICES: The Victim/Witness Assistance Program provides step by step information on how the criminal justice system works, from arrest to disposition, helping to alleviate misconceptions and/or anxieties that may impede the victim's ability to follow through. As the program works with victims to help them understand that they have a vital and respected role in the prosecution process, reluctance, for whatever reason, may subside.

The following services are provided by the program:

1. Provide information to the victim/witness on the status of their case.
 - Release conditions are fully explained to the victim/witness and a copy of the accused's conditions are also provided.
 - A safety plan is established with the victim/witness.
 - The Crown Attorney's policy on withdrawal of charges is explained along with the obligation to attend when subpoenaed.

- Provide information to the victim on the proposed disposition sought by the Crown Attorney's office (on guilty plea and/or on conviction after trial).
 - Court appearance dates are provided along with preparing the victim/witness with what to expect throughout the court process. The remand procedure and legal terminology are explained. This process is ongoing throughout all the accused's appearances in court.
 - The victim/witness is immediately notified of guilty plea, or scheduling of Trial or Preliminary Hearing dates.
2. Assist the Crown Attorney in preparing the victim/witness for testifying in court.
- Invite the victim/witness to participate in a pre-court orientation. (Adult victim/witnesses usually attend for one session while child victims/witnesses usually attend for two sessions).
 - Explain the victims/witnesses role in court along with the role of the Crown Attorney, Defence counsel and other court staff.
 - Discuss legal concepts such as truth telling, oath taking, exclusion of witnesses, beyond a reasonable doubt.
3. Liaise on behalf of the victim/witness with the Crown Attorney and the Police Officer.
- Co-ordinate a meeting with the Crown Attorney, Police Officer and victim/witness.
 - Attend Crown interviews at request of Crown Attorney or victim/witness.
 - Identify, for the Crown Attorney or Police Officer, any concerns the victim/witness may have expressed about testifying (i.e.. fear of accused, name being published in the newspaper).
 - Ensure the Crown Attorney is aware of any language difficulties, physical handicaps, medical conditions, phobias which could affect the testimony of the victim/witness.
 - Assist in making transportation and accommodation arrangements for out of town victims/witnesses.
4. Court Accompaniment for the victim/witness.
- Provide support and court accompaniment during all times the victim/witness is requested to appear in court.

- Ensure the victim/witness has had the opportunity to review their written statement and/or videotape statement prior to testifying in court.
- Provide a separate waiting area for the victim/witness.
- Aid the victim/witness in obtaining any reimbursement for expenses (i.e.. mileage, meals, etc.).
- Explain Victim Impact Statements and assist the victim in its completion. If the victim doesn't wish to complete a V.I.S. the Crown Attorney is notified.

5. Follow-up to Court Appearances.

- The victim/witness is informed of the outcome of the case.
- Copies of Peace Bonds are provided to the victim.
- The offender's probation terms are fully explained to the victim/witness. A copy of the probation order is provided to the victim along with the name and telephone number of the supervising probation officer.
- Conditional sentences and the applied terms are explained to the victim/witness. A copy of the conditional sentence is given to the victim.
- Custody dispositions are fully explained to the victim/witness. Terms such as Intermittent Sentence and TAP are explained so that the victim/witness will know exactly how and when the offender is serving the jail sentence.
- Victim/witness is notified of the offenders parole status. The "parole eligibility date" and "discharge possible date" are provided. The victim is encouraged to provide a statement to the Parole Board.
- The victim/witness is notified of the outcome of the parole hearing along with the name and telephone number of the parole officer. The victim is made aware of the actual release date for the offender and whether conditions are to follow.

REFERRALS TO COMMUNITY RESOURCES: Referrals are made to community agencies and information is given on developing a safety plan for the victim and their family.

- Information is given about counselling services available in the community and any fees involved.
- Criminal Injuries Compensation is explained along with the procedure to apply.
- Restitution and Compensation Orders are explained along with the procedure to process these orders.
- Assistance is given to the victim/witness in obtaining any personal belongings which were held by the police as evidence at the trial.

HOURS OF OPERATION: Monday to Friday 8:30 a.m. to 5:00 p.m.
 Appointments are available after hours.

CROWN ATTORNEY'S OFFICE

MANDATE: We will -

- be inclusive and provide equal treatment for all people accessing our services, while being sensitive to the issues related to race, ethnicity, gender, age, sexual orientation, socio-economic status, and/or abilities of individuals.
- recognize that sexual offences present a serious threat to public and individual safety.
- prosecute all viable charges with vigour.
- attempt to assign sexual offence cases prior to preliminary hearing or trial dates.
- ensure that there is designated sexual assault co-ordinator to act as a resource person for other Crown counsel in the office.
- make every effort to have complex sexual assault cases handled by the same crown counsel from the beginning to end.
- at all times respect the dignity of the complainant.

ACCOUNTABILITY: Complaints or concerns regarding the quality or nature of the services can be directed to the Crown Attorney. The Crown Attorney is directly accountable to the Attorney General of Ontario.

HOURS OF OPERATION: Monday to Friday 9:00 a.m. to 5:00 p.m. Witness interviews are available after hours.

SERVICES:

A) Pretrial Considerations

1. Assignment of the Case

An assistant Crown Attorney should be assigned to complex sexual assault cases at the earliest opportunity and should remain with the case until its final disposition. This will help ensure consistency and continuity in the handling of cases and is particularly important in prosecutions involving potentially fragile witnesses.

2. Bail Hearing

- Protection of the complainant and other potential victims must be a prime consideration at a bail hearing.

- Crown counsel should consider seeking a Detention Order.
- If the offender is released, with or without conditions, Crown Counsel will ensure that the complainant is advised immediately, including information about any release conditions. This may be done through the investigating officer or the victim/witness assistance person.

3. Interviews

- The victim/witness shall be interviewed in advance of the trial and the preliminary hearing, as well as be referred to appropriate support services such as the Sexual Assault Survivors' Centre.
- The Crown, with the assistance of the Victim/Witness Office, will explain the court process to the complainant and arrange to show her the courtroom. Where appropriate and feasible, the interview may be conducted in the presence of a support person.
- The victim/witness will be advised that disclosure of her or his evidence will be made to the defence but that information given to the Crown will only be divulged within the criminal process. Every effort will be made to ensure the victim/witness's privacy interests are upheld.
- The Crown will ensure that the complainant is apprised of the status of the proceedings. This communication may be done through the investigating officer or Victim/Witness Services.
- The Crown will make available the Crown Screening Form, which indicates the Crown's position on sentence/disposition.

B) Trial Issues

1. Plea Negotiation

- Crown counsel will consider the possible effect upon the complainant and the community when accepting a plea to lesser or non-sexual offence, or terminating the proceedings without trial.
- Crown counsel should not terminate proceedings in a complex sexual assault case without the approval of the Crown Attorney.

2. Expert Evidence

- Expert witnesses, specialized consultants and medical personnel familiar with the field may be appropriately used in some cases, either during the trial or on sentencing.
- Crown counsel must have approval of the Regional Director before engaging an expert witness.

3. Publicity

- As a general rule, Crown counsel will apply for an order banning publication of any evidence which may tend to identify the complainant. There may be situations where the complainant does not want the ban, which will generally be respected.
- Crown counsel will attempt to have as few people as possible in the courtroom. In extraordinary cases, it may be appropriate for the Crown counsel to apply for an order for the exclusion of the public or certain members of the public.

C. Post Trial Issues

1. Sentencing

- Crown counsel will make full submissions on sentence and request presentence reports and psychiatric assessments when appropriate. The court should be apprised of aggravating factors in each case.
- In addition to general principles of sentencing, Crown counsel will consider referring to the following issues in sentencing proceedings of sexual offenders.
 - protection of the public from sexual offenders, particularly vulnerable members such as children, women, elderly and persons with disabilities,
 - the extreme violation of personal privacy felt by all victim/witness bodily integrity,
 - the great need for general deterrence,
 - the prevalence of the offence in our society,
 - the need to create an environment where women feel safe,
 - society's great revulsion for this offence,
 - the need to protect the public from this type of violence.
- Dangerous offender proceedings may be appropriate for high risk or repeat offenders.

2. Victim Impact Statements

Crown counsel will ensure that the victim/witness knows that the victim impact statement may be made, how to make it, and possible consequences of making it. The statement may address information as to the emotional impact, changes in lifestyle, physical disabilities, counselling, treatment and results thereof.

3. Appeals

In the event of an appeal, crown counsel conducting the appeal will advise or will ensure that the investigating officer advises the victim/survivor of the appeal. They will explain the appeal process, advise of the hearing dates and the outcome of the appeal. If bail pending appeal is granted, the victim/witness will be advised of this and the terms of the bail order.

MINISTRY OF SOLICITOR GENERAL AND CORRECTIONAL SERVICES

MANDATE: It is the function of the Ministry to supervise the detention and release of inmates, parolees, probationers and young people and to create for them a social environment in which they may achieve changes in attitude by providing training, treatment and services designed to afford them the opportunities for successful personal and social adjustment in the community.

WE WILL:

- be sensitive to the race, ethnicity, gender, age, sexual orientation, socio-economic status and abilities of individuals.
- recognize that sexual offenses represent a serious threat to public safety.
- monitor all terms and conditions with vigor.
- enforce all terms and conditions in a timely manner.
- ensure the victim is treated with respect and sensitivity.

ACCOUNTABILITY: Correctional Services contributes to the protection of public safety through effective supervision of adult and young offenders in the community. The Ministry will provide safe and humane supervision to adult and young offenders as well as effective opportunities for effective rehabilitation. There is participation in both crime prevention and public education programs. Accurate, timely information to victims is provided.

HOURS OF OPERATION: Monday to Friday, 8:30 a.m. to 4:35 p.m. Contact with the supervising Officer can be arranged after office hours.

SERVICES:

a) Supervision of Offenders:

Assignment/Intake: All Probation and Parole Officers have clear directive regarding supervision of sex offenders and service objectives to provide safe and humane supervision of adults and young offenders in the community. Officers will consult with Ministry resources

concerning this population and will gather as much detailed information as possible. Sources to be explored, but are limited to court information, police synopsis, criminal record, medical, psychiatric and treatment history, social and marital background, offender's version of the offense and demeanor and the role of substance abuse and stress factors and to what extent they are still dynamic.

A management strategy shall be devised with a case management approach. Monitoring of conditions and their enforcement shall ensure public safety is not at risk. Liaising with the survivors, police, counselor, or any other implicated source will be ongoing. Immediate police notification will occur when any additional incidents pose a risk to public safety.

b) Bail Hearings:

Officers will be available or will make available any information they consider pertinent to public safety or the needs of the offender.

c) Court Reports:

Reports will be prepared upon request of the court that will provide information both current and historical on the offender that would address the suitability of community supervision. Treatment options as well as conditions that promote society's protection will be included.

d) Parole Reports:

All relevant information will be submitted to the Ontario Board of Parole for their consideration. Police and court reports including reasons for sentencing, travel plans, available treatment options, psychiatric or medical reports and the viability of the parole plan will be considered as to the potential risk of the offender and the protection of society. Victims will be accessible to the Board where they may submit comments. Release dates will be provided to the victims.

e) Definitions:

Sex Offender - Any probationer, conditional sentence or parolee found guilty of an offense of a sexual nature where there is a victim, including the following: SEXUAL INTERFERENCE, SEXUAL EXPLOITATION, BUGGERY or BESTIALITY, SEXUAL ASSAULT, SEXUAL ASSAULT WITH A WEAPON, AGGRAVATED SEXUAL ASSAULT and INCEST.

Sexual offenders shall also include those offenders whose charges have been reduced for the purposes of prosecution or for protecting the victim. The offender's criminal record, Probation and Parole case standards and assessment tools and the circumstances of the offense will be considered.

f) Confidentiality:

Personal information concerning the offender is collected for the purposes of assessment, classification and program placement. This information may be verified by contacting other sources as seemed necessary. Applicable legislation for the collection of information is the Ministry of Correctional Services Act and the Freedom of Information Act.

D. RAPE CRISIS INTERVENTION

SEXUAL ASSAULT SURVIVORS' CENTRE SARNIA-LAMBTON

MANDATE: The Sexual Assault Survivors' Centre Sarnia-Lambton is dedicated to assisting victims of sexual assault and sexual abuse; ensuring a comprehensive range of crisis support, counselling, information and advocacy services are available to those who have been sexually assaulted and sexually abused, encouraging coordination and networking among organizations providing services to victims and working towards the prevention and elimination of coercive sexual behaviour.

ACCOUNTABILITY: Concerns regarding the quality or nature of service provided can be directed to the Executive Director. Complaints or concerns will be processed according to the centre policies and procedures.

HOURS OF OPERATION:

Crisis Line (337-3320) 24 hours - county residents may call collect

TDD Line 337-1117

Sarnia Office Hours (337-3154)

Monday to Thursday 9:00 a.m. to 5:00 p.m.

Friday 9:00 a.m. to 4:00 p.m.

Regional Offices:

Mondays (Forest) 9:00 a.m. to 4:30 p.m. - (519) 786-2334

Fridays (Petrolia) 9:30 a.m. to 3:30 p.m. - call Sarnia office

SERVICES PROVIDED:

- 24 Hour Crisis Line
- Individual and/or group counselling for survivors (16 years and up) of sexual assault, sexual abuse, incest and sexual harassment.
- Accompaniment to hospital, police, crown attorney, and court.
- Information, referral, advocacy
- Public education
- Rural outreach in Forest and Petrolia
- Native outreach

All services are free and confidential

SERVICES PROVIDED (IN DETAIL):

a) Crisis Response

Centre counselling staff respond to crisis line calls during centre office hours. During non-office hours weekends and holidays the 24-hour crisis line is staffed by women volunteers.

Crisis line volunteers provide non-directive emotional support, information, referrals to counselling and other services, and emergency accompaniment to hospital and police. Court accompaniment is also provided at the request of the survivor.

Upon receiving a call on the crisis line or office line, Sexual Assault Survivors' Centre counselling staff or volunteer will:

1. Respond to the concerns and needs identified by the caller.
2. If the caller is contacting the centre about a recent sexual assault, centre personnel will ascertain the immediate physical safety of the caller including:
 - where she/he is at the time,
 - the location of her/his attacker,
 - any physical injuries she/he can identify,
 - her/his need for immediate medical or police intervention
3. If the caller identifies being in need of emergency medical or police intervention, the centre personnel will facilitate access to emergency assistance.
4. If there is no immediate emergency or risk the centre personnel will discuss the range of options and choices available, including:
 - Medical attention - the survivor may decide to access services of the Sexual Assault Treatment Centre, Sarnia General Hospital; see family physician, or access services of Lambton Health Unit.
 - Report to police - the decision to report a sexual assault to police is the adult survivor's alone to make and she/he can decide when to report.

- Counselling/support - all victims are encouraged to seek emotional support and/or counselling through the Sexual Assault Survivors' Centre or other community organization of their choice.
5. If the caller chooses to seek medical attention or to make a report to the police, the centre personnel will offer her/him accompaniment services. If necessary, emergency transportation (by taxi) will be offered to the police station or hospital. Sexual Assault Survivors' Centre personnel can not go to the homes of callers nor transport clients in their own vehicles.
- b) Accompaniment for Medical Treatment
Upon receiving a request for accompaniment to the hospital, Sexual Assault Survivors' Centre staff or volunteer will:
1. Arrange to meet the caller at Sarnia General Hospital, Emergency Department.
 2. Contact the Sexual Assault Treatment Centre, Sarnia General Hospital to notify medical personnel of the pending accompaniment.
 3. Ensure that the caller is aware of her options regarding the sexual assault evidence kit and police reporting options.
 4. Encourage caller to preserve all evidence and advise her/him to:
 - not shower, bathe, douche, brush teeth, eat, drink, smoke, comb hair, use the bathroom.
 - bring or wear the clothes that she/he was wearing at the time of the assault if possible.
 - bring a complete change of clothes, including shoes to the hospital.
 5. Provide emotional support, and/or information to the survivor and/or family/friends during involvement in the medical process.
- c) Accompaniment to Police
1. When the police respond to a sexual assault, the officer will, with the survivor's consent, initiate contact for Victim Services personnel to attend. Sexual Assault Survivors' Centre personnel will not be contacted to attend in order to avoid duplication of services. Police and Victim Services will provide the survivors with information regarding follow-up services of the Sexual Assault Survivors' Centre.

2. When a request for accompaniment to police is received from a survivor, the Sexual Assault Survivors' Centre personnel will arrange to meet the caller at the police station, or depending on the situation, an alternate location such as the Sexual Assault Survivors' Centre office.
3. Centre personnel will provide emotional support to the survivor during her/his involvement with police.

d) Follow-up Services

After the initial crisis intervention, Sexual Assault Survivors' Centre counsellor or volunteer will:

1. Encourage the survivor to access the Centre's 24-hour crisis line to obtain additional support and information as needed.
2. Discuss the other programs and services available at the centre. Encourage the survivor to contact the centre office to arrange an appointment with a counsellor for individual and/or group counselling.
3. Inform the survivor of other appropriate community resources.
4. Provide information to the survivor regarding Criminal Injuries Compensation, Victim Impact Statement, Complaints to Regulatory Body, judicial process, and the availability of resource material at the centre on the above topics, as well as topics including sexual assault, incest, date rape and sexual harassment.
5. Ensure that the survivor has a safe place to return to.

CONFIDENTIALITY: It is the policy of the Sexual Assault Survivors' Centre to maintain absolute confidentiality of all information acquired in the course of a client's involvement at the centre and no information will be disclosed without a client's signed consent to release of information. Exceptions to this policy include certain situations, by law, where we must disclose information. These are; search warrant, subpoena and mandatory reporting of child abuse under the Child and Family Services Act.