

Oxford County

# SEXUAL ASSAULT RESPONSE PROTOCOL

Revised by: Domestic Abuse  
Resource Team (D.A.R.T.),  
March 2022

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OXFORD COUNTY SEXUAL ASSAULT RESPONSE PROTOCOL 2022

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## Chapter 1: Introduction and Background

In September 1999 a small group of agencies in Oxford County met to share and exchange information. The group shared a common objective: To co-ordinate a consistent community response process for situations in which there was a sexual assault. The priority at that time was the proper collection of forensic evidence, consistency in practice by responding service providers who assist victims of sexual violence, and enhanced communication between responding agencies. As a result, a Sexual Assault Response Task Force was formed.

The Task Force identified important considerations that were used to guide the formation of the original Protocol in 1999:

- The need to be sensitive to survivors of sexual assault;
- The need for a clear and concise Protocol;
- The need to co-ordinate and utilize the resources which are available for use in Oxford and to work towards eliminating gaps;
- The need to provide follow-up support for survivors.

In 2005, the Oxford County Domestic Assault Review Team, now known as the Domestic Assault Resource Team (D.A.R.T.) struck a new Sexual Assault Response Task Force to review the protocol, as a way to ensure that it was relevant and aligned to changes that occur in each service represented in the protocol. This Task Force was larger, consisting of greater representation across the justice, social service and health care sectors. D.A.R.T. coordinated and prepared a revision of the Protocol, in collaboration with Task Force members. The revised protocol evolved to include 'underlying principles', 'statement of values and beliefs', as well as a framework for 'implementation, monitoring and evaluation'.

### 1.1 2022 SEXUAL ASSAULT RESPONSE UPDATE

In 2018, D.A.R.T initiated a review of the Oxford County Sexual Assault Response Protocol. An ad hoc working group was formed, and meetings followed between community partners to discuss the current climate of sexual violence and reflect on changes to Oxford County's response to sexual assault. It was apparent that sexual violence was being evaluated differently across society, as a result of social justice movements such as the 'Me Too Movement' as well as an increase and the ease of accessibility to Porn Culture in which there has been a confluence of sex and violence toward women and vulnerable populations. The frequency and severity of sexual violence was ever-more apparent. As well, there was an important recognition that marginalized groups disproportionately experience sexual violence compared to those who are not marginalized; for example, Indigenous women and girls, young women, racialized people, transgendered individuals and communities, disabled people, and other equity-seeking populations. The need for trauma-informed service responses across social, justice and healthcare systems, was also increasingly apparent and prioritized within the service responses of sexual violence.

In 2019, D.A.R.T. (now, Domestic Abuse Resource Team) underwent a strategic planning process, including setting strategic priorities and solidifying a re-commitment to the purpose and scope of the table. Coming out of this revisioning process was a strong commitment across the table to undertake a comprehensive revision and update of the Sexual Assault Response Protocol.

In 2021, D.A.R.T brought together community partners from social, justice and healthcare systems to discuss the changes to legislation, best practices, and inter and intra organizational polices. Much has changed since 2005, including: changes to the Child Youth and Family Services Act; changes to the legal definitions of consent; policing priorities shift towards victim-centred and trauma-informed practices; evidence collection and forensics have also changed; and, Oxford County had welcomed new service partners.

The updates to the Sexual Assault Response Protocol (2022) are intended to reflect these changes, provide an up to date, best practice community response, with an understanding that an ever-evolving, flexible approach is required to stay current and best serve those who have been impacted by sexual assault.

### 1.2 2022 UNDERLYING PRINCIPLES

The participants of this new Protocol have agreed to a set of underlying principles, as a guide to working well with sexual assault victims:

- Respect the interests and needs of the victim;
- Demonstrate sensitivity, recognizing that each victim has a diverse set of physical, emotional and cultural needs, and that every person responds to trauma differently;
- Commit to inclusivity, intersectionality and anti-oppressive principles;
- Promote safety, well-being and confidentiality;
- Facilitate a professional, informed, clear and consistent response to victims.

### 1.3 PURPOSE OF THE SEXUAL ASSAULT RESPONSE PROTOCOL

The primary purpose of this Sexual Assault Response Protocol is to reflect the commitment of participating agencies to our common goal of delivering a coordinated, timely and effective community response to victims of sexual assault. This Protocol will be a working tool and resource for:

- Staff and volunteer training;
- Orientation for new employees and volunteers;
- Benchmarking expectations against which to evaluate the quality of service delivery and service effectiveness.

## I. 4 STATEMENT OF VALUES AND BELIEFS

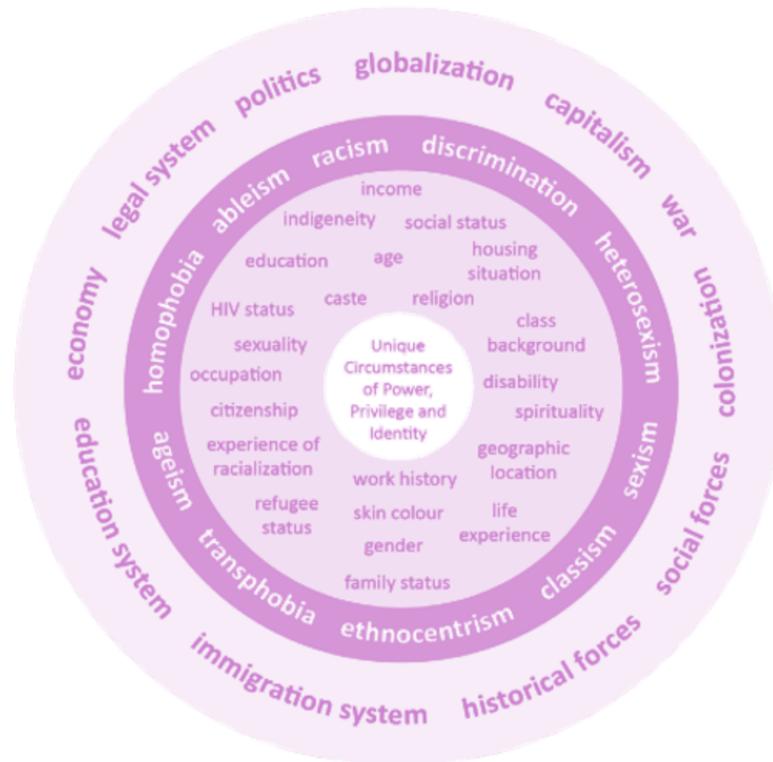
Our agencies have an understanding of the following values and beliefs, which are expanded upon further in the Statements of Commitment in Chapter 3:

- Violence in all of its forms, including sexual violence, is used as an instrument of power, control and oppression;
- Sexual violence is an act of power and control used to dominate and violate an individual. It is not an act of sexual intimacy;
- The Sexual Assault Response Protocol - Oxford County uses gender-neutral language to reflect the reality that women and men may be victims / survivors of sexual violence. We recognize, however, that the majority of sexual violence in our society is perpetuated against women and children;
- Equity-seeking groups, such as trans people, racialized people, and indigenous people disproportionately experience sexual violence;
- Sexual violence is a societal problem that requires recognition from all parts of society, especially our health care, justice and social sectors;
- The most effective and appropriate community responses to sexual assault are those that encourage the victim/survivor to reclaim their autonomy, their sense of personal control and their right to self-determination;
- Persons who have been sexually assaulted are not responsible for the violent behavior of the assailant
- A lack of physical evidence neither confirms nor refutes a sexual assault.

## 1.5 ANTI-OPPRESSIVE PRACTICE AND INTERSECTIONALITY

Intersectionality offers us the opportunity to fully embrace the complexities of an individual's lived experiences and thereby develop practices that take those complexities into account, thus helping to address oppression in its various forms. Through intersectional approaches, individual experiences can be linked to their structural roots in oppressive systems (CRIAW, 2019)<sup>1</sup>. Intersectional frameworks attempt to provide an analysis that explores the diversity and complexity of lived experiences. Such frameworks help to identify the structures of oppression or advantage, the kinds of discrimination these structures construct or co-construct; and how aspects of social position, history or identity are impacted and are a starting point for making essential changes (Manning, 2014)<sup>2</sup>.

Oppression is the use of power to disempower, marginalize, silence or otherwise subordinate one social group or category, often in order to further empower and/or privilege the oppressor. Social oppression may not require formally established organizational support to achieve its desired effect; it may be applied on a more informal, yet more focused, individual basis. Anti-oppressive practice seeks to recognize the systems and experiences of oppression that exist in our society and attempts to mitigate its affects and eventually equalize the power imbalance in our communities.<sup>3</sup>



<sup>1</sup> Canadian Research Institute for the Advancement of Women (CRIAW). (2019). Feminist intersectionality: A primer. Ottawa: CRIAW.

<sup>2</sup> Manning, S. (2014). Fem-North Net fact sheet. Feminist intersectional policy analysis: Resource development and extraction. Ottawa: CRIAW. <http://fnn.criawicref.ca/images/userfiles/files/FIPAFramework.pdf>

<sup>3</sup> Anti-violence project. (2021). University of Victoria. <https://www.antiviolenceproject.org/anti-oppressive-practices/>

## 1.6 IMPLEMENTATION, MONITORING AND EVALUATION

Participants of the Protocol agree to disseminate this information to their members, and if appropriate train their staff with in-service education. Thereafter, Sexual Assault Response Protocol training will be scheduled regularly by participating agencies, as part of ongoing staff and volunteer orientation and education.

It is recommended that D.A.R.T. form a standing sub-committee that assumes responsibility for the evaluation process. This sub-committee will be tasked with maintaining a current Protocol, reviewing the Protocol for accuracy and effectiveness, and revising it, if necessary. Each community partner is responsible for providing updates (such as policy directives, legislative changes, Ministry or funding updates). Additionally, D.A.R.T. will provide a forum for evaluation and revision of the Protocol between all parties, annually.

This evaluation process (both inter-agency and intra-agency) should ask the following questions:

- ✓ What are we doing to respond to sexual assault in Oxford County?
- ✓ Are we doing what we said we would do? Are we following the Protocol?
- ✓ Are there better ways of doing what we do now?
- ✓ Are we filling in identified gaps?

In general, inter-agency or intra-agency concerns may be addressed directly as they arise between the parties involved, using this Protocol as a framework.

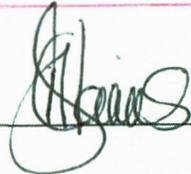
## 1.7 ACKNOWLEDGMENTS

Representatives of participating agencies have contributed valuable time and resources in planning, hosting meetings, preparing materials, and reviewing drafts, in order to produce this updated Sexual Assault Response Protocol. Committee members are commended for their commitment to the community, for their tireless collaboration and last but not least, for setting high standards of care and treatment for victims of sexual assault.

Our sincere thanks go out to all who gave of their valuable expertise, time and energy.

## 1.8 Signatories to the 2022 Sexual Assault Response Protocol

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Andre Rajna, Crown Attorney

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operating as the OPP- Ontario Provincial Police**  
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Heidi Dantes, Director Emergency and Outpatient Clinic

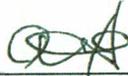
## SEXUAL ASSAULT RESPONSE PROTOCOL

### **Tillsonburg District Memorial Hospital**

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### **Alexandra Hospital**

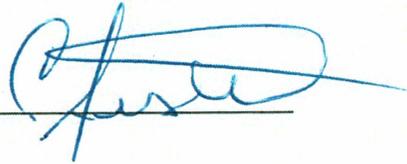
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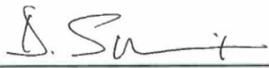
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SEXUAL ASSAULT RESPONSE PROTOCOL

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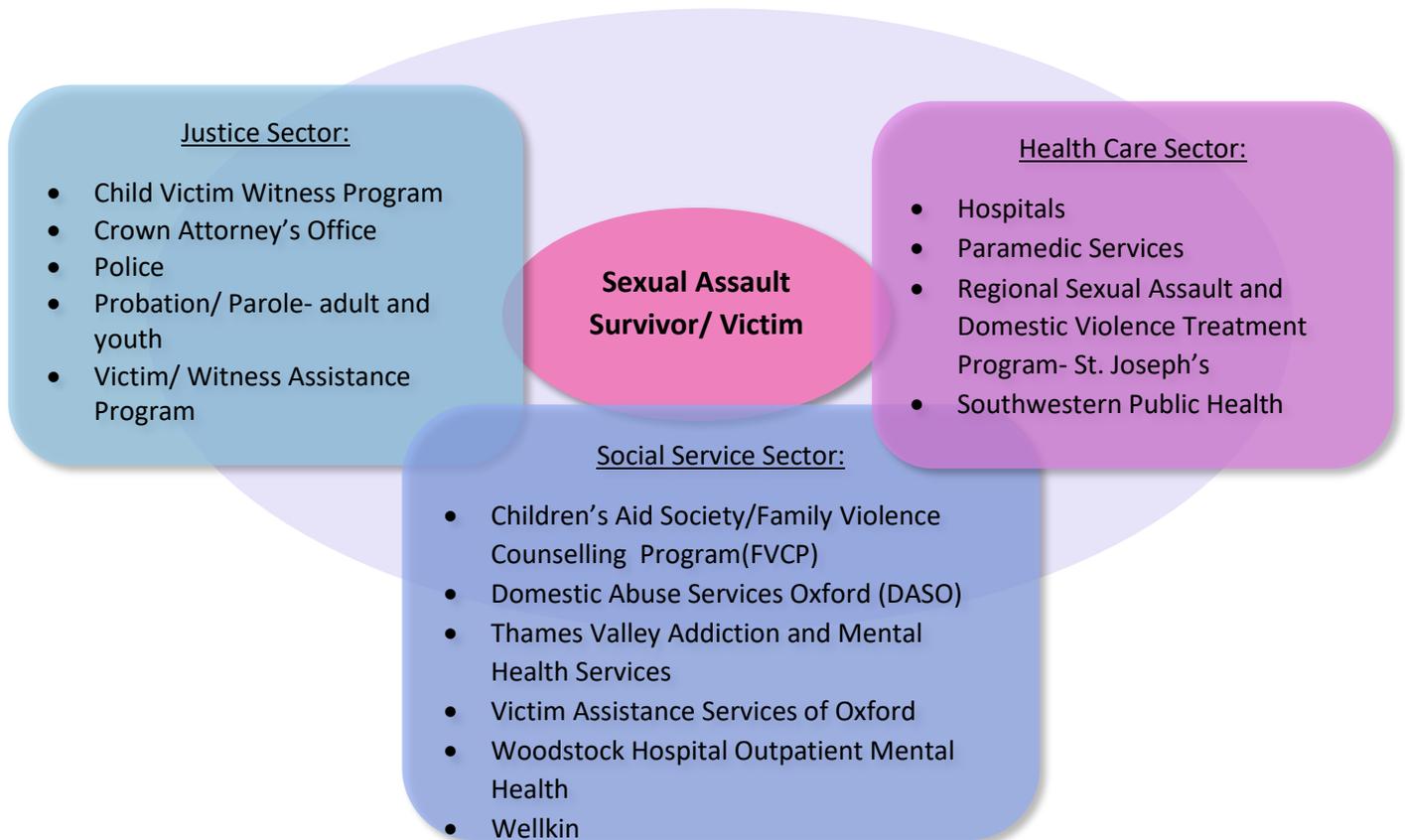
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Kelly Baker, Executive Director

## Chapter 2: Community Response - How We Respond to Sexual Assault

A summary of the responsibilities of various agencies is provided here, to give a snapshot of the community sectors that respond to sexual assault. This summary is cursory.

Refer to *Chapter 3: Statements of Commitment* for a more detailed explanation of what each agency does. Additional information is available in *Chapter 4: After A Sexual Assault is Disclosed*. The reader may also consult the attached Addendums for more information regarding *Legislation, Definitions of Consent, Duty to Report, Practice Tips, and Privacy Legislation*.



## THE JUSTICE SECTOR – Roles and Responsibilities

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### Ministry of The Attorney General – Crown Attorney’s Office

The Crown Attorney’s office is responsible for the prosecution of any charges laid.

### Police

The police are responsible for thoroughly investigating sexual assault, for ensuring the safety/ protection of the victim and for ensuring collection of all evidence. They provide referrals for medical treatment and follow-up, for emotional support and for access to other services that may provide support / assistance in this time of crisis. The region is served by two police services, each accountable for a specific geographic area of Oxford County: Woodstock Police, and Ontario Provincial Police (OPP).

### Children’s Aid Society/FVCP – Child Victim Witness Program

The Child Victim Witness Program provides victim/survivors of sexual assault under the age of 18 years with information, assistance, and support throughout the criminal justice process.

### Ministry of The Attorney General – Victim / Witness Assistance Program

The Victim/ Witness Assistance Program (V/WAP) provides information, assistance and support to victims and witnesses of crime, throughout the criminal justice process to improve their understanding of and participation in the criminal justice process. The V/WAP works with witnesses and victims who are 18 and over.

## THE HEALTHCARE SECTOR

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The health care sector is committed to the provision of effective medical care for victims of sexual assault. This is accomplished through identification, evaluation, treatment, safety planning, documentation, and health teaching.

In addition to subscribing to the underlying principles identified in Chapter 1, health sector agencies strive to give sexual assault victims a positive health care experience that includes quality care, immediate support, emotional support, direction and / or referral to additional services and resources, discharge instructions or direction for after care and expert forensic evidence collection.

### Hospitals

Oxford County hospitals provide medical examination, and treatment in consultation with The Regional Sexual Assault and Domestic Violence Treatment Centre At St. Joseph’s Hospital in London, Ontario, prior to referring victims to other health or non- medical services.

### Oxford County Paramedic Services

Oxford County Paramedic Services provide the ambulance service and emergency paramedic response team.

### Southwestern Public Health

The Sexual Health Clinic offers a range of sexual health services, including birth control and emergency contraception, sexually transmitted infection testing, pregnancy testing, counseling for pregnancy, HIV testing, and follow up with a clinic physician, as needed.

### Regional Sexual Assault and Domestic Violence Treatment Program

The Regional Sexual Assault and Domestic Violence Treatment Program at St. Joseph's Health Care provides on-going counseling, medical examination, medical testing and treatment of sexually transmitted infections, medications to prevent pregnancy from the assault, medications to prevent sexually transmitted infections and HIV, documentation/ photographs of any injuries, safety planning and community referrals for individuals of any gender identification and of any age.

## THE SOCIAL SERVICE SECTOR

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### Domestic Abuse Services Oxford (DASO)

DASO offers emergency shelter, a 24/7 Crisis and Information helpline, information and advocacy, sexual assault therapy, risk assessment, and safety planning for women over the age of 16 residing in Oxford County. Services are confidential and of no cost.

### Victim Assistance Services of Oxford County (VASOC)

In a safe environment and with consent, Victim Assistance Services of Oxford County (VASOC) provides immediate and short-term crisis intervention services to persons affected by crime, tragedy, and disaster. VASOC teams of trained staff and volunteers provide emotional support, practical assistance and information and referrals on-site or by telephone, 24/7.

### Children's Aid Society of Oxford County/ Family Violence Counselling Program (CAS/FVCP)

Children's Aid Society of Oxford County offers services for children in need of protection and conducts child abuse/ neglect investigations. The Family Violence Counselling Program, co-located at the CAS, provides services to individuals who have used or experienced coercive control while involved in a domestic or intimate partner relationship. Involvement in child welfare services is not necessary to use the programs offered by the FVCP.

### Wellkin

Wellkin offers counseling for child victims of sexual assault and their family.

### Woodstock Hospital – Outpatient Mental Health

Woodstock Hospital provides Outpatient Mental Health services, such as, Crisis response, walk-in counselling, outpatient psychiatric care, individual and group therapy, and specialized clinics (Eating Disorders, Med Clinic, Prevention & Early Intervention Program for Psychosis PEPP, Behaviour Supports Ontario BSO).

**Canadian Mental Health (CMHA) Thames Valley Addiction and Mental Health Services**

Provides recovery-focused programs and services for people of all ages and their families, such as Crisis and Outreach, Groups, Mental Health Engagement and Response Team (MHEART), Peer Support, and Walk-in Counselling.

## Chapter 3: Statements of Commitment

*A community Protocol is a written document of agreement between parties. This agreement reflects the shared understanding between participating agencies, as well as the nature of our commitments to one another and the agencies' practices. Statements of Commitment have been submitted by each participant and are provided below. In the case of police and of the health care sector, more than one organization has collaborated to jointly submit the Statement of Commitment.*

### 3.1 MINISTRY OF THE ATTORNEY GENERAL- CROWN ATTORNEY'S OFFICE STATEMENT OF COMMITMENT

#### 3.1 General

The Crown Attorney's Office:

- Follows the directives and guidelines set out in the Attorney General's Crown Policy Manual with respect to sexual assault;
- Works with the victim witness programs to ensure that information about the court process is communicated to victims;
- Where charges are laid, assigns an assistant Crown Attorney to prosecute the matter once a trial date is set;
- Seeks trial dates, early trial dates, and opposes adjournment requests that are not well-founded;
- Is vigilant in the prosecution of breaches of terms of any judicial interim release orders. Where a detention is justified, the Crown's office shall consider applying to cancel prior forms of release where the accused breaches his conditions or commits a further offence;
- Works with the victim witness programs and the police to arrange an interview with the victim prior to trial and / or preliminary hearing;

- Works with the victim witness programs to consult with the victim about plea discussions, sentence resolution and victim input regarding potential terms of probation;
- Is available to answer all questions about decisions made during the prosecution of the case.

### 3.1.1 Accountability

The Crown Attorney and Ontario Court offices document the progress of court cases as they make their way through the judicial sector in Oxford County. Concerns and accountability can be addressed through the assigned assistant Crown Attorney, through the Crown Attorney for Oxford County, and finally through the Director of Crown Operations, West Regional Directorate in London.

## 3.2 MINISTRY OF THE ATTORNEY GENERAL - VICTIM/ WITNESS ASSISTANCE PROGRAM (V/WAP)

### STATEMENT OF COMMITMENT

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#### 3.2.1 General

The Victim/Witness Assistance Program (V/WAP) is part of Ontario Victim Services, Ministry of the Attorney General. The mandate of the V/WAP is to provide information, assistance and support to victims and witnesses of crime throughout the criminal justice process in order to improve their understanding of and participation in the criminal justice process.

Where victims and witnesses are 18 years of age, the Woodstock Police Service and the OPP Tillsonburg and Ingersoll Detachments refer required sexual assault matters and corresponding documentation to the V/WAP. Victims and witnesses under 18 are referred to the Child Victim Witness Program (see page 21, Children's Aid Society Statement of Commitment, Section 3.4.6 Child Victim Witness Program).

#### V/WAP will:

- Establish contact with clients early in the criminal court process;
- Provide clients with information about V/WAP services and the criminal court process;
- Offer emotional support throughout the court process;
- Discuss client safety concerns and needs, and offer appropriate supports and referrals in the community;
- Inform victims of their rights based on legislation, such as Ontario's *Victims' Bill of Rights*, the *Canadian Victims Bill of Rights* and the *Criminal Code*;
- Provide case specific information to clients, e.g., the charges laid, the dates and outcomes of significant court proceedings including disposition;
- Inform clients of their option to provide input to the Crown regarding the case and provide such input to the assigned Crown e.g., input related to bail variations, resolutions and sentencing;

- Inform clients of their option to attend court for court appearances e.g., at the time of plea and sentence;
- Provide copies of court documents relevant to the victim/witness and explain the information in the court document e.g., release orders and sentencing orders,
- Explain legal terminology and court procedures to prepare clients for court, including their role in the court process, courtroom orientation and preparation for testifying at court proceedings;
- Inform clients of the option to meet with a Crown and arrange for Crown appointments;
- Arrange for interpreters and support accommodation requests as required;
- Provide a waiting area for clients attending court;
- Provide court support and, where required and resources permit, court accompaniment ;
- Inform clients about the Victim Support Line and registration with the Victim Notification System;
- Inform clients of their right to complete a Victim Impact Statement and a Statement on Restitution and assist them to complete them;
- Inform clients about their right to provide submissions and have independent legal representation where the accused/defense is seeking access to, or wishes to use, their private records, or wishes to admit evidence related to their prior sexual activity;
- Inform the client about their right to request a ban on the publication of their identity and, where a publication ban is ordered, the right to request it be revoked;
- Inform the client of their right to request testimonial aids and convey their request to the Crown;
- Advocate on behalf of the client with the Police, Crowns and community agencies;
- Provide training and professional development on V/WAP, the criminal justice sector and victims' issues;
- Increase public education and awareness regarding the criminal justice sector, the V/WAP and victims' issues;
- Participate in community coordination and planning activities to provide information, expertise and advocacy on behalf of victims and witnesses of sexual assaults and other crimes.

### 3.2.2 Access

The Woodstock Victim/Witness Assistance Program is available Monday to Friday during regular business hours. Services provided by V/WAP are voluntary. Any victim can decline the services offered by the program.

Services are offered to victims/witnesses who reside in Oxford County or who are involved in a criminal matter being heard in Oxford County.

V/WAP services are available to victims and witnesses of crime after charges have been laid. Services terminate upon disposition of the criminal case.

There is no cost to the victim for this service. Victims and witnesses can call directly for service.

V/WAP staff shall maintain the best interest of the client as the primary obligation within the context of the proper administration of justice.

V/WAP staff do not discuss evidence with clients. Victims/witnesses who wish to discuss their evidence are referred to the police and/or the assigned Crown. V/WAP staff have a responsibility to share information that may affect the administration of justice with the Crown's office.

V/WAP does not provide transportation or childcare services.

## 3.3 ONTARIO PROVINCIAL POLICE, WOODSTOCK POLICE SERVICE STATEMENT OF COMMITMENT

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### 3.3.1 General

The police shall:

- Respond to all complaints of sexual assault
- When able, with consent of the victim, ensure SAEK within 72 hours is completed, but in any event no later than the maximum time of 12 days if applicable
- Properly record and document every sexual assault complaint;
- Address the immediate needs of the victim, for example by providing referrals regarding medical treatment, support services, agencies, shelter, etc.;
- Conduct an investigation in accordance with the police service's policy and procedure and Major Case Management process (where applicable) and in conjunction with the appropriate agencies:
  - Obtain video statement from victim whenever possible;
  - If appropriate, refer the victim of any age, adult or child, to St. Joseph's Hospital Regional Sexual Assault and Domestic Violence Treatment Program (RSADVTP) for medical examination / treatment, in accordance with their protocol. When necessary and requested, arrange for transportation for the victim;
  - If the sexual assault complaint is familial in nature, and the victim is a child, the Oxford County Children's Aid Society will be notified and follow Ontario Provincial Police policy and procedure and/ or the Woodstock Police Service Child Abuse and Neglect Protocol Directive (LE-027) ;
  - Ensure the collection of photographs and forensic examination of physical evidence;
  - Interview all witnesses;
  - Evaluate evidence and proceed with charges;
  - Where applicable Consult Crown Counsel, as required;

- Complete all necessary reports as per Ontario Provincial Police and Woodstock Police Service policy and procedure
  - If charges are laid, refer the victim to VWAP for victims and witnesses who are 18 (see Section 3.2) or the Child Victim Witness Program for victims and witnesses who are 17 and under (see Section 3.4.6);
  - Conduct any necessary background checks and make any recommendations for detention or release
- 
- Advise the victim of any conditions if the offender is released from custody;
  - Investigate any breach of conditions by the accused person and lay charges as appropriate;
  - Provide equal treatment for all persons in accordance with the Human Rights Code and the Canadian Charter of Rights and Freedom while being sensitive to the nature of the offence.

## 3.4 CHILDREN'S AID SOCIETY OF OXFORD COUNTY

### STATEMENT OF COMMITMENT

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#### 3.4.1 General

When sexual offences of a child or youth is reported to the Children's Aid Society (CAS), the CAS will:

- Address the child's/youth's immediate safety;
- Determine "eligibility" for Children's Aid Society intervention: whether or not the child has been sexually molested or sexually exploited by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child; or where there is a risk that the child is likely to be sexually molested or sexually exploited;
- Conduct a child protection investigation in conjunction with and in accordance with the relevant Protocol between the CAS and the Police force having jurisdiction;
- Provide assistance to the person reporting the assault and/or the family with regard to contacting police and appropriate community resources, if the alleged sexual assault has occurred at the hands of a person outside the family and is not in a care giving role, the CAS shall provide assistance with the investigation should the child, family or police request this, including situations of child/youth sex trafficking;
- In conjunction with the police, child/youth and caregivers, assist in getting the child to the nearest community hospital for medical treatment or to the St. Joseph' s Hospital Regional Sexual Assault / Domestic Violence Treatment Centre in London if the nature of the assault warrants this;
- Put in place a plan, in collaboration with the family system, which will ensure the safety of the child/youth;
- Provide ongoing service if it is determined that the child/youth is in need of protection. This will include addressing physical and emotional treatment needs;
- Give the child and family information and / or referrals about / to community resources to assist them.
- Youth between the ages of 16&17 years are eligible for services subject to a Voluntary Youth Service Agreement (VYSA) should there be verified child protection concerns.
- In situations that youth between the ages of 16&17 years are a victim of sex trafficking, the Society shall provide services that will meet the basic needs of the individual and focus upon providing information about services that are available for trafficked individuals.

### 3.4.2 Definition of a Child and Age of Eligibility for Child Protection Services:

The Child Youth and Family Services Act (2017) defines a child as:

- A person actually or apparently less than 18 years of age;
- A person subject to a protection order, such as an order of supervision or wardship, including youth who are in the extended care of the Society.

### 3.4.3 Investigations:

When a society receives a report that a child is or may be in need of protection (i.e.: sexual offences), a society worker will assess the risk and urgency of the situation based on the Ontario Child Welfare Eligibility Spectrum. The society worker will determine whether an investigation is needed by considering all relevant information, including other available information about the child's vulnerability, safety threats, risks and patterns of previous child involvement with the society.

A child protection investigation will take place where there are reasonable and probable grounds that a child may be in need of protection. If a society assesses that an investigation is required, the society worker will take steps to ensure the child's safety, while being as family-centered and strengths-based as possible.

Investigation includes interviews with the parent(s) and the child. The goal of the interview is to determine whether abuse / neglect of the child has occurred and if the child/youth is in need of protection. The worker also assesses further possible safety risks to the child/youth. In cases of sexual assault or sexual exploitation, the goal is to support the child to be safe and healthy.

The Society, in collaboration with Police, will investigate allegations of abuse / assault involving youth between 16 and 17 years, if reported to the Society and the youth is in agreement to the Society's involvement, as per the provisions to the CYFSA.

### 3.4.4 Child in Need of Protection:

The Child Youth and Family Services Act (CYFSA) defines the circumstances in which a child or youth is "in need of protection". Every ground for finding a child in need of protection contains two components and both are essential to the definition.

These are that to find a child in need of protection requires:

- That harm or risk of harm be verified through an investigation by a CAS,

And also

- That harm must be caused by, or resulting from, something done or not done by the child’s caregiver. (CYFSA, Sect.72 (1)). Exception to this includes situation of sex trafficked individuals between the ages of 16 to 17yrs in that the caregiver.

### 3.4.5 Child Protection Services:

Child protection services are provided where an investigation has determined that child protection concerns exist. The agency may work with the family voluntarily or when required to commence a protection application in order to obtain a court order.

#### **NOTE:**

- **In October 2021, legislative amendments to the CYFSA provide child protection workers and peace officers with the authority to remove a 16- or 17-year-old from a sex trafficking situation for a limited period of time in order to offer voluntary supports and services in situations where there is high risk that if not removed immediately, the youth will not be accessible again.**
- **The intent is to interrupt a high -risk situation in order to offer the youth voluntary services and to provide information that may assist the youth in extricating themselves from the trafficker, whether at the time of the removal, or at a later time.**

### 3.4.6 Child Victim Witness Program:

The Child Victim Witness Program of Oxford County provides services to individuals under the age of 18 years who have been victims / witnesses of sexual assault and / or other child witnesses that are involved with the criminal justice system. The Child Victim Witness Program will:

- Refer individuals to outside agencies when necessary, including Children’s Mental Health agencies that focus upon developing immediate coping strategies;
- Provide court updates about the case to the victim / witness and their family;
- Contact victims and witnesses by phone or letter early in the court process;
- Inform victims and witnesses about services from the Child Victim Witness Program that are available to them;
- Offer emotional support throughout the court process;
- Assess the victim I witness's fears, worries and needs related to participating in the court process and offer appropriate services to help make the court process easier for them;
- Educate victims/ witnesses and their families about the criminal justice system;
- Obtain input from victims / witnesses and their families throughout the case related to possible resolution and sentencing;

- Explain court documents to victims/ witnesses and their families, for example bail information, release forms and probation orders;
- Inform victims / witnesses and their families about their rights as a participant in the court process, for example their right to attend court at the time of plea and sentencing;
- Explain legal terminology and court procedures to prepare victims / witnesses and their families for court;
- Inform victims / witnesses of their option to meet with a Crown before court and schedule appointments for victims / witnesses and their families;
- Assess the safety of the victim / witness and refer his / her to community agencies if further safety planning is required;
- Inform the Crown Attorney if an interpreter is needed for court;
- Provide a space for victims / witnesses and their families to wait while attending court;
- Provide court accompaniment when required and resources permit;
- Familiarize victims / witnesses and their families with the court process through orientation to the court process, preparation for court appearance and a tour of the courtroom;
- Inform and assist victims/witnesses and their families about Victim Supports, Victim Impact Statements and Victim Quick Response Program (VQRP);
- Assist individuals with Victim Impact Statements and requests for assistance via VQRP;
- Advocate on behalf of victims/witnesses with the police, Crown Attorney and community agencies;
- Write letters and advocate for testimonial aids in cases where it would be in the best interest of the victim/witness and where it would better enable the witness to provide the court with evidence when needed.

### 3.4.7 Access/ Additional Information

#### Hours:

The Children's Aid Society can be accessed 24 hours a day, seven days a week to respond to any child protection concerns.

The Child Victim Witness Program, offered via the Family Violence Counselling Program located at the CAS is available Monday to Friday from 8:30 a.m. to 4:30 p.m. from September to June, and 8:30 a.m. to 4:00 p.m. from July to August.

### Who Can Use The Service:

The Children's Aid Society of Oxford County protection and services are available to anyone defined as a child or youth (see above) who is at risk or who has suffered child abuse or neglect as defined above. A person may, but is not required to make a report to the Society if they suspect that a 16 or 17 year old has been, or is at risk of being subjected child abuse or neglect.

Referrals to CAS are investigated when someone who is in a care-giving role is believed to have harmed a child or if a child is believed to be in need of protection. When others who are not in a care-giving role are believed to have sexually assaulted a child, the matter will be referred to police but may be assisted by CAS. In situations of suspected sex trafficking involving youth between the ages of 16 and 17, the Society shall assist when requested by the youth or the involved Police service.

The Family Violence Counselling Program offers services to individual who use violence within an intimate partner relationship or within a domestic relationship such as a child and a caregiver. The objective of this program being located and operated within a child welfare organization is to account for the high incidence of child welfare referrals as a result of intimate partner violence impacting children and/or the concurrence of child welfare involvement and coercive control.

Services of the Child Victim Witness Program, offered through the FVCP, are voluntary and available to all individuals residing in Oxford County under the age of 18 years who are victims I witnesses in criminal court, regardless of child welfare involvement. This includes cases that will be heard in another jurisdiction, but where the family resides within Oxford County. Victims/witnesses who live outside of Oxford County, but who are involved with a court in this jurisdiction, can also access services. Individuals and or families not interested in the program may decline or withdraw from services at any time.

**Referrals:** Referrals to the Children's Aid Society may come from anyone however professionals who work with children or youth have legislated duty to report suspicions that a child or youth is or may be in need of protection as per Section 125 of the CYFSA.

Referrals to the Child Victim Witness Program are generally made by the Crown Attorney's office shortly after charges have been laid, although referrals can come from other sources including the investigating Police Service. Victims/witnesses and their families can contact the program directly to access services.

Child Victim Witness staff work with the child as long as required for the safety and health of the child. The Child Victim Witness Coordinator generally works with the family until the court process is completed and the accused is either convicted or acquitted. If required, the Child Victim Witness Coordinator will also assist families in completing Victim Impact Statements.

**Cost:** There is no cost for using these services.

**Code of Conduct:** Child Victim Witness Program staff do not discuss evidence with victims / witnesses at any time. For individuals that wish to discuss the evidence, staff will direct them to the investigating Police Service or a Crown Attorney.

### 3.4.8 Statistical Collection

The Children's Aid Society of Oxford County keeps statistics on services provided for the Ministry of Child Community Social Services.

### 3.4.9 Accountability

Accountability for these services is through the Board of Directors, Children's Aid Society of Oxford County. Concerns may be addressed to the Executive Director.

## 3.5 OXFORD COUNTY HEALTH CARE SECTOR

STATEMENT OF COMMITMENT - A commitment made by the following agencies/organizations:

- ALEXANDRA HOSPITAL, INGERSOLL
- SOUTHWESTERN PUBLIC HEALTH
- OXFORD COUNTY PARAMEDIC SERVICES
- ST. JOSEPH'S HEALTH CARE REGIONAL SEXUAL ASSAULT AND DOMESTIC VIOLENCE TREATMENT PROGRAM- LONDON (RSADVTP)
- TILLSONBURG DISTRICT MEMORIAL HOSPITAL
- WOODSTOCK HOSPITAL

**IMPORTANT NOTE TO HEALTH CARE PROVIDERS OF OXFORD COUNTY including Walk-In Clinic(s), Private Practice Physicians, Other Health Care Practitioners:**

Copies of this Protocol will be sent to primary health care providers and other health services in Oxford County. Recipients are encouraged to use the practices and processes described in Section 3.5, in Chapter 4 and attached addendums, in order to provide a consistent community response to sexual assault victims.

***Please note that when dealing with sexual assault clients, safety planning and timely gathering of forensic evidence are also important for the victim. Domestic Abuse Services Oxford (DASO) and the police can provide risk assessment and safety planning. In addition, the police may arrange transportation to St. Joseph's Health Care Regional Sexual Assault and Domestic Violence Treatment Centre, where injuries may be documented, forensic evidence collected and medical examination and treatment for sexual assault victims will be provided. A patient's consent is required prior to contacting the police.***

### 3.5.1 Principles of Care

In addition to subscribing to the underlying principles already identified earlier in this Protocol, the health sector agencies strive to give sexual assault clients a positive health care experience that includes providing:

- Quality care (prompt identification and accurate evaluation of the client's condition);
- Immediate support;
- Emotional support for the client and accompanying friends / family;
- Direction and / or referral to additional services and resources in Oxford County;
- Discharge instructions and / or direction for after care;
- Expert forensic evidence collection, at the client's direction.

### 3.5.2 Health Care Sector Intake

Sexual assault clients come into the health care sector in a variety of ways. Often, the police will bring a client to one of the three hospital emergency rooms in Oxford County or directly to the RSADVTP at St. Joseph's Health Care in London. An individual may be brought in by an ambulance, which may have been triggered by a call from a victim or other individual. Sometimes, an individual goes to a clinic, doctor's office or other health facility and reports a sexual assault.

#### 3.5.2.1 Through Oxford County Paramedic Services- EMS

If Paramedic Services is called to respond to a sexual assault (through 911, a client, police or other individual), CACC (Centralized Ambulance Communications Center) will typically tier police in addition to sending an ambulance, this is not always a guarantee. Sexual assault may not always be disclosed to the dispatcher.

Once the scene is secure (if needed), Paramedics will assess the client's condition, including the need for urgent, emergency, or resuscitative care, and respond appropriately. The client will be transported to a local hospital for treatment if indicated.

In addition to the above, Paramedics will follow the Sexual Assault (Reported) Standard as explained in the Basic Life Support Patient Care Standard (BLS PCS). The standard is illustrated below:

##### *Sexual Assault (Reported) Standard*

In situations involving a patient who is reported to have been sexually assaulted, the paramedic shall:

1. Ensure the patient is not left alone;
2. If the patient is a child, follow the Child in Need of Protection Standard;
3. Notwithstanding paragraph 2 above, in situation where police are not on-scene, offer to contact police; and

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##### *Guideline*

- *If the patient declines to report the incident to the police, it is helpful to discuss options and be knowledgeable regarding local resources (e.g. sexual assault crisis centre; crime victim assistance programs), and be able to provide phone numbers for same.*
  - *Advise the patient not to wash, urinate or defecate until an examination is conducted at the receiving facility.*
-

4. Upon police request, bag the stretcher linen, dressings, and other materials in contact with the patient, and leave with the attending police officer.

***Duty to Report, Child Youth and Family Services Act\*: At any time when a client under 16 years of age comes forward, the Children's Aid Society of Oxford County will be notified where mandatory reporting legislation applies. Specifically, if the staff person or professional has reasonable grounds to suspect that a child has suffered abuse or neglect, or if there is a risk that a child is likely to suffer abuse or neglect, then the individual will immediately report the suspicion and the information on which it is based to the Children's Aid Society of Oxford County. Subsection 72 (1) of the Child and Family Services Act' describes 13 matters, which constitute abuse or neglect.***

### 3.5.2.2 Through Southwestern Public Health - Sexual Health Clinic

If a client comes to the Sexual Health Clinic directly after an assault, and discloses, staff will:

- Arrange transportation for the client to go to Woodstock Hospital immediately for medical attention if medical stabilization is required;
- If the client is under the age of 12 and does not require immediate medical intervention, arrange for the patient to go to RSADVTP at St. Joseph's;
- Arrange transportation to London for a medical examination at RSADVTP or for other services as described in Section 3.5.2.4. Other important supports available at the RSADVTP include forensic examination and evidence collection.
- Offer to provide or schedule any of the following treatment options:
  - Emergency contraception;
  - Sexually transmitted infection (STI) education/counselling, testing and contact tracing related to confirmed sexually transmitted infection cases (STI's);
  - Baseline and repeat blood work at 3 and 6 months (HIV, Hepatitis B & C), as appropriate and contact tracing related to positive cases;
  - Hepatitis B vaccinations as required;
  - Pregnancy testing and counseling for pregnancy;
  - Follow up with a clinic physician if appropriate;
  - Birth control.

- Discuss other support services available to the client. One important option may be contacting the police to report the assault, to start an investigation or to obtain a risk assessment. Other options are explained under Section 4.2 Service Options.

**NOTE:** Anyone 12 or over may go to the Sexual Health Clinic at 410 Buller St., Woodstock. In many instances an appointment is necessary, however when services are deemed to be time sensitive such as for Emergency Contraception, clients will be seen outside of clinic appointment times. A health card number is not required and service is free of charge.

**NOTE:** The Sexual Health Clinic does not have appropriate resources for providing emergency medical attention or to treat children. Transfers will be made to Woodstock Hospital for medical attention (any age), or to the RSADVTP at St. Joseph's for sexual assault treatment and forensic assessment.

**NOTE:** Services will also be offered whether the person comes forward immediately after a sexual assault, or before or after receiving treatment at the RSADVTP or if s/he does not wish to go to the RSADVTP.

**IMPORTANT:** the greatest number of options for medical care and forensic evidence collection are available within 72 hours following a sexual assault. However, depending on the nature of the assault, a Sexual Assault Evidence Kit (SAEK) can be used to collect physical evidence at RSADVTP up to 12 days from the time of the assault for adults. For children, the SAEK can typically be completed up to 72 hours from the time

### 3.5.2.3 Community Hospitals (Woodstock, Tillsonburg District Memorial and Alexandra)

Individuals presenting to hospitals, with injuries suspect of sexual assault, will be directed to the Emergency Department. When an individual arrives at the Emergency Department staff will:

- Assess the client's physical and emotional condition in a timely manner, and determine the need for urgent, emergency or resuscitative care;
- Provide a private place for the client to wait for treatment with an appropriate support person, or similarly, a place to wait for transfer;
- Regardless of condition, notify the emergency physician, physician on call or the family physician, as per the hospital's policy. The physician will provide medical examination, intervention and referrals if appropriate;

- Inform the client of his / her treatment options. One important option is a transfer to St. Joseph's Health Care Regional Sexual Assault and Domestic Violence Treatment Centre (RSADVTP) in London for a medical examination or for other services as described in Section 3.5.2.4. Other important supports available at the RADVTP include a Sexual Assault Forensic Evidence Kit (SAEK), documentation/photographs of injuries, physical examination, medical testing and treatment and counseling. The greatest number of options for medical care and forensic evidence collection are available within 72 hours following a sexual assault. However, depending on the nature of the assault, a Sexual Assault Evidence Kit (SAEK) can be completed up to 12 days from the time of the assault for adults. For children, the SAEK can be completed up to 72 hours from the time of the assault.
- Discuss the option of reporting to the police for the purposes of documenting the assault, starting an investigation and for a safety / risk assessment. If a client chooses to go to the RSADVTP in London and the incident is reported to police within 12 days of the incident, an officer will generally take the victim there. Other options are explained under Section 4.2 Service Options.

*Important Note: The Regional Sexual Assault and Domestic Violence Treatment Program at St. Joseph's Health Care in London will examine adults and children. A nurse is available 24 hours a day, 7 days a week. The nurse should always be contacted prior to a patient's arrival to ensure the nurse is available to meet with the patient. A mutually agreed upon appointment time will be provided that considers the patient's needs and the timeline since the assault. The program nurse can be reached via the main program line (519-646-6100 ext. 64224) or through the paging system (519-646-6100 ext. 0 and asking for the sexual assault and domestic violence nurse to be paged).*

If a client self presents to ED or is brought to ED by police/paramedic services and subsequently chooses to transfer to the RSADVTP in London, a physician will need to assess and stabilize any injuries prior to transfer to medically clear the client as able to travel. Emergency medical needs should be cared for prior to transfer to RSADVTP. The sexual assault evidence collection will be done at the RSADVTC. In rare cases should evidence collection be required urgently, arrangements will be made by police with RSADVTP staff.

ED Staff will:

- Call the RSADVTP for physician consultation and facilitate direct conversation with the patient and RSADVTP Sexual Assault Nurse Examiner
- Ensure all linens, clothing, feminine hygiene, or other items are collected and stored according to RSADVTP or Police, to support evidence collection. Encourage the client to follow instructions set out by RSADVTP or Police (such as, not washing, urinating or defecating, if possible).

- Fax the face sheet of the emergency record or a copy of the electronic emergency report, which shows details about the physical assessment as well as the signature of the physician confirming medical clearance, to the Regional Treatment Centre
- Arrange transportation to the treatment centre. Staff will explore transportation options that may include:
  - Police (if the client has agreed to involve police in the case); Friends or family;
  - Taxi;
  - Oxford County Paramedic Services- if injuries warrant the medical support;
  - If the client is under 16 years of age, police, parents, guardian or a Children's Aid representative may be appropriate transportation options.

If the client wishes NO Police involvement and NO transfer to the RSADVTP, the Emergency staff will:

- Provide information about the purpose, availability and location of treatment options such as:
  - The Sexual Health Clinic at Southwestern Public Health for an emergency contraceptive and testing for sexually transmitted disease;
  - A family physician or health clinic for a follow up examination, or other health care providers as appropriate
- Provide information about the purpose, availability, and location of other support services under Section 4.2 Service Options.
- Discharge the client to a safe setting. If the client determines that is not safe to return home, then staff will explore alternatives with the client. These may include a referral to Domestic Abuse Services Oxford for shelter, a risk assessment, or a safety plan.
- Maintain Duty to Report, as per Child Youth and Family Services Act.

### 3.5.2.4 Through St. Joseph's Health Care Regional Sexual Assault and Domestic Violence Treatment Program in London

The RSADVTP at St. Joseph's Health Care is part of the Ontario Network of Sexual Assault/ Domestic Violence Treatment Centres and is one of the 35 hospital-based centres across the province. It services the counties of Middlesex, Elgin, Huron-Perth and Oxford and provides care for individuals of any gender identification and of any age.

The team is composed of social workers, nurses, and physicians dedicated to meeting the emotional, physical and forensic needs of individuals following an assault. The program is client driven providing confidential care only under client consent, notwithstanding Duty to Report (CYFSA section 125). Copies

of documentation are only shared with police officers, care providers and other service providers when the client requests this and provides written consent to do so.

Options of care depend on the nature of the assault and when it occurred. A member of the team reviews the specific options available with each patient in a supportive environment, and it is their decision as to what they would like to do.

For individuals who have experienced a sexual assault, some of these options of care may include:

- Ongoing Social Work counselling services
- Physical examination
- Medical testing and treatment of sexually transmitted infections
- Medications to prevent pregnancy related to the assault
- Medications to prevent sexually transmitted infections and HIV
- Documentation/ photographs of injuries
- Forensic evidence collection
  - The patient will be given the option to complete the forensic evidence collection anonymously if they would like time to think about whether they would like to report the matter to the police. The evidence is stored securely directly within the program and the program will make ongoing contact with the patient to discuss next steps.
- Safety planning
- Community referrals

If a patient chooses to complete testing for sexually transmitted infections, a series of follow-up testing will be offered at 2 weeks, 4-6 weeks, 3 months, 6 months following the assault. If a patient is eligible for and chooses to take medications to prevent HIV (HIV post exposure prophylaxis), a series of follow-up appointments will be scheduled to monitor the patient while taking these medications.

There are several ways to access the program:

- Phone the main program line, 519-646-6100 ext. 64224
- Phone 51-646-6100 ext. 0 and ask to speak with the nurse on call for sexual assault and domestic violence
- The patient can go directly to their local Emergency Department and ask to speak to the nurse on call for sexual assault and domestic violence

The RSADVTP encourages all persons making a referral to call the program and speak with a nurse prior to the patient's arrival. Ideally, the RSADVTP nurse will speak with the patient directly. The nurse will ask a series of questions using a triage tool to determine if the patient requires medical clearance prior to coming to the RSADVTP. Medical clearance involves being assessed in the Urgent Care Centre or Emergency Department. Based on this telephone assessment, the nurse will either meet with the patient following medical clearance or on a mutually agreed upon time that considers the patient's needs and the timeline since the assault. In most cases, the patient is directed to come to the RSADVTP located at St. Joseph's Health Care in London. In some circumstances, the nurse will meet with the patient in the local emergency department, or on their hospital ward, if admitted.

### 3.5.3 Accountability for these commitments is as follows:

#### **Alexandra Hospital:**

Through the Emergency Services Committee; concerns may be addressed to the Coordinator of Patient Services.

#### **Tillsonburg District Memorial Hospital:**

Through the Emergency Advisory Committee and the Medical Advisory Committee; concerns may be addressed to the Executive Leader, Patient Services for Emergency Service or to the Senior Executive Leader.

#### **Woodstock Hospital:**

Through the Emergency Patient Care Team and management of the Emergency Department; concerns may be addressed to the Director of the Emergency Department or to the Vice President of Patient Care/CNO.

#### **Regional Sexual Assault and Domestic Violence Treatment Program at St. Joseph's Health Care:**

The centre is located at St. Joseph Hospital in London, Ontario. Accountability is through the Vice President of Patient Services, St. Joseph Hospital. Concerns may be addressed to the Regional Treatment Centre Program Coordinator.

#### **Southwestern Public Health:**

Through the Manager of the Sexual Health Program.

#### **Oxford County Paramedic Services.**

Concerns may be addressed to the Manager- Oxford County Paramedic Services.

## 3.6 DOMESTIC ABUSE SERVICES OXFORD (DASO)

### STATEMENT OF COMMITMENT

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#### 3.6.1 General

##### We will provide:

- Trauma- informed services for those who identify as a woman and are 16 years of age and older, residing in Oxford County;
- Services at no cost;
- A 24-hour Crisis and Information helpline;
- Support, information, referrals and discussion about options, as appropriate;
- Risk assessment and safety planning;
- Short-term emergency shelter for women (and their children) whose safety is compromised;

#### **IMPORTANT UPDATE (April, 2022):**

**DASO has partnered with the Oxford County Community Health Centre (OCCHC) to offer expanded sexual assault services. Supports previously available via DASO's Sexual Assault Therapy program will transfer to the OCCHC Oxford Sexual Assault Services effective April, 2022. Services will expand to include: wraparound services, such as primary care, access to nursing/women's health, links to a dietitian, community outreach and housing stability workers, with a future goal to expand program eligibility criteria (such as for broader populations of women, other gender identities, and ages).**

##### Oxford Sexual Assault Services will:

- Ensure, wherever possible, that survivors have access to services in a timely manner;
- Maintain the confidentiality of service users (for example, report to police only occurs with the expressed, informed consent of the service user)
- Respond to all requests for service and general inquiries regarding sexual violence;
- Maintain Duty to Report;
- Provide information regarding the Sexual Assault Evidence Kit and preservation of evidence if the assault has occurred within the evidence collection window;
- Assist service users to explore options around St Joseph's Health Care Regional Sexual Assault and Domestic Violence Treatment Program, such as:

- to complete SAEK but does not choose immediate police involvement;
  - to complete SAEK, and pursue Criminal charges
  - to access other supports at RSADVTP, with or without SAEK
- Provide referrals to appropriate partner agencies;
- Offer evidenced-based trauma supports using an intersectional feminist framework, focusing on:
  1. The resolution of fear, guilt, shame and self-blame as it relates to the assault;
  2. Experiences of oppression in all its forms (sexism, racism, ableism, socioeconomic status, etc.)
  3. Promotion of healing and recovery through empowerment;
  4. Connecting personal experiences to broader systemic injustices and patriarchy
  5. Advocate for gender equality and women's rights to end sexual violence
- Offer services in Woodstock, Tillsonburg and Ingersoll, as required

### 3.6.2 Access

Victims can self-refer or receive referral from existing supports. DASO's 24/7 Crisis and Information Helpline is available via 1-800-265-1938 or 519-539-4811 or text at 519-788-9993

**Oxford Sexual Assault Services (OCCHC) can be reached at:  
519-539-1111 ext. 270**

### 3.6.3 Accountability:

- We will provide quality service to Oxford County as mandated with funding bodies.
- We will be accountable to service users, community partners and other stakeholders.
- Act as an expert regarding Violence Against Women, and the provision of services for survivors within Oxford County
- We will ensure that personnel are educated on the Protocol.
- We will provide information to the public as to these services.

Accountability for these commitments is through the Executive Director and Board of Directors.

## 3.7 VICTIM ASSISTANCE SERVICES OF OXFORD COUNTY (VASoc)

### STATEMENT OF COMMITMENT

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#### 3.7.1 Background:

Victim Assistance Services of Oxford County (VASoc) responds to various needs of victims of crime and tragic circumstances in Oxford County. VASoc's victim specialist staff and volunteer crisis support workers endeavor to work co-operatively to assist these victims, to the best of their ability and in the best interests of the victim. VASoc has developed a partnership with police, fire and EMS services (collectively referred to as emergency services) to provide for emotional support and practical assistance for these victims.

#### We will:

- Provide a coordinated referral system for victims;
- Support other signatories to this Protocol in the delivery of services to sexual assault victims;
- Provide agency-specific sexual assault training to our personnel and volunteers;
- Ensure that an appropriate number of personnel respond to sexual assault calls and that they are properly equipped to provide services;
- Maintain logs of occurrences responded to;
- Maintain statistical information concerning number of cases handled, referrals made and items distributed;
- Participate in meetings on an as needed basis to review and address sexual assault response issues with community partners, within the boundaries of our confidentiality policies.

#### When responding to sexual assault victims, VASoc will:

- Dispatch volunteers, as requested by emergency services or other callers;
- Provide emotional, practical and referral support to the victim(s) on-scene as needed. The VASoc volunteer may arrange transportation for the victim(s) if required;
- Follow-up with victims with regard to emotional, practical and referral support in the days following the crisis;

- Provide agency identification when responding. This shall include at least a photo identification badge displaying the agency's name and / or logo and the volunteer's name. It may also include clothing, uniform or outerwear displaying the agency's name and / or logo.

### 3.7.2 Access

The agency operates between the hours of 8:30 a.m. and 4:30 p.m. Monday to Friday. Outside of regular hours, emergency services personnel (police, fire, EMS) may call (519) 421-5038 to have personnel dispatched;

Anyone may call for VASoc services, including the victim.

## 3.8 WELLKIN

### STATEMENT OF COMMITMENT

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#### 3.8.1 General

##### Wellkin will provide:

- provide Trauma- informed services for children & youth who require mental health supports and services.
- Services at no cost;
- A 24-hour Crisis and Information helpline;
- Support, information, referrals and discussion about options, as appropriate;
- Counselling and/or psychotherapy to meet the specific needs of children and youth
- Liaison and advocacy between the service user and community partners, as required;

##### We will:

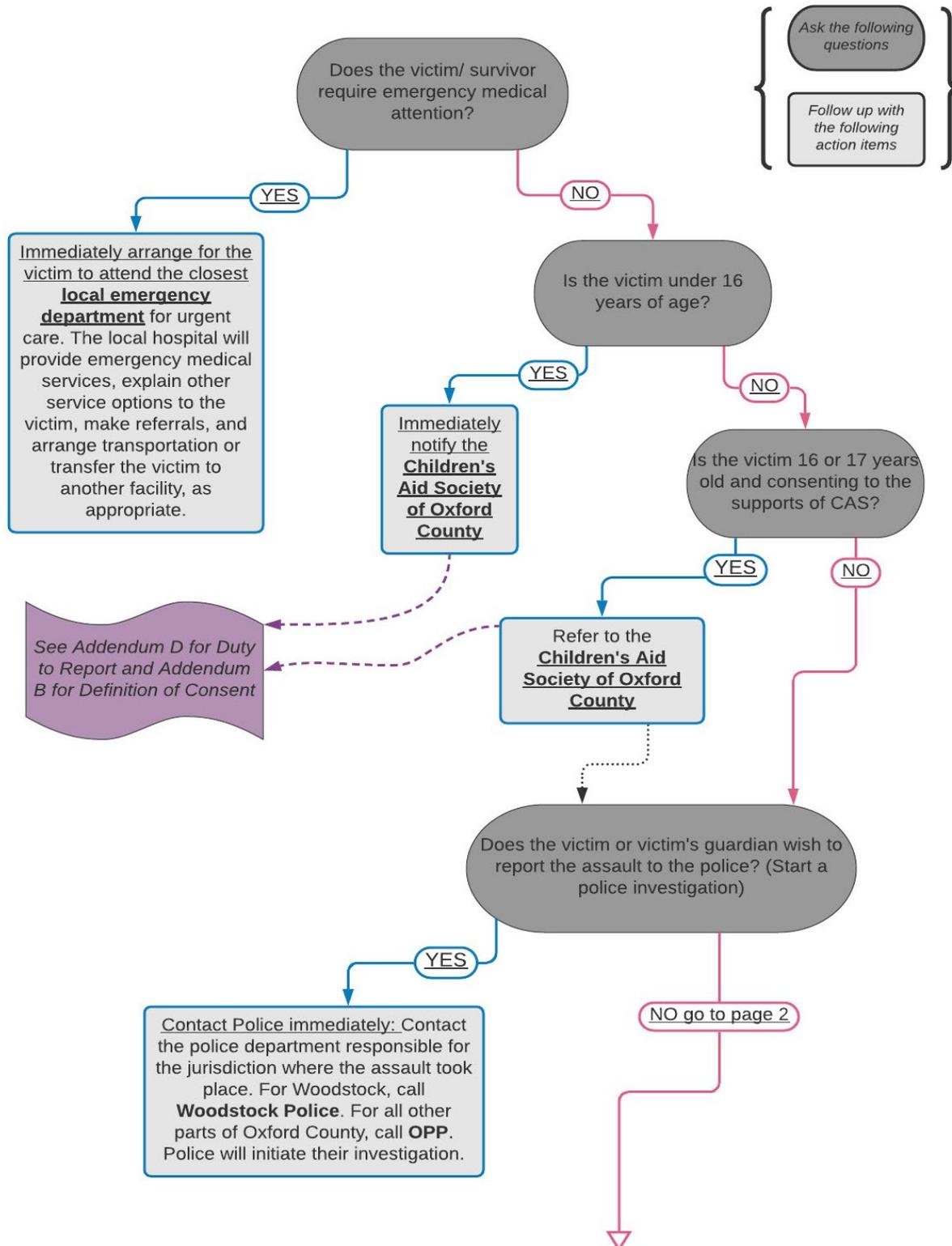
- Endeavor to provide services in a timely manner, but recognize that there is often a wait list
- Maintain the confidentiality of service users (while adhering to the Duty to Report as needed)
- Respond to all requests for service and general inquiries regarding sexual violence;
- Provide referrals to appropriate partner agencies;
- Offer evidenced-based trauma supports
- Offer services in all of Oxford & Elgin Counties, at one of 4 offices (Woodstock, Tillsonburg, Ingersoll, and St. Thomas)

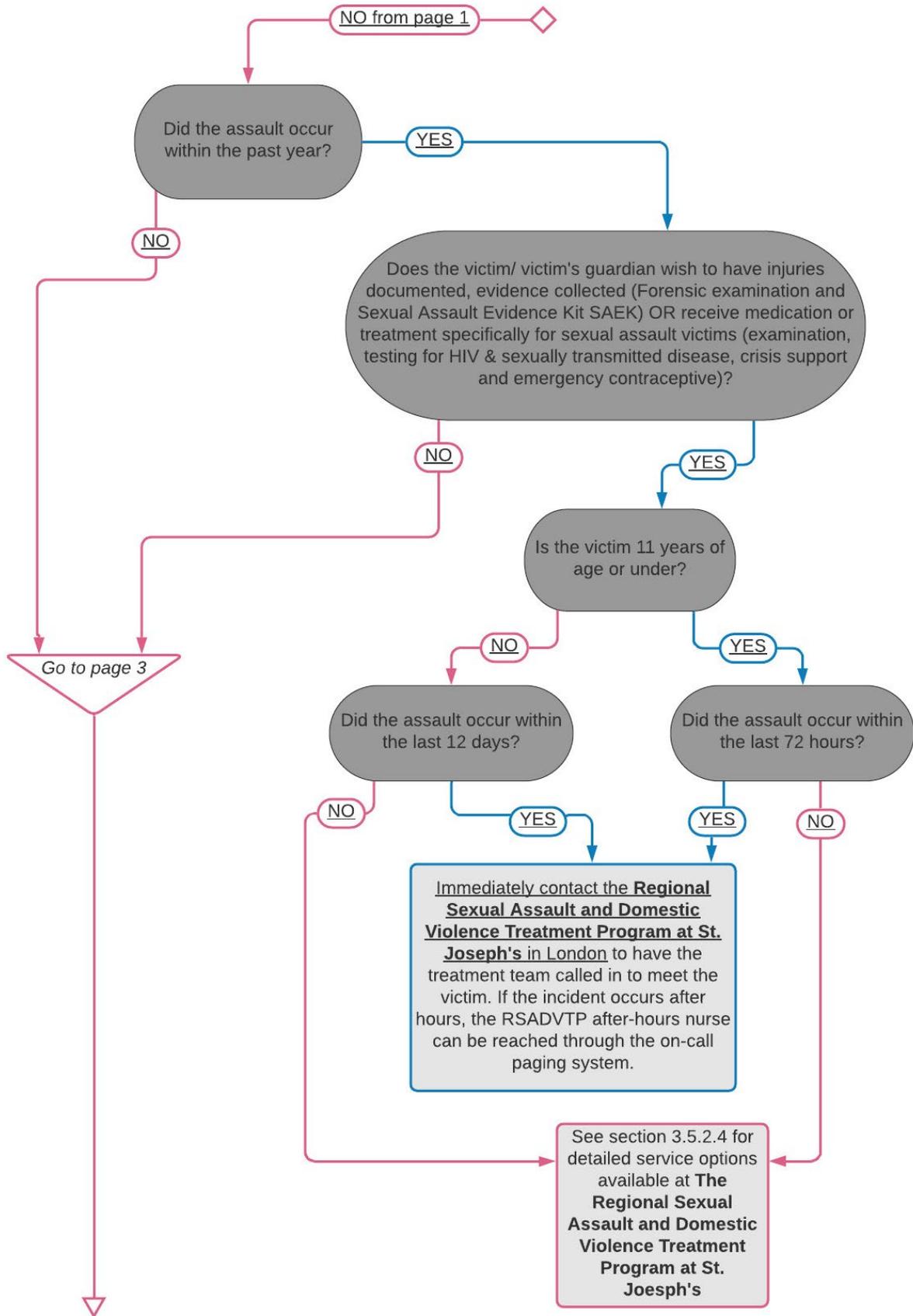
#### 3.8.2 Access

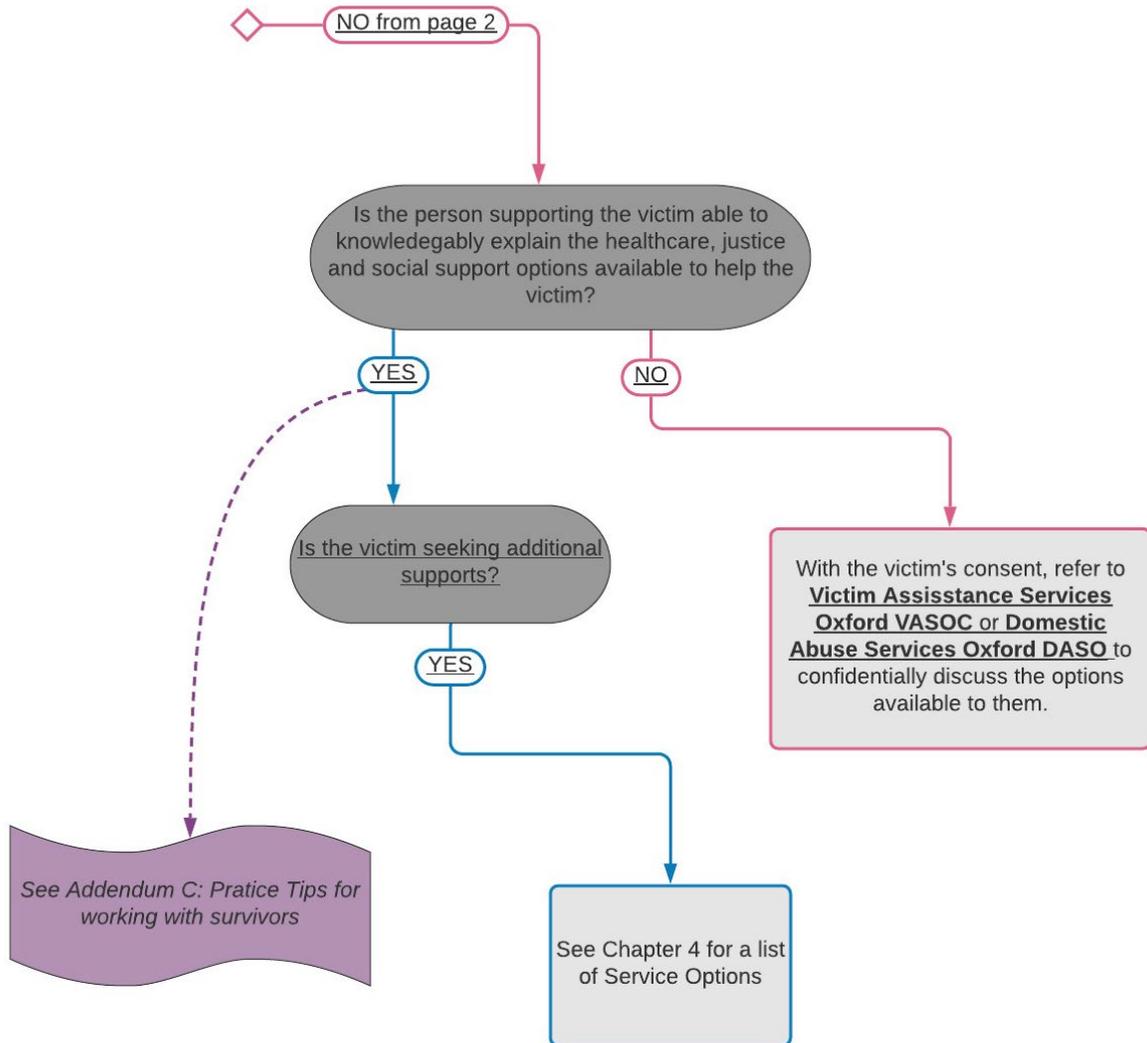
Victims can self-refer or receive referral from existing supports. Information on accessing Wellkin's services is available 24/7 and can be found on our website, [www.wellkin.ca](http://www.wellkin.ca), or by calling 1-877-539-0463.

## Chapter 4: After a Sexual Assault is Disclosed

### 4.1: FLOW CHART







## 4.2 SERVICE OPTIONS: (see also section 4.3)

*Red - IMMEDIATE Blue – Ongoing*

SERVICES		AGENCY
<b>CRISIS SUPPORT</b>	CRISIS HELP LINE	1. DASO (DOMESTIC ASSAULT SERVICES OXFORD) 2. MHEART 3. WELLKIN 4. CRISIS TEAM/SOCIAL WORKERS AT WOODSTOCK HOSPITAL 5. CAS AFTER HOURS 6. REACH OUT 24/7
<b>CRISIS SUPPORT</b>	CRISIS RESPONSE/SUPPORT	1. CMHA CRISIS RESPONSE TEAM 2. VASOC (EMOTIONAL & PRACTICAL) 3. DASO (WOMEN ONLY) 4. ALEXANDRA/TILLSONBURG HOSPITALS (CMHA) 5. WOODSTOCK HOSPITAL (CRISIS RESPONSE SERVICES) 6. MHEART 7. MOBILE OUTREACH (MHOB CHC)
<b>HEALTH CARE</b>	EMERGENCY CONTRACEPTIVES	1. ST. JOSEPH'S HOSPITAL REGIONAL SEXUAL ASSAULT/DOMESTIC VIOLENCE TREATMENT PROGRAM (LONDON) 2. SW PUBLIC HEALTH (SEXUAL HEALTH CLINIC) 3. WOODSTOCK/ ALEXANDRA/ TILLSONBURG HOSPITAL 4. PRIMARY HEALTHCARE 5. MOBILE OUTREACH (MHOB CHC)
<b>HEALTH CARE</b>	PHYSICAL EXAMINATION AND TREATMENT WITHIN 1 YEAR	1. ST. JOSEPH'S HOSPITAL REGIONAL SEXUAL ASSAULT/DOMESTIC VIOLENCE TREATMENT CENTRE (LONDON)
<b>HEALTH CARE</b>	PREGNANCY TESTING	1. SW PUBLIC HEALTH (Sexual Health Clinic) & EMERGENCY SERVICES 2. WOODSTOCK/ ALEXANDRA/ TILLSONBURG HOSPITAL 3. MOBILE OUTREACH (MHOB CHC) 4. PRIMARY HEALTHCARE
<b>HEALTH CARE</b>	TESTING – HIV, STD, HEPATITIS	1. ST. JOSEPH'S HOSPITAL REGIONAL SEXUAL ASSAULT/DOMESTIC VIOLENCE TREATMENT PROGRAM (LONDON) 2. SW PUBLIC HEALTH (SEXUAL HEALTH CLINIC) 3. MOBILE OUTREACH (MHOB CHC)
<b>HEALTH CARE</b>	TREATMENT OF INJURIES	1. WOODSTOCK/ALEXANDRA/TILLSONBURG HOSPITALS 2. PRIMARY HEALTHCARE 3. MOBILE OUTREACH (MHOB CHC)
<b>Legal / Criminal Court</b>	Advocacy & Court Accompaniment (Adults)	1. Victim/Witness Assistance Program (18 years of age or over)
<b>Legal / Criminal Court</b>	Advocacy & Court Accompaniment (Children)	1. Child Victim Witness Program (under 18 years of age) Family Violence Counselling Program
<b>LEGAL / CRIMINAL COURT</b>	CHILD ABUSE INTERVENTION– WHEN CAREGIVER IS SUSPECTED OF CHILD ABUSE OR NEGLECT	1. CHILDREN'S AID SOCIETY OF OXFORD COUNTY (UNDER 18 YEARS OF AGE)
<b>Legal / Criminal Court</b>	Court updates & information about process, rights, contracts, etc. (Adults only)	1. Victim/Witness Assistance Program (18 years of age and older) 2. Woodstock Police or OPP
<b>Legal / Criminal Court</b>	Court updates & information about process,	1. Child Victim Witness Program (under 18 years of age) Family Violence Counselling Program

	rights, contracts, etc. (Children only)	2. Woodstock Police or OPP
<b>LEGAL / CRIMINAL COURT</b>	CRIMINAL INVESTIGATION – FORENSIC EXAMINATION / SEXUAL ASSAULT EXAMINATION KIT (SAEK), INJURY DOCUMENTATION	1. ST. JOSEPH'S HOSPITAL REGIONAL SEXUAL ASSAULT/DOMESTIC VIOLENCE TREATMENT PROGRAM (LONDON) 2. WOODSTOCK POLICE OR OPP
<b>LEGAL / CRIMINAL COURT</b>	CRIMINAL INVESTIGATIONS – PHOTOS & OTHER EVIDENCE COLLECTION	1. WOODSTOCK POLICE SERVICES 2. O.P.P. (INGERSOLL & TILLSONBURG DETACHMENTS) 3. ST. JOSEPH'S HOSPITAL REGIONAL SEXUAL ASSAULT/DOMESTIC VIOLENCE TREATMENT PROGRAM
<b>Legal / Criminal</b>	Prosecution	1. Crown Attorney's Office- Ministry of Attorney General
<b>Legal / Criminal Court</b>	Victim Witness Impact Statements (Adults)	1. Child Victim Witness Program (18 and over) 2. Oxford Sexual Assault Services (OCCHC, DASO) 3. Victim Assistance Services Oxford County VASOC 4. Family Violence Counselling Program 5. Ingamo
<b>Legal / Criminal Court</b>	Victim Witness Impact Statements (Children)	1. Child Victim Witness Program (under 18 years of age) Family Violence Counselling Program
<b>SOCIAL</b>	RISK ASSESSMENT (ALL)	1. WOODSTOCK POLICE SERVICES 2. O.P.P. (INGERSOLL & TILLSONBURG DETACHMENTS) 3. OXFORD SEXUAL ASSAULT SERVICES (OCCHC, DASO) 4. VASOC 5. MHEART 6. CHILDREN'S AID SOCIETY OF OXFORD COUNTY/ FAMILY VIOLENCE COUNSELLING PROGRAM
<b>SOCIAL</b>	SAFETY PLANNING (WOMEN ONLY)	1. DASO 2. INGAMO 3. FAMILY VIOLENCE COUNSELLING PROGRAM (CAS) 4. VASOC
<b>Social</b>	Sexual Assault Counselling (All)	1. Oxford Sexual Assault Services (OCCHC, DASO) 2. CMHA Crisis Support 2. St. Joseph's Hospital Regional Sexual Assault/Domestic Violence Treatment Program (London) 3. Oxford Walk in Counselling (general counselling)
<b>Social</b>	Sexual Assault Counselling (Children Only)	1. Wellkin
<b>Social</b>	General/ other Counselling	1. Woodstock Hospital Outpatient Mental Health 2. CMHA Thames Valley Addiction Services 3. Oxford Walk in Counselling (CMHA, Woodstock Hospital, Ingersoll Nurse Practitioner Led Clinic) 4. Family Violence Counselling Services 5. Ingamo Homes (support) 6. Oxford County Community Health Centre (Outreach) 7. DASO
<b>SOCIAL</b>	FOSTER PLACEMENT (CHILDREN ONLY)	1. Children's Aid Society of Oxford County (under 18 years) 2. VYSA for Youth 16-18 (CAS)
<b>SOCIAL</b>	EMERGENCY SHELTER/ Emergency Shelter/ TRANSITIONAL HOUSING/ HOUSING SUPPORT	1. DASO (for women 16 years of age and older) 2. Ingamo Homes (for women 16 years or older) 3. Inn Woodstock 4. Salvation Army Emergency Housing (families) 5. Housing Stability Program (CHC)
<b>Social</b>	Advocacy (Women Only)	1. DASO 2. INGAMO (2-4 years) 3. Family Violence Counselling Services
<b>Social</b>	Advocacy (Men)	1. Family Violence Counselling Services
<b>Social</b>	Advocacy (all)	1. Oxford Sexual Assault Services (OCCHC, DASO)
<b>Social</b>	Addiction Services	1. CMHA Thames Valley Addiction Services 2. RAAM Clinic (OCCHC)

## 4.3 SERVICE AGENCIES

Agency & Website	Phone & Email	Toll Free	FAX
Alexandra Hospital 29 Noxon St., ALEXANDRA www.alexandrahospital.on.ca	519.485.1700  info@ahi.ca		519.485.9606
Canadian Mental Health Association (CMHA) 522 Peel St., Woodstock 167 Rolph St., Tillsonburg 19 King St. E., Ingersoll www.cmhaoxford.on.ca	519.842.8869 Crisis 519.433.2023  Information&referral@cmhaoxford.on.ca	1.800.859.7248 Crisis 1.866.933.2023	519.539.8317
Children's Aid Society of Oxford County 712 Peel St., Woodstock www.casoxford.on.ca	519.539.6176  General Inquiries: info@casoxford.on.ca	1.800.250.7010	519.421.0123
Child/Witness Assistance Program - Family Violence Counselling Program (MAG) 712 Peel St., Woodstock www.casoxford.on.ca	519.539.6176 519.539.1276 Ext 380 General Inquiries: info@casoxford.on.ca	1.800.250.7010	519.421.0123
Crown Attorney's Office (MAG) 415 Hunter St., Woodstock	519.537.2611 virtualcrownwoodstock@ontario.ca		
Domestic Abuse Services Oxford (DASO) 975 James St., Woodstock www.daso.ca	519.539.7488 Admin 519.539.4811 Crisis 519.788.9993 TEXT  519.539.1111 ext. 270 Oxford Sexual Assault Therapy Program	1.800.265.1938	519.539.3533
Ontario Provincial Police (OPP) 110 Mutual St., Ingersoll 90 Concession St., Tillsonburg www.opp.ca	911 Emergency 519.485.6554 Ingersoll 519.688.6540 Tillsonburg	Non-emergency 1.888.310.1122	
Oxford County Community Health Centre 35 Metcalf St., Woodstock 96 Tillson Ave., Tillsonburg 19 King St. E., Ingersoll www.oxchc.ca	519.539.1111  info@oxchc.ca  519.539.1111 ext. 270 Oxford Sexual Assault Therapy Program	1.877.522.1112	519.539.1111
Southwestern Public Health 1230 Talbot St., St. Thomas Woodstock Sexual Health Clinic located at 410 Buller St., www.swpublichealth.ca	519.539.4431 All services and Sexual Health Clinic  Email Form on Website	1.800.922.0096	
St. Joseph's Hospital Regional Sexual Assault and Domestic Violence Treatment Program (Room B0-644) 268 Grosvenor St., London www.sjhc.london.on.ca	519.646-6100 Ext. 64224  comdept@sjhc.london.on.ca		
Tillsonburg District Memorial Hospital 167 Rolph St., Tillsonburg www.tillsonburghospital.on.ca	519.842.3611  info@tdmh.on.ca		519.688.1031
Victim Assistance Services of Oxford County (VASOC) 615 Dundas St., Woodstock www.vasoc.on.ca	519.537.2824 Monday-Friday 8:30-4:30 AH through Police kpeters@vasoc.on.ca		519.421.2818
Woodstock Hospital 310 Juliana Dr., Woodstock www.woodstockhospital.ca	519.421.4211  info@woodstockhospital.ca		519-421-4256
Woodstock Police Services 615 Dundas St., Woodstock www.woodstockpolice.ca	911 Emergency 519.537.2323 Non-Emergency 519.421.2800 Admin 519.421.8477 Crime Stoppers mailus@woodstockpolice.ca		519.421.2818 Admin

## ADDENDUM A: Legislation Related to Sexual Assault

*\*This information is relevant at the time this document is published and may change over time.*

### Criminal Code of Canada

On January 4, 1983, revisions to the Criminal Code of Canada about sexual offences came into force. The new law abolished the old offences of "rape", "indecent assault female" and "indecent assault male". The offences of sexual assault, sexual assault with a weapon and aggravated sexual assault came into effect

### Sexual Assault is an Assault

A sexual assault is an assault. The Criminal Code of Canada defines assault in its simplest form in subsection 265(1) as follows:

**A person commits an assault when, without the consent of another person, he/she applies force intentionally to that other person, directly or indirectly.**

Consent is often the issue in a trial, but not always. Subsection 265(3), which applies to all assault including sexual assaults, lists circumstances where no consent is obtained. Subsection 265(3) provides as follows:

*For the purpose of this section, no consent is obtained:*

1. *Where the complainant submits or does not resist by reason of*

- a) *The application of force to the complainant or to a person other than the complainant;*
- b) *Threats or fear of the application of force to the complainant or to a person other than the complainant;*
- c) *Fraud, or;*
- d) *The exercise of authority.*

### Sexual Assault: Three Offences

Sexual assault covers a range of non-consensual sexual activity. The Criminal Code of Canada creates three offences as follows:

1. **Sexual assault;**
2. **Sexual assault with a weapon, threats to a third party or causing bodily harm;**
3. **Aggravated sexual assault**

The three offences are described in detail, as follows:

### 1. Sexual Assault (section 271)

Assault is defined in section 265 of the Criminal Code of Canada. Sexual assault is an assault of a sexual nature. The offence of sexual assault is set out in section 271 of the Criminal Code of Canada. The maximum penalty for sexual assault is 10 years.

### 2. Sexual Assault with a Weapon, Threats to a Third Party or Causing Bodily Harm (section 272)

This offence is set out in section 272 of the Criminal Code of Canada.

*A person commits an offence where he or she, in committing a sexual assault:*

- a) Carries, uses or threatens to use a weapon or an imitation thereof;*
- b) Threatens to cause bodily harm to a person other than the complainant;*
- c) Causes bodily harm to the complainant, or;*
- d) Is a party to the offence with another person.*

The maximum penalty for sexual assault with a weapon, threats to a third party or causing bodily harm, is 14 years.

### 3. Aggravated Sexual Assault (section 273)

The offence of aggravated sexual assault is set out in section 273. A person commits an aggravated sexual assault where he or she, in committing a sexual assault, wounds, maims, disfigures or endangers the life of a person. The maximum penalty for aggravated sexual assault is up to imprisonment for life.

## Sexual Offences Specifically Involving Children: Three Offences

An accused person can be found guilty of Sexual Assault, Sexual assault with a weapon, threats to a third party or causing bodily harm and Aggravated Sexual Assault when the victim is a young person is 18 years of age or under.

The Criminal Code creates three offences specifically related to children, age 18 years and under

### 1. Sexual Interference

### 2. Invitation to Sexual Touching;

### 3. Sexual Exploitation

The three offences are described in detail as follows:

### 1. Sexual Interference (section 151)

Every person who, for a sexual purposes, touches, directly or indirectly, with a part of the body or with an object, any part of the body of a person under the age of 16 years. The maximum penalty for sexual interference is 14 years.

### 2. Invitation to Sexual Touching (section 152)

Every person who, for a sexual purpose, invites, counsels or incites a person under the age of 16 years to touch, directly or indirectly, with a part of the body or with an object, the body of any person. This includes the body of the person who invites, counsels or incites and the body of the person under the age of 16 years. The maximum penalty for this offence is 14 years.

### 3. Sexual Exploitation (section 153)

In this section, a young person means a person 16 years of age or more but under the age of 18 years.

This offence speaks to those persons who commit an offence for a sexual purpose who are in a position of trust or authority towards a young person. This person is someone who the young person is in a ***relationship of dependency or who is in a relationship with a young person that is exploitative of the young person*** and who:

- a) For a sexual purpose, touches directly or indirectly with a part of the body or with an object, any part of the body of the young person, or;
- b) For a sexual purpose, invites, counsels or incites a young person to touch directly or indirectly with a part of the body or with an object, the body of any person, including the body of the person who so invites, counsels or incites the body of the young person.

The maximum penalty for sexual exploitation is 14 years.

*A judge may infer that a person is in a relationship with a young person that is exploitative of the young person from the nature and circumstances of the relationship, including;*

- I. The age of the young person;*
- II. The age difference between the person and the young person*
- III. The evolution of the relationship; and*
- IV. The degree of control or influence by the person over the young person.*

*An example of a relationship for this offence would be a student 16 years of age or older but under 18 years, with their teacher who is an adult.*

## Trafficking in Persons

The offence of trafficking in persons is set out in section 279.01. A person, who recruits, transports, transfers, receives, holds, conceals, or harbours a person, including a person under the age of 18 years, or exercises control, direction or influence over the movements of a person, for the purpose of exploiting them or facilitating their exploitation is guilty of this offence. The maximum penalty for trafficking in persons is up to imprisonment for life.

## Consent

Under the Criminal Code of Canada, new section 273.1 provides a definition of consent for the purposes of sexual assault offences (sections 271, 272 and 273 referred to above) and also provides for greater certainty, specific situations that do not constitute consent.

Section 265(3) (quoted above) also remains applicable to sexual assault offences.

Subsection 273.1(1) defines consent as the "voluntary agreement of the complainant to engage in the sexual activity in question". This definition of consent is the ordinary, everyday, common sense meaning of the term. Conduct short of a voluntary agreement to engage in sexual activity does not constitute consent as a matter of law.

For greater certainty, subsection 273.1(2) sets out specific situations where there is no consent in law. Again, the listed exclusions from the meaning of "consent" are no more than common sense.

## Evidence of a Complainant's Prior Sexual Activity

On August 22, 1991, the Supreme Court of Canada struck down former section 276 of the Criminal Code of Canada. This section prohibited the reception of evidence in sexual assault cases concerning a complainant's sexual activity with persons other than the accused except in three circumstances: rebuttal evidence, evidence tending to identify the defendant, and evidence relating to consent to sexual activity on the same occasion as the charge.

Amendments to the Criminal Code of Canada (sexual assault) came into force in 1992. The following are among some of the amendments made to the Criminal Code:

1. Evidence that the complainant engaged in past sexual activity with any person is not admissible to support an inference that the complainant is more likely to have consented to the sexual activity at issue or is less worthy of belief.
2. Evidence of past sexual activity of the complainant, with any person, is not admissible unless it possesses significant probative value which is not substantially outweighed by the danger of unfair prejudice to the proper administration of justice; and

3. In determining whether evidence of a complainant's prior sexual activity is admissible, the court shall take into account a number of factors, including, but not limited to:

- *The interests of justice;*
- *Society's interest in encouraging the reporting of sexual assault offences;*
- *The potential prejudice to the complainant's personal dignity and right of privacy;*
- *The right of the complainant and of every individual to personal security and full protection and benefit of the law (see s.276(1))*

*In 276 (2) it reiterates the prohibition on evidence of prior sexual activity with the accused or anyone else unless the court is satisfied that the evidence:*

- *Is not being adduced for the purpose of supporting the twin myths\*\**
- *Is relevant to an issue at trial*
- *Is of specific instances of sexual activity*
- *And has significant probative value not outweighed by the danger of prejudice to the administration of justice.*

4. An application for a hearing must be held before the presiding judge where an accused party wishes to elicit evidence relating to the prior sexual behavior of a complainant (see s.276.1). The complainant cannot be compelled to testify at such a hearing.

\*\*The Twin Myths is the legal principle that evidence of a complainant's previous sexual history is NOT admissible at trial if this evidence is introduced to invite a judge or jury to make the inference that by reason of the sexual nature of the activity, the complainant is more likely to consent to the sexual activity

## ADDENDUM B: What is consent?

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According to the Criminal Code of Canada<sup>4</sup>:

**Consent** means, for the purposes of this section, the voluntary agreement of the complainant to engage in the sexual activity in question.

Consent must be present at the time the sexual activity in question takes place.

No consent is obtained if:

- (a)** the agreement is expressed by the words or conduct of a person other than the complainant;
- (a.1)** the complainant is unconscious;
- (b)** the complainant is incapable of consenting to the activity for any reason other than the one referred to in paragraph (a.1);
- (c)** the accused counsels or incites the complainant to engage in the activity by abusing a position of trust, power or authority;
- (d)** the complainant expresses, by words or conduct, a lack of agreement to engage in the activity; or
- (e)** the complainant, having consented to engage in sexual activity, expresses, by words or conduct, a lack of agreement to continue to engage in the activity.

### Legal Age of Consent for Sexual Activity<sup>5</sup>

In 2008, an amendment to the Criminal Code of Canada (s. 151) raised the age of consent for non-exploitative sexual activity from 14 years to 16 years (see Chapter 8). These amendments have included close in age exceptions to the consent defense.

If the complainant is between 12 and 14 years-old and the accused is between 12 and 16 years-old and, less than 2 years older than the complainant, the accused is not in a position of authority consent is possible.

If the complainant is 14 or 15 years-old and the accused is less than 5 years older than the complainant, and the accused is not in a position of authority or in a caregiver role or in an exploitative relationship with the complainant, consent is possible.

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<sup>4</sup> Taken from Criminal Code of Canada (2021) <https://laws-lois.justice.gc.ca/eng/acts/C-46/>

<sup>5</sup> Taken from Criminal Code of Canada (2021) <https://laws-lois.justice.gc.ca/eng/acts/C-46/>

Further exceptions:

Marriage exception: 14 to 15 year-old who is married

Common-Law/Family Exception: 14 to 15 year-old in a common-law relationship

The age of consent for exploitative activity remains the same at 18 years. This means that in order to engage in prostitution or pornography, one must not be under the age of 18 years.

***IMPORTANT NOTE: Case law interprets the definition of consent, as there is more than one definition in the Criminal Code. For example C 143.1, 265, etc.***

## ADDENDUM C: Responding to a Sexual Assault Disclosure: Practice Tips<sup>6</sup>

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### SOME TRUTHS ABOUT SEXUAL ASSAULT

- 1 in 3 women will be sexually assaulted in her lifetime.
- In Canada in 2014, an estimated 633,000 women and girls aged 15 years and older were sexually assaulted.
- The majority of sexual assaults are committed by men against women, but sexual assault also happens to men and people who identify as transsexual (trans).
- While sexual assault can happen to anyone, at any age, girls and young women (aged 15–24) are most often targeted.
- Most women are sexually assaulted by someone they know (family or friend, acquaintance, intimate/dating partner, spouse), and most sexual assaults occur in a home or vehicle, or in a commercial or institutional setting.
- Most sexual assaults are premeditated – they involve planning, coercion, force and/or threats of some kind. Many sexual assaults are facilitated by alcohol and/or drugs, and most sexual predators are repeat offenders who deliberately target those they see as vulnerable.
- The trauma of sexual assault can result in lifelong impacts – physiological, psychological, emotional and/or spiritual. Sexual assault is the most frequent cause of post-traumatic stress responses for women.
- According to Statistics Canada, sexual assault is the most under-reported of all violent crimes.
- False reports of sexual assault are extremely rare. They are no more common than false reports for any other type of crime (2–4%)

### WHY IT MAY BE DIFFICULT TO DISCLOSE

It is not easy for someone to disclose that they have been sexually assaulted. A sexual assault most often includes profound humiliation and shame. Even though sexual assault is more about aggression, power and control, sexual assault involves a person's sexual body parts and behaviors that appear similar to sex, both of which most people are taught to be embarrassed or feel ashamed about. When there is physical

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<sup>6</sup> Retrieved from: <https://endingviolencecanada.org/publications/responding-sexual-assault-disclosure-practice-tips/>

violence (such as overpowering someone or using sex as a weapon), the trauma and shame can be deep. Sexual assault is intensely dehumanizing, and the survivor may feel like they lack control over their life.

It is likely that a survivor of sexual assault may:

- Feel deeply embarrassed, ashamed, or humiliated, especially if the assault was perpetrated by someone they trusted, or if there were drugs or alcohol involved.
- Fear they will not be believed or will be blamed, especially if this has been their experience in the past or they have seen this kind of thing in popular culture (e.g., television, movies).
- Be confused about whether or not it was sexual assault (especially if the survivor is young and/or unaware of the law).
- Fear for their safety, or the safety of their friends and family, especially if threats were involved.
- Fear gossip, judgment, anger or ostracism from their friends, family, or community, especially if the perpetrator is part of that community.
- Feel conflicted about the perpetrator getting into trouble, especially if they were assaulted by someone they know (e.g., intimate/dating partner, spouse, friend, family member) or if the perpetrator is part of the same close community.
- Fear the response of the police and the justice system or fear nothing will come of reporting.
- Hope to put it behind them quickly by avoiding talking about it or avoiding having contact with the perpetrator.

## COMMON RESPONSES OF SURVIVORS

All responses to sexual assault are adaptive attempts to survive this traumatic experience, both physically and emotionally. These responses can be particularly complex for survivors who have experienced early and/or repeat trauma. You might hear a range of experiences and observe a range of emotional responses during a disclosure of sexual assault:

- They may appear anywhere on a continuum from calm and collected to frantic and distraught. A survivor may also respond with anger, aggression, or even violence. All are ways of coping. If you are hearing about a sexual assault immediately after it happens, you may see the survivor expressing anxiety, confusion, shock and disbelief. They may also appear numb. They may be disoriented and their articulation of what happened may not seem coherent.
- Survivors often have responses that can be described as “fight, flight, or freeze.” The survivor may tell you that they fought back, or that they tried to get away. There is growing understanding that many people freeze in traumatic situations, and find themselves immobile, unable to speak, or mentally removed from their bodies (a common traumatic response due to flooding of stress hormones or dissociation).
- Thanks to developments in neuroscience, we now know that trauma impacts how the brain encodes memory. The survivor may have clear memories of the assault, or may only remember bits and pieces

and have trouble recounting events in chronological order. They may remember sensory details like sounds and smells, but may have no clear memory of how the assault unfolded. Sensory details often trigger flashbacks, and the survivor may feel like they are reliving the traumatic experience.

- You might hear the survivor describing anxiety, fear, nightmares, anger and/or sleep disturbances, invasive memories, changes in appetite, depression, self-isolating, self-blame, and difficulty trusting others.
- You may see attempts to numb emotional responses or regain a sense of control with drugs, alcohol, or self-harming behaviours (e.g., cutting). You can help the survivor to recognize that these reactions are normal responses to trauma, and their way of coping with what has happened to them.

### WHEN YOU RECEIVE A DISCLOSURE

You are a key person in the survivor's experience. How you react to their disclosure can have a significant influence on how they make sense of what has happened to them, and could affect what they do or does not do next.

It is common to feel uncertain about what to say or do when receiving a sexual assault disclosure. Remember that the survivor is telling you because they see you as a safe and trustworthy person. You have an opportunity to empower the survivor and assist them in their path forward and in accessing additional supports.

Some common pitfalls when receiving a sexual assault disclosure:

- A judgmental, shocked, or over reactive initial response.
- Disbelief, minimizing, or questioning the "truth" of a survivor's story or reactions – especially if they seem to be very calm, or doesn't want to report to police.
- Asking for unnecessary details, or focusing on the behaviour, appearance, and/or location of the survivor at the time of the assault.
- Focusing on your own emotional reaction (e.g., horror, sadness, anger, recalling a similar experience you may have had).
- Questioning why a survivor did not act in the ways society expects a sexual assault survivor to react (e.g., fighting back, reporting to police, discontinuing contact with the perpetrator after the assault)

## AN EMPOWERING RESPONSE

### LISTEN

- Find a private place to talk and tell them you are glad they are telling you.
- Be patient and let them tell you as little or as much as they want at their own pace, without interrupting. Talking about how they feel can be as helpful or more helpful than talking about the details. Take their lead on this.
- Show them that you are actively listening through your body language (e.g., nodding, facing in her direction, sitting down at eye level) and words (e.g., “I hear what you’re saying”).
- Be aware that some people may find themselves flooded with emotions. If they are getting increasingly upset while telling you about what happened, they may be reliving the experience.

There are several ways you can help to ground them if they are overwhelmed:

- Encourage them to take slow deep breaths while gently planting their feet into the floor and holding on to their knees.
  - Ask them to keep their eyes open, even if just momentarily. This helps to bring them back to the present.
  - Ask them to look around the room and name some ordinary objects they see. Do this until they feel calmer.
- Respect their personal space, and do not touch them. Even if you think they want a comforting touch, resist your urge to do so. Always follow their lead. You can offer them something to keep them warm, like a blanket or your jacket (shock can involve feeling cold, shivering and shaking).

### BELIEVE

- Validate their feelings and assure them that these are normal reactions to a very traumatic event and avoid promising them that everything will be okay.
- Assure them that it was not their fault (many victims struggle with blaming themselves) and that the responsibility for sexual assault lies solely with the perpetrator. This is true regardless of whether they were drinking, got into a car, brought them to their home, etc. It does not matter what the survivor did or did not do before, during, or after the assault – it is never their fault.
- Reassure them that you will do whatever you can to help them get the support they need. If possible, stay with them or find someone they trust who can be with them.

## EMPOWER

Sexual assault can result in a profound sense of loss of power and control. You can help them regain control over their life by trusting them to make their own choices about what to do next. You do not need to do everything for them; it is your role to help them get connected to appropriate resources and supports.

- Talk to them about safety. Ensure they are in a safe place or help them find a safe place to go.
- Ask them about who their supports are (e.g., family, friends, professionals) and help them connect with them.
- Provide them with information about local specialized sexual assault response programs or counselling programs, as soon as possible. Support them in accessing these services.
- Find out if they need medical assistance. Encourage them to seek medical care with a specialized sexual assault program (if available) or with their family doctor or a nurse practitioner. Offer them options and resources, rather than telling them what to do or giving them advice. Keep your initial information simple and straightforward. Reassure them that, even if they feel overwhelmed by decisions, they can take their time. Feeling overwhelmed is a normal response to a traumatic event. Respect their decision about which (if any) of the options they choose.

## ADDENDUM D: Duty to Report

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### What is a Children's Aid Society?

Children's Aid Societies help to protect infants, children and youth who are experiencing abuse or are at risk of experiencing abuse, physically, sexually, emotionally or through neglect or abandonment. Children's Aid Societies ensure that children and families are connected to the services they need in order to remain safe and thriving. They do this by working with community service providers and in some cases provide supportive services themselves.

In 97% of investigations done by CAS, the child or children remain in the home and receive supportive services. In Ontario, Children's Aid Societies have the exclusive legal responsibility to provide child protection services 365 days a year, 24 hours a day. The activities and purpose of a Children's Aid Society are set out in the *Child, Youth and Family Services Act* (CYFSA)

### What is child abuse?

"Child abuse" includes physical, emotional and sexual abuse and/or neglect. It also addresses a pattern of abuse and risks of harm.

According to the CYFSA Section 74 (2) <sup>7</sup>

#### **A child is in need of protection where:**

- (a) the child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,
  - (i) failure to adequately care for, provide for, supervise or protect the child, or
  - (ii) pattern of neglect in caring for, providing for, supervising or protecting the child;
- (b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
  - (i) failure to adequately care for, provide for, supervise or protect the child, or
  - (ii) pattern of neglect in caring for, providing for, supervising or protecting the child;
- (c) the child has been sexually abused or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual abuse or sexual exploitation and fails to protect the child;

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<sup>7</sup> Child, Youth and Family Services Act, 2017, S.O. 2017, c. 14, Sched. 1 Retrieved from: <https://www.ontario.ca/laws/statute/17c14#BK100>

- (d) there is a risk that the child is likely to be sexually abused or sexually exploited as described in clause (c);
  - (d.1) the child has been sexually exploited as a result of being subjected to child sex trafficking;
  - (d.2) there is a risk that the child is likely to be sexually exploited as a result of being subjected to child sex trafficking;
- (e) the child requires treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide the treatment or access to the treatment, or, where the child is incapable of consenting to the treatment under the *Health Care Consent Act, 1996* and the parent is a substitute decision-maker for the child, the parent refuses or is unavailable or unable to consent to the treatment on the child's behalf;
- (f) the child has suffered emotional harm, demonstrated by serious,
  - (i) anxiety,
  - (ii) depression,
  - (iii) withdrawal,
  - (iv) self-destructive or aggressive behaviour, or
  - (v) delayed development,and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child;
- (g) the child has suffered emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to the treatment to remedy or alleviate the harm;
- (h) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child;
- (i) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and that the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to treatment to prevent the harm;
- (j) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide treatment or access to treatment, or where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to the treatment to remedy or alleviate the condition;

- (k) the child’s parent has died or is unavailable to exercise the rights of custody over the child and has not made adequate provision for the child’s care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child’s care and custody;
- (l) the child is younger than 12 and has killed or seriously injured another person or caused serious damage to another person’s property, services or treatment are necessary to prevent a recurrence and the child’s parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to treatment;
- (m) the child is younger than 12 and has on more than one occasion injured another person or caused loss or damage to another person’s property, with the encouragement of the person having charge of the child or because of that person’s failure or inability to supervise the child adequately;
- (n) the child’s parent is unable to care for the child and the child is brought before the court with the parent’s consent and, where the child is 12 or older, with the child’s consent, for the matter to be dealt with under this Part; or
- (o) the child is 16 or 17 and a prescribed circumstance or condition exists. 2017, c. 14, Sched. 1, s. 74 (2); 2020, c. 25, Sched. 1, s. 26 (1); 2021, c. 21, Sched. 3, s. 1 (2).

### What should I do if I suspect a child is in need of protection?

If you suspect that a child is being harmed or is at risk of being harmed, call The Children’s Aid Society of Oxford County at 519-539-6176 or 1-800-250-7010. Your call will connect you with a trained professional who can access the situation and determine the best course of action.

### When should I call Children’s Aid?

If you see or have reason to believe a child is in need of protection or is at risk of harm, make the call. There is someone available to receive your call 24 hours a day, 365 days a year.

It can be hard deciding to place a call to report concerns about a child or youth. Ultimately, the biggest consideration is and should be for the safety and well-being of the child and/or family. If you suspect child abuse or neglect, please call.

In 2018, the age of protection was raised to include youth up to 18 years old. Youth who are 16 and 17 years old are now eligible to receive protection services from Children’s Aid Societies. While reporting for 16 and 17-year old youth is not mandatory, please contact your local Children’s Aid Society if you have concerns about a youth.

### What is the “duty to report”?

Under section 125 of the *Child, Youth and Family Services Act* every person who has reasonable grounds to suspect that a child is or may be in need of protection has the duty to promptly report the suspicion and the information upon which it is based to a Children’s Aid Society. This includes persons who perform

professional or official duties with respect to children, such as health care workers, teachers, operators or employees of child care programs or centres, police and lawyers. The duty to report applies to children under 16 years of age. A person may, but is not required to, make a report to a Children's Aid Society if they suspect that a 16- or 17-year-old is being abused.

On October 01, 2021 Section 125 of the CYFSA was amended to add a duty to report suspicions that a child is need of protection because they have been, or are at risk of, child sex trafficking.

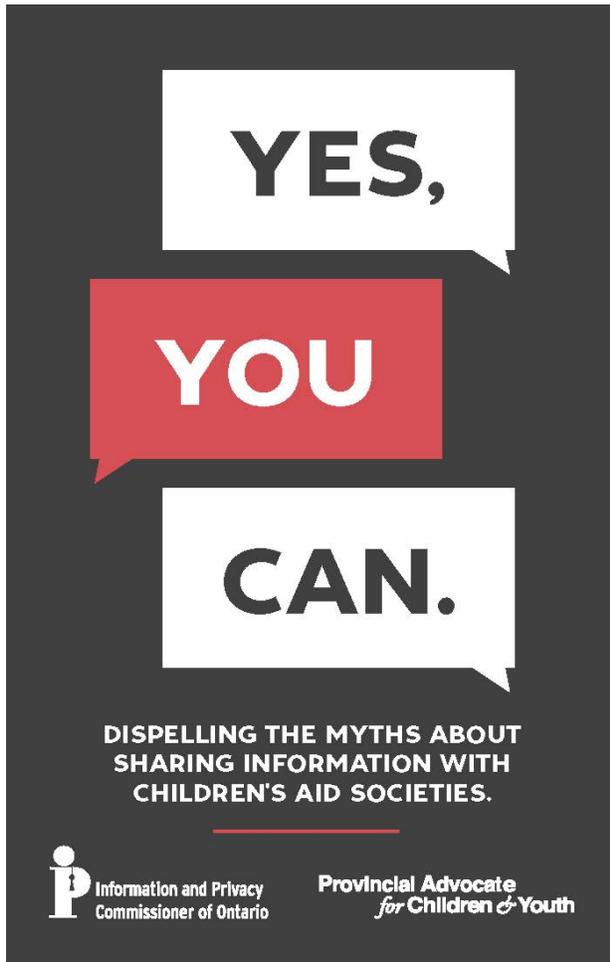
The duty to report applies to children under 16 years of age. A person may, but is not required to, make a report to a Children's Aid Society if they suspect that a 16- or 17-year-old has been, or is at risk of being subjected child sex trafficking.

### Do I need to be sure that abuse/neglect is happening before I call a Children's Aid?

It is not necessary to be certain that a child is or may be in need of protection to make a report to a children's aid society. Section 125 of the *Child, Youth and Family Services Act* says that every person who has reasonable grounds to suspect that a child is or may be in need of protection has the duty to promptly report the suspicion and the information upon which it is based to a Children's Aid Society. "Reasonable grounds" refers to the information that an average person, using normal and honest judgment, would need in order to decide to report. You cannot rely on someone else to make the call if you are concerned. The role of the Children's Aid Societies is to assess calls made by the public using a professional and standardized process. The person making the report should bring forward their concerns and Children's Aid will determine if there is a sufficient basis to warrant further assessment of the concerns about the child.

## ADDENDUM E: Privacy Legislation: Dispelling the Myths About Sharing Information with Children’s Aid Societies

*\*note that this document was published prior to the changes to the CYFSA*



### WHY THIS BOOKLET?

All too often, a professional may become aware of a risk of harm to a child, but does not report that suspicion to a children’s aid society (CAS) based on the unfounded belief that “privacy” prevents them from doing so.

The Provincial Advocate for Children and Youth and the Information and Privacy Commissioner of Ontario have worked together to develop this resource to clarify some common misunderstandings about privacy.

CASs operate under the authority of the *Child and Family Services Act*. This act and its regulations give them broad duties and powers relating to the protection of children, including the authority to conduct investigations into allegations of harm and review reports of children in need of protection.

Despite this broad authority, health providers, police, teachers and social service workers sometimes refuse to provide information to child protection workers. While well-intentioned, refusal to share information about a child in need of protection may leave the child at risk of harm.

The Provincial Advocate and the Information and Privacy Commissioner are aware that there is confusion about different sets of privacy guidelines and policies. During a number of Coroners' inquests into the deaths of children, CAS case workers have testified about the frustration they experience when trying to obtain information from other parties. Professionals working with children must ensure that they do not wrongly see privacy as a barrier to disclosing personal information about children in need of protection to CAS workers.

Please take a few minutes to review this important information. We encourage you to share it with your colleagues.

## DISCRETION TO DISCLOSE

Every CAS has a review team that recommends how a child can be protected.<sup>4</sup> Despite the provisions of any other act, a person may disclose to a review team information reasonably required by the team for this purpose.<sup>5</sup>

A person's ability to disclose such information to a review team applies even if the information is confidential or privileged.

No action for disclosing the information can be instituted against the person unless the person acts maliciously or without reasonable grounds to suspect that a child is in need of protection.<sup>6</sup>

<sup>4</sup> *CFSAs s. 73(4)*

<sup>5</sup> *CFSAs s. 73(5)*

<sup>6</sup> *CFSAs s. 73(6)*

## PART I

### WHAT DOES CHILD PROTECTION LEGISLATION SAY?

Under the *Child and Family Services Act (CFSAs)*, CASs investigate allegations or evidence that children may be in need of protection.<sup>1</sup> A child may be in need of protection if the child has suffered physical harm, sexual molestation, sexual exploitation, emotional harm, inadequate care or has been abandoned or been subject to a pattern of neglect.<sup>2</sup>

#### DUTY TO REPORT

If a person has reasonable grounds to suspect that a child is in need of protection, the person must immediately report the suspicion and the information on which it is based to a CAS. The obligation to report applies to any person, including a person who performs professional or official duties with respect to children, and applies despite the provisions of any other act.<sup>3</sup>

<sup>1</sup> *CFSAs s.15(3)(a)*

<sup>2</sup> *CFSAs s. 37(2)*

<sup>3</sup> *CFSAs s. 72(1)*

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## PART II

### WHAT DOES ONTARIO'S PRIVACY LEGISLATION SAY?

#### JURISDICTION OF THE INFORMATION AND PRIVACY COMMISSIONER

The Information and Privacy Commissioner of Ontario (IPC) oversees the:

- *Freedom of Information and Protection of Privacy Act (FIPPA)*
- *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*
- *Personal Health Information Protection Act, 2004 (PHIPA)*.

When we talk about all three pieces of legislation, we call them "Ontario's privacy legislation".

*FIPPA* and *MFIPPA* govern the collection, use and disclosure of personal information by institutions under those acts. *PHIPA* governs the collection, use and disclosure of personal health information by health information custodians (custodians).

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Municipal police services, school boards and municipalities are institutions under *MFIPPA*. The Ontario Provincial Police is an institution under *FIPPA*.

Hospitals are custodians under *PHIPA*. Physicians and other health care practitioners may also be custodians under *PHIPA*.

Ontario's 47 CASs are not governed by *FIPPA* and *MFIPPA*.

### **INSTITUTIONS CAN DISCLOSE PERSONAL INFORMATION TO A CAS UNDER FIPPA, MFIPPA AND THE CFSA**

Under *FIPPA* and *MFIPPA*, personal information may be disclosed in various circumstances including:

- to comply with a law<sup>7</sup>,
- in compelling circumstances affecting the health or safety of an individual<sup>8</sup> and
- in compassionate circumstances to facilitate contact.<sup>9</sup>

These provisions enable the disclosure of personal information by an institution and its

<sup>7</sup> *FIPPA s. 42(1)(e), MFIPPA s. 32(e)*

<sup>8</sup> *FIPPA s. 42(1)(b), MFIPPA s. 32(b)*

<sup>9</sup> *FIPPA s. 42(1)(i), MFIPPA s. 32(i)*

employees to a CAS worker to comply with the *CFSA*'s duty to report. They also permit the disclosure of personal information to a CAS review team.

### **HEALTH INFORMATION CUSTODIANS CAN DISCLOSE PERSONAL HEALTH INFORMATION TO A CAS UNDER PHIPA**

Custodians and their agents may disclose personal health information to CASs so they can carry out their statutory functions, including the conduct of investigations and reviews under the *CFSA*.<sup>10</sup> *PHIPA* also recognizes that CASs may be lawfully entitled, in the place of the parent, to give or refuse consent to disclosures by a custodian of the child's personal health information.<sup>11</sup>

### **PROTECTION FROM LIABILITY**

Institutions and custodians are protected from liability (that is, monetary damages) if they act in good faith and do what is reasonable under the circumstances in the exercise of their powers or duties under Ontario's privacy legislation.<sup>12</sup>

<sup>10</sup> *PHIPA s. 43(1)(e), PHIPA O.Reg. 329/04 s. 7(2)(iii)*

<sup>11</sup> *PHIPA s. 23(1)2, PHIPA s. 26(1)5*

<sup>12</sup> *FIPPA s. 62(2), MFIPPA s. 49(2), PHIPA s. 71*

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## **PART III**

### **QUESTIONS & ANSWERS**

- 1. A CAS is conducting an investigation at a school. The school did not instigate the investigation. Can teachers and other school staff speak to the CAS worker without the consent of the parents and child?**

**Yes, they can.** Nothing in Ontario's privacy legislation prevents teachers or other school staff from disclosing personal information to a CAS to comply with a duty to report. Nor does the legislation prevent disclosing personal information to a CAS review team.

Even if the school staff did not provide the initial report that the child may be in need of protection, teachers and other school staff can provide information to a CAS worker conducting a child protection investigation or review. Again, Ontario's privacy legislation is not a barrier to such disclosure.

- 2. A CAS contacts a child's health care practitioner and asks for information to assist in an investigation. Can the practitioner disclose information about the child to the CAS?**

**Yes, they can.** Health care practitioners who may be either health information custodians or agents of custodians under *PHIPA* may disclose personal health information so CASs can carry out their statutory functions.<sup>13</sup> This includes the duty to report if they have reasonable grounds to suspect that a child is in need of protection, in which case they must immediately report the suspicion and information on which it is based.

<sup>13</sup> *PHIPA s. 43(1)(e), PHIPA O.Reg. 329/04 s. 7(2)(iii)*

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3. **Police and a CAS worker respond to an allegation made to the CAS. Can they share information with each other at that time? Can their organizations share information during joint investigations of the same caregivers and children?**

**Yes, they can.** Police officers who accompany a CAS worker on a call for safety reasons and who have reasonable grounds to suspect that a child is in need of protection must immediately report the suspicion and the information on which it is based to the CAS worker.

In addition, there is nothing in Ontario's privacy laws that would prohibit police officers from making disclosures to a CAS worker who is conducting an investigation or a review under the *CFSA*.

Police officers may also disclose personal information under the *Police Services Act* and its regulations.<sup>14</sup>

CASs are not limited by *FIPPA* and *MFIPPA* in what they can disclose to police, because they are not subject to those laws.

<sup>14</sup> *Police Services Act*, s. 41 and *O.Reg. 265/98 "Disclosure of Personal Information."* These disclosures are deemed to be in compliance with *MFIPPA* s. 32(e). See *Police Services Act* s. 41(1.3).

4. **Can police officers disclose information to CAS workers about a person's criminal record if they believe the individual poses a risk to children?**

**Yes, they can.** Police officers who have reasonable grounds to suspect that a child is in need of protection must immediately report the suspicion and the information on which it is based to the CAS worker.

If the officer believes a child is at risk due to an individual, then the officer must disclose that suspicion and the information it is based on. In addition to information disclosed to comply with the duty to report, police officers may disclose personal information under the *Police Services Act* and its regulations.<sup>15</sup>

<sup>15</sup> *Police Services Act*, s. 41 and *O.Reg. 265/98 "Disclosure of Personal Information."* These disclosures are deemed to be in compliance with *MFIPPA* s. 32(e). See *Police Services Act* s. 41(1.3).

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5. **Can police officers disclose information to a CAS worker when that worker is conducting a child protection investigation?**

**Yes, they can.** Police officers can provide information to a CAS worker conducting a child protection investigation or a review under the *CFSA*. Ontario's privacy legislation is not a barrier to such disclosure.

6. **Social services office staff witness an interaction between a parent and a child that triggers a report to a CAS. Can staff tell the CAS about what they saw and what else they know about the family?**

**Yes, they can.** Nothing in Ontario's privacy legislation interferes with social services staff disclosing personal information to a CAS to comply with the duty to report or disclosing personal information to a CAS review team. Even if the social services staff did not provide the initial report that the child may be in need of protection, if there are reasonable grounds to suspect that a child is in need of protection, there remains the duty to immediately report the suspicion and the information on which it is based. Again, Ontario's privacy legislation is not a barrier to such disclosure.

## RESOURCES

### LEGISLATION

- *Child and Family Services Act*
- *Freedom of Information and Protection of Privacy Act*
- *Municipal Freedom of Information and Protection of Privacy Act*
- *Personal Health Information Protection Act, 2004*

### REGULATION

- *Child and Family Services Act*, O. Reg. 206/00: Procedures, Practices and Standards of Service for Child Protection Cases

### STANDARDS

- Child Protection Standards in Ontario
- Ontario Child Protection Tools Manual

### GUIDANCE

- FAQ #9: Information requested from a School or a School Board by the CAS
- Fact Sheet #7 Disclosure of Information Permitted in Emergency or other Urgent Circumstances
- Practice Tool for Exercising Discretion: Emergency Disclosure of Personal Information by Universities, Colleges and other Educational Institutions

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**APPENDIX – FIPPA, MFIPPA AND PHIPA DISCLOSURE PROVISIONS**

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT**

42. (1) An institution shall not disclose personal information in its custody or under its control except,
- (e) for the purpose of complying with an Act of the Legislature or an Act of Parliament or a treaty, agreement or arrangement thereunder;

**MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT**

32. An institution shall not disclose personal information in its custody or under its control except,
- (e) for the purpose of complying with an Act of the Legislature or an Act of Parliament, an agreement or arrangement under such an Act or a treaty;

**PERSONAL HEALTH INFORMATION PROTECTION ACT, 2004**

43. (1) A health information custodian may disclose personal health information about an individual,
- (e) to the Public Guardian and Trustee, the Children’s Lawyer, a children’s aid society, a Residential Placement Advisory Committee established under subsection 34 (2) of the Child and Family Services Act or a designated custodian under section 162.1 of that Act so that they can carry out their statutory functions.



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