

**The Region of Peel Woman Abuse Protocol
Best Practice Guidelines**

*Working Together to Promote a
Comprehensive and Effective Response to
Woman Abuse in Our Community*

Peel Committee Against Woman Abuse
May 2006

THE PEEL REGION WOMAN ABUSE SERVICE RESPONSE PROTOCOL

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First Edition: July 2002
Second Edition: June 2005
Latest Edition: May 2006
1515 Matheson Boulevard East, Suite 103
Mississauga, Ontario L4W 2P5
Phone 905.282.9792 • Fax 905.282.9669 • Email: pcawa@pcawa.org
Website: www.pcawa.org

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Acknowledgments

The Peel Committee Against Woman Abuse would like to express their appreciation to the many individuals and organizations that volunteered their time and expertise to develop the Woman Abuse Protocol. We would especially like to thank the current and former member agencies of the Woman Abuse Protocol Workgroup including:

Armagh

Catholic Cross Cultural Services

Catholic Family Services Peel Dufferin

Credit Valley Hospital

Family Services of Peel

Family Transition Place

India Rainbow Community Services of Peel

Interim Place

Malton Neighbourhood Services

Merge Counselling and Education Services

Muslim Community Services

Office of the Crown

Ontario Works in Peel

Peel Children's Aid Society

Peel Committee on Sexual Assault

Peel Regional Police

Ministry of Community Safety and Correctional Services, Probation and Parole

Salvation Army Family Life Resource Centre

Salvation Army Women's Counselling Centre

Trillium Health Centre

Victim Services of Peel

Victim Witness Assistance Program

William Osler Health Centre

We would also like to thank the Ontario Ministry of Community and Social Services for providing financial assistance (from 1995 to 2002) towards the development of the Woman Abuse Protocol and re-printing of it in 2006, as well as the Ontario Ministry of the Attorney General for its financial support since 2003 for marketing and updating the Protocol and implementing it through training within our community.

Protocol Agency Signatories *

DIRECT SERVICE SIGNATORIES

Armagh
Brampton Multicultural Community Centre
Brampton Neighbourhood Resource Centre
Catholic Cross Cultural Services
Catholic Family Services Peel Dufferin
Credit Valley Hospital
Family Services of Peel
The HEAL Network
India Rainbow Community Services of Peel
Interim Place
Malton Neighbourhood Services
Merge Counselling and Educational Services
Muslim Community Services
Peel Children's Aid Society
Peel Health
Peel Regional Police
Salvation Army Family Life Resource Centre
Salvation Army Women's Counselling
Sexual Assault/Rape Crisis Centre of Peel
Trillium Health Centre
Victim Services of Peel
Vita Centre of Peel

ASSOCIATE SIGNATORIES

African Community Services
Big Brothers Big Sisters of Peel
Ministry of Community Safety and Correctional Services, Probation and Parole
Multicultural Inter-Agency Group of Peel
Ontario Works in Peel
Peel Committee on Sexual Assault
Peel Crown Attorney's Office
Punjabi Community Health Centre of Peel
United Achievers Community Services
Victim/Witness Assistance Program

* Signatures of agencies are held on file at the office of the Peel Committee Against Woman Abuse. Contact information for each agency can be found in the Appendix.

Preface

We, the Peel Committee Against Woman Abuse (PCAWA), represent over 30 agencies from the social service, health and judicial sectors in the Region of Peel. Since 1984, it has been our mandate to promote a comprehensive and effective response to woman abuse in Peel. In 1995, the Ministry of Community and Social Services provided funding to develop the first version of the Woman Abuse Protocol. At that time, the PCAWA concluded that the best way the Committee could support a coordinated response to woman abuse in the Region of Peel would be to develop a one-stop, accessible, collaborative, case-management model of service delivery. Accordingly, this first Protocol was successfully piloted by twelve agencies in March of 1997 and officially launched in November of 1999.

In 2000, PCAWA received subsequent funding from the Ministry of Community and Social Services to further develop a Woman Abuse Emergency Response Protocol for the Region of Peel. After careful consideration, the Protocol Sub-Committee (currently the Protocol Workgroup) agreed that this could best be accomplished by revising the original Protocol to include all organizations in the Region of Peel that provide services to abused women and by reviewing and incorporating current research on the subject. In November 2003, PCAWA launched the revised Protocol manual, the Region of Peel Woman Abuse Protocol: Best Practice Guidelines.

PCAWA received funding from the Ministry of the Attorney General, Domestic Violence Community Co-ordination Grant Program in April 2003 to market and provide training to Peel service providers on the updated Protocol. On March 5, 2004, PCAWA trained its member agencies on the revised Protocol through the workshop “Building Bridges: Working together to provide a coordinated and effective response to woman abuse in the Region of Peel.” A year later, on March 30, 2005, PCAWA reached beyond their own membership to introduce the Protocol to Peel organizations as diverse as faith groups, food banks and local businesses through the workshop “Community Action Against Woman Abuse in Peel.” PCAWA also launched a new website in 2005, www.pcawa.org.

In 2006, PCAWA has enhanced the referral process between member agencies serving victims of woman abuse in Peel with the funding received from the Ministry of the Attorney General. A standardized referral form has been piloted and modified among member agencies along with a monthly tracking form for referrals which will be used until December 31, 2006 at which time an in-depth evaluation will be conducted. This year, PCAWA will also be providing training and outreach marketing on the Protocol to the signatory agencies and community agencies within Peel. Also, in the spring of 2006, PCAWA hosted a two-day workshop for service providers called “Beyond Legislation: Serving Immigrant and Refugee Women in Peel” which focussed on the gaps in services experienced by immigrant and refugee women who have experienced abuse and the resources and support available to them. PCAWA will continue providing training opportunities to community agencies into 2007.

We believe that this manual promotes best practice in providing services to victims of woman abuse. Accordingly, the Protocol represents a values-based approach to woman abuse intervention and prevention that is informed by evidence and theory from a diverse range of sources. Moreover, it is specific to Peel Region’s experience and clearly conveys the importance of both process and outcome (both in developing the manual and in service provision). The manual is also significant because it provides a common language, (which is important for future research on woman abuse in Peel), and because it represents an inter-sectoral and inter-disciplinary collaboration that has inevitably helped to ensure a comprehensive, coordinated, and effective community response to woman abuse in Peel.

The process of developing the Protocol has been collaborative and inclusive, with every effort made to engage agencies from all sectors and professions. Additionally, the PCAWA has recognized the importance of and been committed to community development principles and practices as the means by which our community can come together to develop a coordinated and effective community response to woman abuse.

The Peel Committee Against Woman Abuse is grateful to the dedicated members of the Protocol Workgroup whose impressive investment of time and effort has made this valuable resource possible. Finally, the Peel Committee Against Woman Abuse would like to acknowledge and thank the Ministry of the Attorney General, Domestic Violence Community Co-ordination Grant Program and the Ministry of Community and Social Services for making this valuable resource possible.

Statement of Principles*

The purpose of the Protocol is to specifically address the abuse of women. Accordingly, the Woman Abuse Protocol offers service providers guidelines for improved practices and helps to ensure a coordinated and effective community response to woman abuse in the Region of Peel. These Best Practice Guidelines are based on the following principles:

1. All people have the right to live free from violence.
2. Violence against women is a serious societal problem that negatively affects the health, well being, and development of women, children, families, and the community. This fact must be acknowledged by all members of society.
3. Women from all ages, racial and ethnic backgrounds, sexual orientations, socio-economic classes, religions, ability levels, and professions can experience abuse. As such, violence against women must be understood and responded to in such a way that supports the fact that woman abuse is not restricted by any social boundaries.
4. There is no excuse for abusive behaviour, as such, the offender must always be held accountable for his/her violent actions.
5. Criminalization is only one aspect of the long-term solution to ending woman abuse.
6. A holistic population health promotion approach that includes policy reform, community development, education, advocacy, social action, and other preventive measures provides the basis for ending all forms of violence against women and their destructive consequences.
7. Communities must be supported and resources made available to develop culturally appropriate and accountable ways of responding to woman abuse.
8. A coordinated community response system must not re-victimize women or their children.
9. Every woman has the right to services and resources that are appropriate, ensure her safety, meet her material and financial needs, and provide her with emotional support.
10. A coordinated community response to woman abuse must provide equitable access to services regardless of a woman's age, class, ability, religion, language, culture, race, or sexual orientation.
11. Decision-making within the response system must be participatory and involve processes that acknowledge, respect, represent, and encourage the diversity of the community.
12. Response system agencies are ultimately accountable to women through their commitment to the agreed upon policies and procedures.
13. Response system agencies should be committed to monitoring/evaluation and subsequent improvement of their relevant policies, protocols and services.

* Adapted from the Dufferin-Caledon Wife Assault Protocol (n.d.), Health Canada (1994), PCAWA (1999), and the Woman Abuse Council of Toronto (2001).

Chapter

1

Woman Abuse

An Introduction to the Issue

Defining Woman Abuse

Woman abuse is a serious and widespread societal problem. The United Nations (1993) defines woman abuse as “any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.” Using this definition as a point of departure, woman abuse is defined here as the actual or threatened physical, psychological, sexual, financial, verbal, or spiritual abuse of a woman by someone with whom she has/or has had an intimate, familial or romantic relationship.¹

Specific types of woman abuse include:

Physical Abuse includes bodily harm, discomfort or injury including hitting, punching, slapping, kicking, pushing, burning, biting, torture, restraining, assault with a weapon, withholding of food and/or medical care, and/or murder.

Psychological/Emotional Abuse is any act that provokes fear, diminishes the woman’s dignity or sense of self-worth, and/or intentionally inflicts psychological trauma as a means of exerting power and control over the woman. Psychological abuse can include criticism, degradation, humiliation, excessive possessiveness, threats (suicidal, homicidal, deportation, kidnapping children, harming family, friends and/or pets), controlling a person’s daily activities, social isolation, and/or purposeful destruction of property and/or pets.

Sexual Abuse includes any act of forced sexual activity, sexual harassment, unwanted sexual touching, the refusal to use protection from STD’s or unwanted pregnancy during sex, and forced exposure to, or participation in pornography or prostitution.

Verbal Abuse is the use of vexatious comments that are known or that ought to be known to be unwelcome, threatening, degrading, offensive, and/or embarrassing.

Economic/Financial Abuse is the misuse of an individual’s money or belongings by another individual. Economic abuse includes, but is not limited to the withholding and/or restricting of money needed for food and/or clothing; denying the right to seek and/or maintain employment; taking personal money; denying independent access to money; and/or, excluding the victim from financial decision-making.

Spiritual Abuse includes degrading another person’s spiritual beliefs, withholding the means to practice, and/or forcing adherence to a belief system.

¹ Woman abuse definitions adapted from the World Health Organization (1995/98), Health Canada (1993/94), PCAWA (n.d.), and the Woman Abuse Council of Toronto (1996).

The Peel Committee Against Woman Abuse also recognizes the distinct features of woman abuse, which include:

- Underlying issues of power and control
- Psychological conditioning that often results in the victim assuming responsibility for the violence
- Economic dependency and poverty
- A recurring cycle of violence
- Escalation in the frequency and severity of violence

Women from all ages, racial and ethnic backgrounds, sexual orientations, socio-economic classes, religions, ability levels, and professions can experience abuse.

Incidence, Prevalence & Severity

Violence against women is a prevalent and well-documented social problem in Canada. A 2005 Statistics Canada profile on family violence prepared by the Canadian Centre for Justice Statistics and the 2004 General Social Survey (GSS) on Victimization are the most recent reports available that track family violence, including the incidence, prevalence and severity of woman abuse in Canada. These resources are the source for most of the statistics given below. The statistics are also categorized according to the pervasiveness of woman abuse in our society by: age (younger women 18-24) or women over 65, aboriginal women, immigrant or refugee women, women who are living with disabilities, abuse during pregnancy, abuse faced by homosexuals, and the effects on children who witness abuse in the home.

Overall Statistics

- Consider these statistics on Canadian women who reported on violence in a current or previous spousal relationship in the past five years (n = 653,000)¹:
 - 81% reported having been pushed, shoved or grabbed;
 - 61% were threatened to be hit;
 - 44% reported having something thrown at them;
 - 38% were beaten or choked;
 - 36% were slapped;
 - 27% were kicked, hit or bit; and
 - 16% were sexually assaulted²
- Emotional and financial abuse often accompanies physical and sexual violence in either a current or previous relationship. 37% of women in a current or previous spousal relationship reporting on physical violence in the past five years also experienced some form of emotional abuse.
- 61% of women who were stalked by an intimate partner also indicated that they had experienced violence by a current or previous spouse or common-law partner in the last five years.
- Between 1994 and 2003, a history of family violence was present in 6 out of 10 spousal homicides.
- In both 1999 and 2004 (the years the General Social Survey was conducted), about 47% of female victims indicated that they had turned to a formal help agency because of the violence and abuse they experienced.

Age Statistics

- Women under the age of 25 are more likely than those who are older to be victimized by their intimate partner.
- Between 1994 and 2003, females aged 15-24 had the highest rate of spousal homicide (22.5 per million female spouses), nearly 3 times the overall rate of spousal homicide

for women during the same period (7.7 per million female spouses) and nearly 3 times the rate of males aged 15 to 24 (8.5 per million male spouses).

- Older women are more likely than their male counterparts to be victims of family violence. In 2003, almost 4 out of 10 senior female victims were assaulted by a family member.³
- Older victims of family-related assaults most often experienced common assault (55%) followed by uttering threats (19%).

Abuse Faced by Aboriginal Women

- Aboriginal people are three times more likely to be victims of spousal violence than those who are non-Aboriginal (21% vs. 7%) (General Social Survey, 1999 and 2004).
- A larger proportion of Aboriginal women (37%) experienced emotional abuse from either a current or previous marital or common law partner in the 5-year period relative to non-Aboriginal women (17%).
- In one Ontario study, 8 out of 10 Aboriginal women had experienced violence in their relationships. Of these, 87% were physically injured and 57% were sexually abused. An estimated 75% to 95% of women in some northern Aboriginal communities have been physically abused. (Health Canada, 2005).

Abuse Faced by Immigrant and Refugee Women

- Woman abuse occurs in all societies and cultures. Refugee and non-status women in Canada are at high risk of experiencing violence because of the vulnerable position they live in:
 - They have very limited access to information, counselling and other social services;
 - They are reluctant to call the police in an emergency because they may fear being deported, as the police have authority to arrest or detain someone on behalf of Immigration Canada;
 - If her partner is charged with assault, this could lead to devastating consequences for her; and
 - They cannot easily access medical services. (METRAC, 2006).
- Actual reported victimization rates among immigrant and visible minority women in a 1999 Statistics Canada survey were somewhat lower than other women (10.5% of immigrant and visible minority women experienced emotional or financial abuse compared to 14% of other women; 4.2% cited physical or sexual abuse compared to 6.2% of other women. However, the survey was done in English and French and not representative of immigrant women who were not proficient in either language. (Canadian Council on Social Development, 2004)

Abuse Faced by Women with Disabilities

- Women with disabilities are estimated to be 1.5 to 10 times more likely to be abused than are non-disabled women, depending on whether or not they live in a community or institutional setting (Health Canada, 2005).
- Abuse against women with disabilities includes a wide range of behaviours that women who are not disabled may not experience. For example, women with disabilities often have to rely on others to help them with mobility, toileting, eating, bathing or other daily tasks. This dependence requires quite intimate relationships with a wide range of others, including partners, caregivers, health professionals, transportation providers and other family members. Dependence on a large network of relationships increases the chances that a disabled woman will experience abuse (Health Canada, 2005).
- The degree of risk of sexual abuse of persons with disabilities "appears to be at least 150% of that for individuals of the same sex and similar age without disabilities". (DAWN Ontario, Disabled Women's Network Ontario, 2006).
- It is estimated that only 20% of the cases of sexual abuse involving disabled people are ever reported to the police, community service agencies, or other authorities. (DAWN Ontario, Disabled Women's Network Ontario, 2006).

Abuse During Pregnancy

- 1 in 6 pregnant women are abused during pregnancy (Middlesex-London Health Unit, 2000).
- Women abused during pregnancy were four times as likely as other abused women to report having experienced very serious violence, including being beaten up, choked, threatened with a gun/knife or sexually assaulted. (Health Canada, 2004).
- Of the women who were abused during pregnancy, approximately 18% reported that they had suffered a miscarriage or other internal injuries as a result of the abuse. (Health Canada, 2004.)

Abuse Faced by Homosexuals

- The rate of spousal violence among those who are homosexual has been twice the rate of reported violence experienced by those who are heterosexual (15% vs. 7%).
- Some studies estimate that the 'prevalence of domestic violence among gay and lesbian couples is approximately 25-33%' (Barnes, as cited Aurora Centre for Education, 2002).
- Studies suggest that 'each year, between 50,000 and 100,000 lesbian women and as many as 500,000 gay men are battered' (Murphy as cited in Aurora Centre for Education, 2002).

Effects on Children Witnessing Abuse in the Home

- In 2004, 33% of all victims (or 394,000 out of approximately 1,194,000 victims) of spousal violence reported that children saw or heard the violence in the home.
- Children who witness family violence often display elevated rates of depression, aggression, delinquency, and other emotional problems (Steinberg et al, 1993; Edleson, 1999; Fitzgerald, 2004).
- Children who witness their mother being abused by their father or other male partner tend to have lowered school achievement and social skills (Health Canada, 2005).
- Children who witness the violent behaviour of their father or their mother's partner toward their mother are being emotionally abused. (Health Canada, 2005).
- There is a 30% to 40% overlap between children who witness wife assault and children who experience direct physical abuse themselves. (Health Canada, 2005).
- Witnessing violence increases the chances that boys will grow up to act violently with dating and/or marital partners. For girls, it increases the chances that they will accept violence in their dating and/or marital relationships. (Health Canada, 2005).
- Between April 1, 2003 and March 31, 2004, more than 95,000 women and children were admitted to 473 shelters across Canada. (Statistics Canada Transition Home Survey, 2004).
- A recent survey found on an average day in 2004, there were 6,100 women and dependent children in shelters, the majority of which were there to escape abuse (76% of women and 88% of children.). 67% of children accompanying their mothers to escape abuse were under the age of 10, with children under the age of 5 accounting for 40% of all children admitted. (Statistics Canada Transition Home Survey, 2004).⁴

Costs to Society

- Women who have experienced violence were three times more likely to take time off from their every day activities.
- In 1995, the estimated annual health-related costs associated with violence against women were \$1.5 billion (Centre for Research on Violence Against Women and Children, 1995.)
- In 1995, the estimated costs of violence against women in four policy areas combined (social services/education, health/medicine, criminal justice and labour/employment) were estimated at more than \$4.2 billion annually (Day, 1993).

Notes

1. The number 653,000 represents 7% of Canadian women aged 15 and older who experienced and reported spousal violence by a current or previous partner in the past 5 years. Source: Canadian Centre for Justice Statistics and the 2004 General Social Survey, p. 8.
 2. Figures do not add to 100% due to multiple responses. Source: Canadian Centre for Justice Statistics and the 2004 General Social Survey, p. 28.
 3. Older women are defined as women aged 65 years of age and older. Source: Canadian Centre for Justice Statistics and the 2004 General Social Survey, p. 86.
 4. Average day is defined as the Snapshot Day, April 14, 2004, a one-time profile of all programs and services in existence for a particular day. Source: Statistics Canada Transition Home Survey, 2004.
-

A Closer Look at Data from the Region of Peel ^{2*}

Crimes of Violence	2000	2001	2002	2003	Var. (02-03)	Var. (00-03)
Disputes - Disturbances	12,827	13,687	13,476	14,536	7.9%	13.3%
Family Disputes	3,378	3,202	3,312	3,114	-6.0%	-7.8%
Child in Need of Protection	2,836	3,825	3,752	4,800	27.9%	69.3%
Domestic Disputes Occurrences	5,424	5,560	5,317	5,561	4.6%	2.5%
Violent Domestic Occurrences	1,297	1,438	1,272	1,207	-5.1%	-6.9%
Occurrences – Charges Laid	1,236	1,418	1,250	1,198	-4.2%	-3.1%
Weapons Used	188	246	205	205	0.0%	9.0%
Repeat Offender	342	333	292	249	-14.7%	-27.2%

**Child in Need of Protection used to be Child Abuse, but was changed in 2001 and includes occurrences where a child may not have been abused, but a CAS referral may be made for the protection of a child (or children).*

² Statistical information compiled by Peel Regional Police from the following sources:

Peel Regional Police (2004). *Annual Statistical Report 2003: A Safer Community*. Brampton, Ontario.

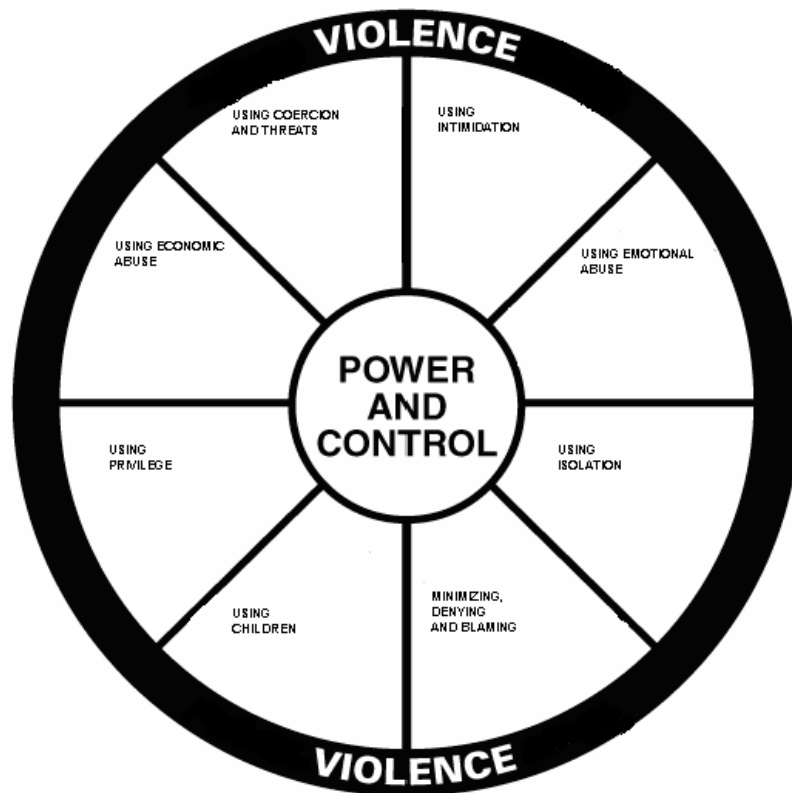
Peel Regional Police (2003). *Annual Statistical Report 2002: A Safer Community*. Brampton, Ontario.

Peel Regional Police (2002). *Annual Statistical Report 2001: A Safer Community*. Brampton, Ontario.

* These statistics represent cases where both men and women may have been victims of violence, however the majority of the cases represent women

The Dynamics of Woman Abuse: Issues of Power and Control

Woman abuse is about power and control. It is the intentional and systematic use of tactics to establish and maintain power and control over the thoughts, beliefs, and conduct of a woman. The tactics can include, but are not limited to, the following examples.

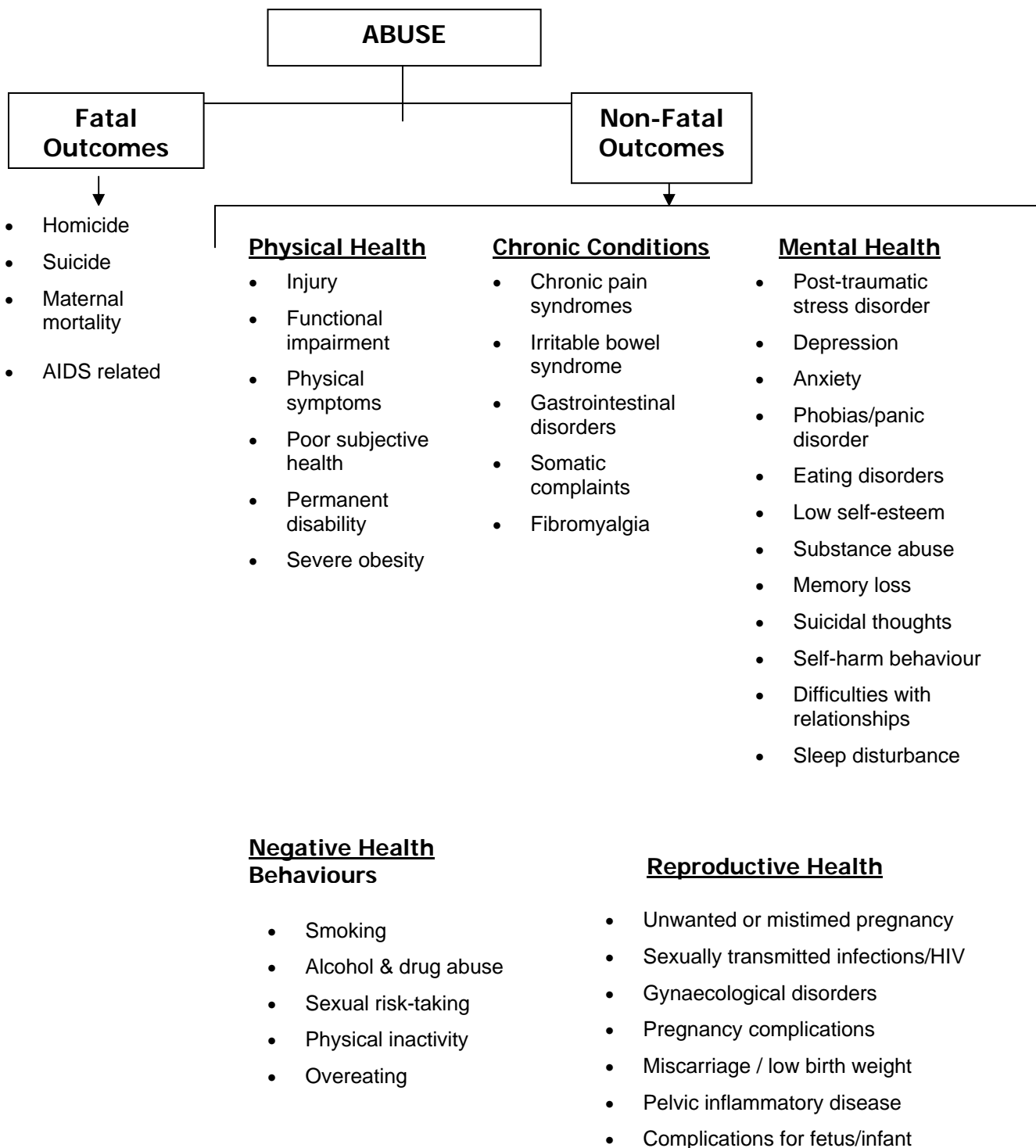


Abuse may also be observed as a systematic pattern of behaviour. In many cases, abuse occurs in a repetitive sequence, often referred to as the “cycle of violence” (Walker, 1979). During the ‘tension building phase’ of this cycle, the abuser experiences a period of increasing stress and tension. This can build over a matter of hours, days or weeks, during which time women often try to avoid an outburst by accommodating the demands of the abuser. Women may feel that they are “walking on eggshells.” When the pressure peaks, the abuser explodes, unleashing anger and rage, trying to control the situation through partner abuse. After the abusive incident, there may be a period of relief when the abuser offers apologies and promises to change. This pattern occurs repeatedly over time. Often, the incidents of abuse become more frequent and severe, with shorter periods of relative calm.³

³ Adapted from the Minister of Public Works and Government Services of Canada (1999). [A handbook for health and social service professionals responding to abuse during pregnancy.](#) Ottawa, Ontario.

Possible Health Effects of Woman Abuse

Woman abuse is a pervasive public health problem in Canada and abroad, that negatively affects the health and well-being of women, children, families and entire communities. The following flow-chart provides a summary of some of the most frequently cited health outcomes associated with woman abuse.



Barriers to Leaving An Abusive Relationship ⁴

Leaving an abusive relationship is a difficult and lengthy process that is highly complex. Service providers must understand that women are confronted with many barriers when considering and attempting to leave an abusive relationship. Some of these barriers may be:

- Fear:** Fear of retaliation by the abuser; fear of losing her children; fear that her family, friends and/or pets will be harmed; fear of discrimination; fear of being deported; fear of being ostracized by her community; fear of bringing shame to her family; and fear of vulnerability without male protection.
- Inaccessibility:** She may have tried to leave in the past and found that there were wait lists for counselling, shelters and other helping agencies. She may have difficulty finding/accessing services that are culturally and linguistically sensitive. She may have experienced prejudice, discrimination, or racism in past encounters with various institutions.
- Poverty:** She may be financially dependent on the abuser, and may potentially have little or no income, and limited work experience, making it difficult for her to find employment.
- Faith:** She may believe that separation or divorce would be contrary to her religious beliefs.
- Helplessness:** Abuse undermines a woman's sense of self, her self-esteem and her self-confidence. She may know from past attempts at leaving that the abuser will search for her until she is found. Many women also feel *powerless*, as she may not know that she has rights and/or options.
- Family:** Immediate or extended family members may pressure her to stay in a relationship. She may want to work out the problems in the relationship and want to believe that he will change. She may also have concerns about her children growing up without a father.
- Isolation:** The abuser may have isolated her from friends and family. The woman may be surrounded by people who deny or minimize the abuse.
- Fatigue:** She may be too physically and emotionally exhausted to leave.
- Hopelessness:** Due to psychological conditioning and the ensuing belief that the abuse is her fault, leaving may not even occur to her as an option.

Discrimination, ableism, racism, heterosexism & classism further complicate the process of leaving an abusive relationship.

⁴ Adapted from Sheridan, 1992; The Scarborough Hospital, 2002; and, Education Wife Assault, (2002).
<http://www.womanabuseprevention.com/html/communities.html>

Collaboration Between the Children's Aid Society and VAW Services ⁵

The primary objective of collaboration between CAS and VAW is to increase the safety of children by increasing the safety of their mothers, and by making the best use of the means available to hold perpetrators of woman abuse accountable.

In order to work effectively to end violence against women and children, service coordination between the VAW and CAS sectors along with a shared understanding of woman abuse is essential:

- Working together increases safety for women and children and decreases chances for re-victimization.
- Child abuse and woman abuse are the result of abuse of power in family relationships. Neither women nor children can be responsible for changing the abuser's behaviour.
- Children experience trauma in families where women are abused.
- Ensuring the safety of children is paramount, as children are most vulnerable and have the least power in our society.
- Increasing the safety of abused women will increase the safety and well-being of children.
- Perpetrators must be held accountable for their abusive behaviour.
- CAS and VAW agencies are committed to providing services from an anti-oppression/anti-racism framework, while maintaining culturally competent practice.
- CAS and VAW services can provide a community leadership role to influence system changes.

Principles of Intervention for CAS and VAW Collaborative Work

Intervening in situations involving woman abuse should be done in a manner that supports women and their children, and that holds the perpetrator of abuse accountable for the violence.

To this end, interventions in situations where woman abuse is present should be guided by the following principles:

- Protecting children is the first priority
- Protecting abused women helps protect their children
- Providing supportive services to women will help them protect and care for their children
- Respecting the woman's right to direct her own life is critical
- The perpetrator, not the victim should be held accountable for the abusive behaviour

⁵ Adapted from Model CAS/VAW Protocol – MCSS (November 2001)

Children Exposed to Woman Abuse and The Duty to Report

Under Subsection 72(1) of the Child and Family Services Act, the public and professionals have a duty to make a report to the CAS if they have reasonable grounds to suspect that a child is or may be in need of protection. The grounds set out in subsection 72 are those that are also found in 37(2) a to k.

Also, a person who has additional reasonable grounds for suspicion is required to make a further report even if he or she has made previous reports with respect to the same child [C.F.S.A. 72(2)]. A person who has a duty to report must make the report directly and not rely on any other person to report on his or her behalf [C.F.S.A. 72(3)].

A professional person is guilty of an offence if he or she contravenes subsection 72(1) or (2) by not reporting a suspicion and where the information on which it was based where the information was obtained in the course of his or her professional or official duties [C.F.S.A. 72(4)]. The penalty for this is a fine of up to \$1000.

The C.F.S.A. subsection 72 also states that the duty to report suspicions of a child in need of protection applies despite “the provisions of any other Act” and that there is protection from civil action for individuals who report unless that person has acted maliciously or without reasonable grounds for the suspicion.

It is incumbent on all those in contact with children who are exposed to their mothers being abused, to be attentive to the actual harm and/or risk of harm that can be caused to children by perpetrators. Using sound and reasonable judgment, professionals should intervene appropriately in an effort to support and protect the woman and her children and have the actions of the perpetrator stopped whether or not the intervention requires report to the CAS.

**The Peel Children’s Aid Society encourages all service providers,
when in doubt, to call the CAS for the purposes of assessing
whether the concern is a reportable situation.**

**For more information on Grounds for Reporting refer to the Appendix
for relevant excerpts from the Child & Family Services Act**

Remember, when you have reasonable grounds to suspect that a child has suffered, or that there is a risk that the child is likely to suffer, abuse or neglect (specifically, one of the matters listed in subsection 72(1) of the Child and Family Services Act):

1. Immediately notify the appropriate Children's Aid Society of the suspicion
2. Provide them with demographic data (name, age, gender, address, telephone number, etc.) and all the information upon which the suspicion is based
3. Do NOT delegate the making of the report to the Children's Aid Society, to any other person
4. Serve as a liaison between the agency, the family and the Children's Aid Society, providing information as required or permitted by law
5. Provide support to the family and child when possible
6. Assist in any necessary follow-up intervention where appropriate

Impact on Children Witnessing Abuse

The reactions of children who witness violence by one parent against another can include emotional, social, cognitive, physical and behavioural maladjustment problems (Jaffe, Wolfe and Wilson, 1990). These children tend to show lower levels of social competence, higher rates of depression, worry and frustration, and are more likely than other children to develop stress-related disorders and to show lower levels of empathy (Fantuzzo, et al., 1991; Graham-Bermann and Levendosky, 1998; Moore and Pepler, 1998; Edleson, 1999).

Infants	Preschool Children	Latency 5-12 years	Early Adolescence 12-14 years	Later Adolescence 15-18 years
Disruption in eating and sleep	Aggressive acts	Bullying	Dating violence	Dating violence
	Clinging	General aggression	Bullying	Alcohol/drug abuse
	Anxiety	Depression	Poor self-esteem	Running away from home
	Cruelty to animals	Anxiety	Suicide	Sudden decline in school achievement and attendance
	Destruction of property	Withdrawal	Post-traumatic Stress Disorder symptoms	Disrespect for females; sex role stereotyped beliefs
	Post-traumatic Stress Disorder symptoms	Post-traumatic Stress Disorder symptoms	Truancy	
		Oppositional behaviour	Somatic concerns	
		Destruction of property	Disrespect for females; sex role stereotyped beliefs	
	Poor school achievement			
	Disrespect for females; sex role stereotyped beliefs			

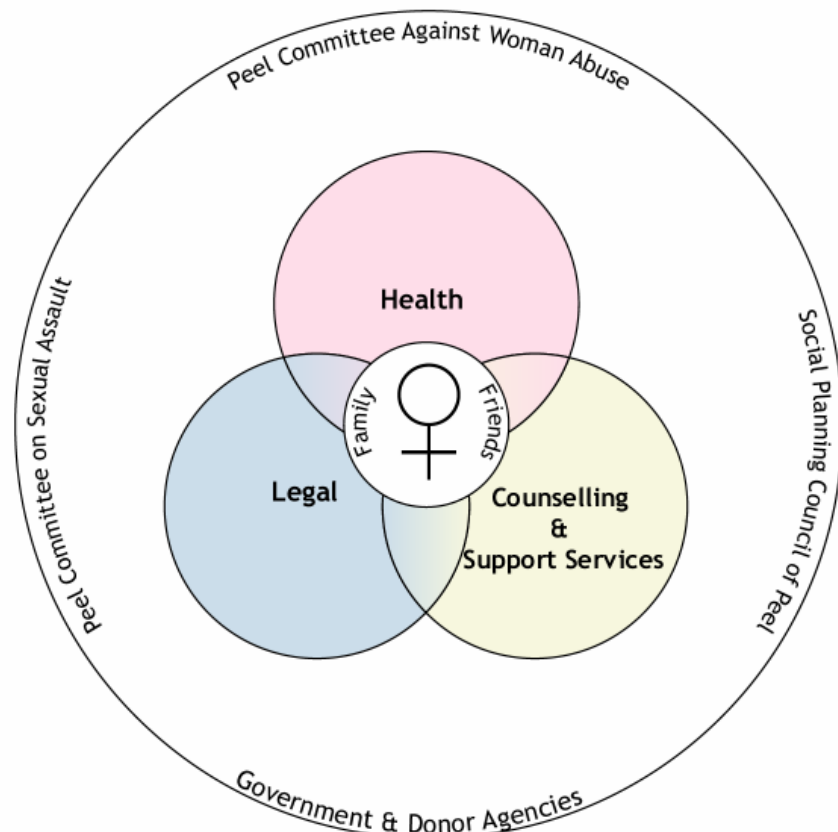
* Taken from Sudderman M., and Jaffe, P. , in Health Canada (1999). *A handbook for health and social service providers and educators on children exposed to woman abuse*. Health Canada, National Clearinghouse on Family Violence, Ottawa, ON Canada (pp. 13).

Chapter
2

The Woman Abuse Response Protocol

The Region of Peel's Response to Woman Abuse: A Conceptual Model

Women experiencing violence often come into contact with multiple systems and sectors (Sinclair, 2002). The conceptual model below captures the range of services available in Peel Region and reflects a holistic, coordinated community response. The model is woman-centered to imply that an agency's response should be tailored to the client's experience, capacities and needs. The model is circular to reflect the complex relationships that exist between agencies and to represent the multiple points of entry and exit into these systems. The circle immediately surrounding the woman represents her personal support network, which may include members of her family and/or friends. The overlapping circles symbolize the coordinated community response and encompass the broad sectors within which agencies and services may operate, including the health sector, legal or judicial sector, and the community, counselling and support services sector. Finally, the outer circle represents the infrastructure that supports and sustains the work done in each of these sectors. Here, PCAWA and Peel Committee on Sexual Assault are included given their roles as coordinating bodies; the Social Planning Council of Peel is included given its role in identifying social issues and in planning and implementing collaborative actions; and government (municipal, provincial and federal) and donor agencies (e.g., Ontario Trillium Foundation, United Way, foundations, private sector partners, etc.) are represented given the valuable financial support they provide.



General Intervention Guidelines for Woman Abuse Services

The purpose for these general intervention guidelines is to provide organizations with principles for service provision meant to empower women who are experiencing abuse. The Peel Committee Against Woman Abuse believes it is imperative to offer women support, information, and services that (1) do not re-victimize women or put them at greater risk of harm; (2) optimize women's choices; and, (3) are respectful. It is also critical that service providers be aware of their own assumptions, biases and personal perspectives and that these not interfere with maintaining a respectful manner with the women being assisted.

Initial Contact: The initial encounter sets the stage for a woman's continued relationship with the service provider. Her experience should be validated and the impact trauma has on her should be recognized. During this initial encounter, the service provider should:

Avoid using family members or friends as interpreters.

Where appropriate, and if possible, a cultural interpreter, materials in the woman's primary language or a sign language interpreter should be made available.

1. If you have received permission from the woman to speak with her:
 - Find out how she would like to be addressed; minimize existing power imbalances by referring to her with the same formality with which she addresses you.
 - Identify yourself and the role you play as the service provider, explaining that you are there to help.
 - Explain clearly what types of services you can offer, and their duration and discuss which kinds of assistance the woman might find helpful.
 - Assure the woman that you understand that this may be a difficult process for her.
2. Respecting Confidentiality: Service providers have their own policies and procedures concerning confidentiality. It is the individual service provider's responsibility to be aware of their respective agency's policies and procedures concerning confidentiality and disclosure obligations, and to clearly communicate them to the woman.
 - Discuss what is meant by 'confidentiality' and explicitly describe its limits.
 - All efforts to maintain confidentiality should respect the woman and her wishes, and be aligned with applicable legal requirements.
3. Try to ensure that:
 - The meeting environment is private, safe, and comfortable and that it facilitates communication.

4. Provide realistic and accurate information by identifying the implications and potential ramifications for the woman who accepts your assistance:
 - Discuss the limits of confidentiality and the possibility that your records may be subpoenaed.
 - Explain that if the woman gives a statement to the police she may have to repeat this information to the court.
 - Advise the woman that as a service provider who has tried to provide her assistance, you may be called to testify.
 - Sensitively discuss the obligation to report to the Children's Aid Society, in cases where children are being exposed to woman abuse.
5. Provide her with any material, community contacts, or information that would benefit her and be certain to provide her with your contact information and ensure you have answered all of her questions.

A Woman's Rights and Choices: It is of fundamental importance that all service providers recognize a woman's right to make her own choices, regardless of whether these choices reflect our own personal beliefs and biases. As such, it is crucial to emphasize the woman's choice in all matters, and to inform her of all of the options that are available to her including:

1. The right to remain in, or return to an abusive relationship
2. The right to withdraw from receiving services, and the right to choose the services she wants
3. The right to clear information about criminal proceedings with regards to her ex-partner, and the right to seek independent legal counsel to pursue civil action and representation at the Criminal Injuries Compensation Board
4. The right to receive medical attention/intervention that is sensitive and that is first explained to her in detail
5. The right to services that respect her religion, culture, language, abilities, and sexual orientation
6. The right to free or affordable services
7. The right to accessible and timely services
8. The right to a complaints procedure
9. The right to tell her story as infrequently as possible
10. The right to reasonable access to agency and police reports/client files
11. The right to follow-up services and continuity in service delivery
12. The right of children to be protected against the deleterious experience of being exposed to woman abuse

* Adapted from PCSA (1998). *Region of Peel Sexual Assault Response Protocol*. Mississauga, Ontario. And from the PCAWA (1999). *Best Practice Guidelines for a Coordinated Response System for Woman Abuse Services in the Region of Peel*. Mississauga, ON.

Understanding Risk and Assessing a Woman's Safety

It is important for the client and service provider to develop an understanding of the impact of the abuse. Of particular concern is whether she is at risk of death or serious injury. The following questions adapted from the Woman Abuse Council of Toronto (2001) are included to help service providers identify high risk indicators. The tool is to be used by a counsellor/advocate with a woman. ***It should not be filled out by a woman alone, as it can be traumatic.*** **

1. To the best of your knowledge, has your partner assaulted any previous spouses/partners or children from another relationship?
2. Has your partner assaulted/threatened you before?
3. Has there been a recent increase in assaults/threats?
4. Have your children been assaulted by your partner?
5. Have the police been called to respond to any domestic situations involving your partner prior to this incident?
6. Has your partner destroyed or damaged any of your belongings or contents of your home?
7. Has your partner injured or killed your pet?
8. Has your partner threatened to kill or harm you?
9. Has your partner threatened to kill or harm the children?
10. Has your partner threatened/attempted suicide? In these threats, have there been specific details of a plan (e.g., specific weapon, time, place, dangerous act)?
11. Does your partner own/have access to firearms or weapons?
12. Has your partner recently applied for a Firearms Acquisition Certificate?
13. Has your partner used, or threatened to use guns or other weapons against you, the children or any other person?
14. Have you separated or discussed separation with your partner?
15. If so, is your partner reacting in an aggressive and/or threatening manner?
16. Is your partner obsessed, overly jealous, or extremely dominant with you?
17. Has your partner forcibly confined you, or prevented you from using the telephone, leaving the house, or contacting family or friends?
18. Has your partner engaged in any stalking behaviours with you in the past?

** Metropolitan Toronto Police, Domestic Violence Supplementary Report, as cited in the Ontario Provincial Network of Sexual Assault Care & Treatment Centres (n.d.). *Domestic Violence Response Teams Training Binder*. Toronto, Ontario.

19. To the best of your knowledge, has your partner engaged in any stalking behaviour with other persons?
20. Does your partner abuse drugs or alcohol?
21. Is your partner under psychiatric care, or has your partner been under such care in the past?
22. Is your partner on any medication?
23. Is your partner taking such medication as prescribed?
24. Has your partner breached any court order, such as bail conditions or restraining orders?
25. Do you believe your partner is capable of severely injuring or killing you (or your children)?
26. Do you have any fears for your safety, or the safety of your family?
27. Do you have a personal safety plan in place to help protect yourself and your children in the event of a problem with your partner? *(If no, refer to PCAWA Creating A Safety Plan booklet)*
28. Have you obtained a custody order, or a restraining order?
29. Is there anything else that is causing you to fear your partner?

Once these questions have been discussed, it is important to assist the woman in developing a customized safety plan (refer to PCAWA Creating A Safety Plan booklet). Reiterate that although the woman does not have control over her (ex) partner's violence, it is possible to increase her own safety, as well as the safety of her children.

Guidelines for Making Referrals

A referral is not a matter of diverting or sending a client from one Violence Against Women (VAW) agency to another, or providing her with a list of agencies and telephone numbers. For the purposes of the Best Practice Guidelines, a referral is the transfer of trust from one VAW worker to another. Accordingly, the Guidelines use the word 'connect' to reflect this transfer of trust.

One of the key components of the Woman Abuse Response Protocol is the systematic and consistent connecting of any woman requesting VAW services with an appropriate service provider within 48 hours of the request.

Referring to Another Agency: When connecting a woman to another agency, the agency making the referral will:

- Wherever possible, encourage the client to make a telephone contact with the receiving agency in the presence of the worker. An appointment is then made between the client and the receiving agency.
- Ensure that the client has all the names and directions that she requires.
- If the client declines an immediate referral to the receiving agency, but agrees to consider it for the future, the referring agency will provide the client with the names and numbers of workers of both the agencies and encourage her to call one of them if and when she is ready.
- If referring to an agency that is not currently utilizing the Woman Abuse Protocol, the referring agency will first speak to the receiving agency worker to explain the procedure and establish whether the receiving agency is willing and able to provide the client with the services requested.

Receiving a Referral from Another Agency: When receiving a referral from another agency, the receiving agency will:

- Make every attempt to take the phone call right away.
- Reassure the client that you would be happy to see her at her earliest convenience, and attempt to book an appointment right away.
- Obtain **consent** for the referring agency to send her case information so she will not have to repeat her story and information again.
- Whenever possible, avoid having the client repeat her story by referring to available information in the file. Explain the range of services you can provide to her and within what time frame.
- Assure the client that, as a client of a crisis support service agency, she may receive several appointments, and be connected to other needed services including group support services.

Accountability and Problem Resolution

PCAWA member agencies are committed to being accountable for the services they provide and as such, to providing women with explicit methods of resolving problems.

Accountability: Clients have the right to address concerns and/or make complaints to the agency serving them. It is the responsibility of all agencies to inform women of this right and of the processes in place to do so. Client complaints or concerns regarding the quality or nature of the services provided can be addressed to the executive director/designate of that organization. All complaints or concerns will be investigated and responded to according to the policies and procedures of that organization.

Problem Resolution between Member Agencies: We recognize the importance of addressing the potential for conflicts and problems between and among service providers. In order to continue to work cooperatively, all participants agree that issues will be brought to the table in the spirit of problem solving rather than attaching blame. Accordingly, inter-agency problems can be addressed in the following ways:

- Service providers (direct service staff) will contact each other directly regarding the problem.
- If staff members cannot satisfactorily resolve the issue, they will advise their respective supervisors.
- The supervisors will bring the matter to the attention of the Woman Abuse Protocol Workgroup representative at their agency.
- Representatives from the two signatory agencies (either Associate or Direct Service Signatories) to the Woman Abuse Protocol will attempt to resolve the matter.
- If it is a Protocol related issue, it will be brought to the Protocol Workgroup meeting to be addressed and if possible, resolved. This is the final level of complaint after all other avenues to resolve the conflict have been exhausted.

The Personal Information Journal

The Personal Information Journal was developed by a group of women who have experienced abuse in the past, and is meant to assist women who find themselves in a similar situation. It is intended to be a tool a woman can use to collect and maintain important information for her own records. It also allows a woman to have personal information documented in one place. The tool is especially useful because women who are navigating the system will meet many people (counsellors, lawyers, doctors) at various points in the process. The Journal may also help to decrease the stress a woman may feel when asked to repeat the details of her story.

Service providers should advise women interested in using the Personal Information Journal to keep it in a safe place, which only she has access to, in order to protect her privacy and confidentiality. Service providers should also encourage the woman to consult with her counsellor as to where to keep the Journal and with whom she might share it.

The Personal Information Journal, included in the Appendix, is divided into 10 parts including:

- Partner Information
- Police Occurrences Record
- Legal Information
- Medical Data
- Other Information
- History of Abuse
- Record of Abusive Incidents
- Educational Training Sessions
- Creating a Safety Plan
- Personal Notes

Chapter

3

Agency Profiles

Health Services



Commitment

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

We Will:

- Inform victims/survivors of domestic violence who phone for information to go directly to the Trillium Health Centre to be treated at the Regional Sexual Assault Care and counselling service
- Triage a victim/survivor of domestic violence as a priority (L2), escort directly to a treatment room, and be seen by an Emergency Department physician
- Offer emotional support through the Crisis Intervention Team
- Assess and transfer victims/survivors of domestic violence to Trillium Health Centre for Sexual Assault Care and Counselling Services (SACCS)
- Care for the victim/survivor when their medical condition is unstable. (Care will be provided by the Credit Valley Hospital physician and the Credit Valley Hospital Crisis Team)
- In accordance with the Child and Family Services Act, if there are any child welfare concerns, the Emergency Department staff (physician, nurse, and/or social worker) will notify the appropriate Children's Aid Society

Accountability

Concerns regarding the quality or nature of the services can be directed to the nurse manager of the Emergency Department and/or the hospital ombudsman.

Hours of Operation

24 hours a day, 7 days a week.

Procedures

A. Initial Response

1. Victim/Survivor Phone Inquiries

Victims/survivors who inquire about domestic violence care will be informed of, and provided with, the phone number or directed to:

- The Emergency Department of the Trillium Health Centre for care, treatment and subsequent referral if they have incurred recent physical injuries
- Local women's shelters such as Interim Place or the Family Life Resource Centre
- Victim Services for crisis support
- SACCS Counselling Component for information re: community resources

2. Victim/Survivors Who Arrive at the Emergency Department will

- Be triaged (L2 status), registered and assessed in a treatment area and an Emergency Treatment Record and an Emergency Assessment Flow-sheet will be initiated
- Be informed of the opportunity to be transferred to Trillium Health Centre, and that the most comprehensive care will be provided for them at The Sexual Assault Care and Counselling Services Centre (SACCS)
- Be informed and provided with the phone numbers of community support services available and of the opportunity to meet one of the representative from Victim Services at The Sexual Assault Care and Counselling Services Centre at Trillium Health Centre
- Have a secondary assessment including full vital signs by the coordinating nurse/delegate
- Be offered emotional support by the Crisis Team while in the Emergency Room or by Victim Services if emotional support is needed and the Crisis Team is not available
- Be assessed by the physician who will order the transfer to The Trillium Health Centre

3. Transfer

- The emergency physician at the Credit Valley Hospital will call the emergency physician on duty at Trillium Health Centre who will accept the victim/survivor's transfer. The victims/survivors admission to the hospital will be discussed at this time
- The coordinating nurse will phone the team leader at the Trillium Health Centre Emergency Department and inform them of the transfer. A nurse at the Trillium Health Centre will be arranged to meet the victim/survivor as she arrives
- Copies of all documentation from Credit Valley Hospital will be sent with the victim/survivor
- All attempts will be made for the victim/survivor to be provided with an escort and transferred via:
 - a) Taxi
 - b) Their own vehicle or a friend's, if they are accompanied by someone
 - c) Ambulance if deemed appropriate
 - d) Police if deemed appropriate

4. ***Care of the Multiple Trauma Victim/Survivor by the Staff of the Trillium Health Centre Sexual Assault Team***

- When the victim's/survivor's condition is critical, the Sexual Assault Team at the Trillium Health will be consulted
- On arrival at the Credit Valley hospital the team member will contact the coordinating nurse. A "STAFF" nametag will be provided
- The Credit Valley Hospital emergency physician will be the physician responsible for the care of the victim/survivor. The nursing staff from the Trillium Health Centre will provide guidelines and directions for the care of the victim/survivor
- The Credit Valley Hospital chart forms will be used
- Once the critical victim/survivor is stable, the Credit Valley Hospital Crisis Team will ensure referral to appropriate community services such as:
 - Victim Services of Peel 24hrs (905) 568-1068
 - Women's shelters: Interim Place I
(905) 403-0864
Interim Place II
(905) 676-8515
Family Life Resource Centre
(905) 451-4115

5. ***Care of the victim/survivor who declines the transfer to Trillium Health Centre***

Due to the nature of domestic violence and issues of safety, a victim/survivor may perceive further risk because of the additional time involved in transferring to another facility and also may be reluctant to share her story with more persons.

Credit Valley Hospital will respect the victim/survivors autonomy and will respect her choices and provide care as follows should she choose to decline the transfer to Trillium Health Centre.

The emergency team (physician, nurse, social worker) will provide medical and emotional support, as well as ensuring her options regarding police, legal resources, shelter, follow-up counselling and/or outreach support are discussed. The crisis worker will assist where appropriate with any referrals to these supports.

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Commitment

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

We Will:

- Provide emergency medical treatment to females 16 years of age or older who have incurred recent physical injuries as a result of domestic violence
- Provide emotional and therapeutic support
- Assist victims/survivors in understanding medical, legal and counselling options available to them
- Provide follow-up medical care and make appropriate community referrals

Accountability

Concerns regarding the quality or nature of the services are directed to the clinical director, Sexual Assault Domestic Violence Services, and/or the systems director, Women’s and Children’s Health. All complaints will be responded to in accordance with the Trillium Health Centre’s Policy and Procedures Manual.

Hours of Operation

24 hours a day, 7 days a week, 365 days a year.

Procedures

A. Initial Response – The Emergency Department Charge Nurse

When a woman who has experienced domestic violence presents in the Emergency Department, the charge nurse will be notified. The triage/charge nurse will determine if immediate medical care is required.

1. If the patient requires *immediate medical attention*, she will be treated in accordance with standard Emergency Department policy and procedures.
2. The patient is asked permission to contact the specially trained Sexual Assault/Domestic Violence nurse (herein referred to as the SA/DV nurse). If the patient agrees, the SA/DV nurse is contacted and will arrive at the hospital within 45 minutes. If appropriate, the patient is placed in the Quiet Room and every effort is made so that she does not have to wait alone.
3. When the charge nurse is notified that a woman who has experienced domestic violence is being transferred from another hospital to the Trillium Health Centre, the charge nurse will confirm with the emergency physician that she/he has accepted this patient.

B. Initial Response – The Sexual Assault/Domestic Violence Nurse

If there is a language barrier, the SA/DV nurse will contact the language interpreter service so that arrangements may be made for a trained interpreter to come to the hospital.

The SA/DV nurse will provide physical care and emotional support to the woman. A process of **assessment, medical treatment, documentation (which may include photographs), risk assessment, safety planning, and referral** is undertaken in the safety of a private unit called **Chantel's Place**. Information regarding the various options as they relate to medical treatment and whether she would like to report to the police, will be discussed. The following options are available:

1. The patient may report to the police if she has not already done so. With written consent from the victim/survivor, a copy of the documentation will be released directly to police by the SA/DV Nurse (that may include a Sexual Assault Evidence Kit, please refer to The Region of Peel Sexual Assault Response Protocol for more details).
2. If the patient does not wish to file a police report she can:
 - a. Have a complete physical examination (that may include a Sexual Assault Evidence Kit, please refer to The Region of Peel Sexual Assault Response Protocol for more details)
 - b. Be treated by the clinical leader at the Follow-Up Clinic
or
 - c. Receive medical treatment from the available Emergency Department physician
 - d. At any future time, sign a consent form to have her medical records released for the purpose of criminal or civil litigation

In accordance with the Child and Family Services Act, if there are any child welfare concerns, the SA/DV Nurse will notify the appropriate Children's Aid Society.

If a patient consents to any form of medical treatment, the SA/DV nurse will:

1. Explain the process of completing medical treatment
2. Obtain signed consent before starting the documentation, informing the patient that she may stop at any time during the examination
3. Ensure that if the patient is reporting immediately, police are available to accept the evidence/documentation (may include photographs) directly from the SA/DV nurse following the completion of the exam
4. Ensure accurate separation and distribution of medical forms
5. Complete the standard Emergency Department notes and chart according to the presentation and physical assessment of the patient
6. When obtaining the history, the SA/DV nurse will chart an overview of the assault, not a detailed description of events
7. Provide the patient with clothing kept in Chantel's Place, if required

For women who have experienced domestic violence, the nurse will, when necessary:

1. Ensure the patient has a safe place to stay
2. Give the patient verbal and written information about community resources and provide the initial support
3. Make referral to Interim Place's Transitional Support Worker Program
4. Schedule an appointment for the purpose of re-documenting injuries (re-photographing injuries) at the Follow-Up Clinic

C. The Initial Response – The Emergency Department Physician

All victims/survivors do not have to be medically cleared in order to request the assistance of the SA/DV nurse. If the patient requires *immediate medical attention*, she will be treated in accordance with standard Emergency Department policy and procedures to address the medical needs of the patient.

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Commitment

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

We Will Provide:

- Routine universal comprehensive screening for woman abuse according to the RUCS protocol of women accessing Peel Health programs. Routine screening will occur during assessment interviews, when appropriate
- Client education regarding the health effects and prevalence of woman abuse
- Assessment of client's health status
- Documentation of client contact on health department forms, respecting MFIPPA and PHIPA.
- Referrals (with client consent) to woman abuse support services within Peel
- Education for health professionals within Peel regarding woman abuse issues, and support for implementation of Routine Universal Comprehensive Screening Protocol (includes distribution of *ASK – Abuse Screening Kit*)
- Social marketing within Peel of key woman abuse messages

Accountability

Concerns regarding the quality or nature of the services provided are to be forwarded to the Director of Family Health Division.

Hours of Operation

Monday to Friday, 8:30 a.m. to 4:30 p.m.

Procedures

When privacy permits, routine universal screening of Peel Health clients for woman abuse will occur. The client is educated regarding the serious health effects and prevalence of woman abuse. An assessment is made of the health status of the client. Referrals to woman abuse services within Peel are made with the client's consent. If a child welfare issue exists, a referral to Children's Aid Society will be made. Client contact is documented on appropriate health department forms respecting MFIPPA and PHIPA.

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Legal Services

Commitment

We will, within the mandate of our policies and procedures, provide equal treatment for all people who are involved in the criminal justice system, while being sensitive to issues related to race, ethnicity, gender, age, sexual orientation, socio-economic status, and/or abilities.

Policy of the Crown

Domestic violence is not a private family matter. Domestic violence offences are criminal acts and should be prosecuted as vigorously as other serious criminal matters.

Responsibilities of the Crown

We Will:

1. Provide advice to police agencies as requested in relation to domestic assault occurrences and investigations
2. Take carriage of the prosecution of domestic assault cases. At all stages of the prosecution, including bail hearings, the safety of victims and their families is a paramount factor for crown counsel to consider in the exercise of discretion.
3. Review and screen domestic assault occurrences at an early stage of proceedings to determine whether further investigation by the police agency appears appropriate and to determine whether the accused person is eligible for an Early Intervention Program
4. To attempt, where possible, to interview the complainant in domestic assault cases, to keep the complainant informed as to new developments in the case, and to give the complainant an opportunity to provide input on sentencing
5. Upon sentencing, where deemed appropriate, to request that the court consider a condition requiring the offender to participate in an approved PAR (Partner Assault Response) program
6. To share appropriate information with probation and the PAR program to help ensure a coordinated approach to the prosecution of domestic violence

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Peel Regional Police

Commitment

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

It is the policy of the Peel Regional Police to protect human life by vigorously investigating incidents of domestic/family violence and supporting victims through a coordinated community response designed to improve the quality of life.

We Will:

- Conduct a thorough investigation
- Advise victims that police will lay charges when reasonable grounds exist
- Advise that neither police nor victims can withdraw charges
- Obtain statements (written/videotaped)
- Take photographs (scene/injuries) when appropriate
- Gather evidence (answering machine tapes, notes, etc.)
- Obtain services of interpreters when needed
- Provide support for children when present
- Provide a safety plan when appropriate
- Provide information about available victim services
- Suggest another place of safety when concerns exist
- Remain until satisfied there is no further threat to the victim
- Complete a risk assessment when charges are laid in cases of intimate relationships
- Where charges are not laid, give advice on restraining orders, peace bonds, and how to contact shelters and Victim Services of Peel.

Accountability

Part V of the Police Services Act specifies the manner by which the Peel Regional Police must receive complaints from members of the public. A member of the public who was *directly affected by an incident* may make a complaint concerning the conduct of a police officer or the policies of or the services provided by the police force.

Complaints may be made at any operational division of the Peel Regional Police. Complaints may also be made in writing to the Chief of Police or the Ontario Civilian Commission on Police Services. In order that the complaint conforms to the provisions of the Police Services Act, the complaint *must be in writing and signed by the person who was directly affected by the incident*. The complaint must normally be made within six-months of the incident that forms the subject matter of the complaint.

Hours of Operation

24 hours a day, 7 days a week.

We are Committed to the Peel Committee Against Woman Abuse Protocol

The Ministry of Community Safety & Correctional Services contributes to the protection of public safety through effective supervision of adult offenders in community and institutional settings. Working together within the community for a safer Ontario.

Pre-Sentence Reports

1. Every reasonable attempt must be made to contact the victim as a source of information for the pre-sentence reports in all woman abuse cases
2. The victim's address and telephone number, as well as similar identifying information of her family members, must not be recorded in the pre-sentence report
3. The following wording is suggested when recommending a counselling condition: "Attend, participate in and complete Partner Assault Response (PAR) program as directed by your probation officer and provide proof of completion of PAR's program to your probation officer"

Probation Case Supervision

Upon assignment of any woman abuse case, the probation officer will complete an intake interview with offender, establish collateral contacts and complete a supervision plan within six weeks, as set out in the Case Supervision Standards provided by the Ministry. A C.P.I.C. check must be requested on each protocol case within the first six weeks.

Whenever possible, the victim must be contacted as a collateral source prior to the completion of the supervision plan. The purpose of this contact is to gather information that may be beneficial in establishing the supervision plan, including, but not limited to the following:

- a) Developing goals and counselling needs
- b) Assessing offender risk level
- c) Obtaining the victim's version of the offence and its impact
- d) Identifying the specific concerns (e.g. child visitation)
- e) Providing the victim with the name and telephone number of the probation officer in the event that she wishes to establish contact during the period of supervision

Additionally, the probation officer is responsible for:

- f) Explaining specific conditions of the probation order as it pertains to the victim (e.g. non-association)
- g) Explaining the roles and functions of the probation and parole officer
- h) Relaying information regarding community resources
- i) Providing the victim with information regarding court processes
- j) Clarifying the Freedom of Information and Protection of Privacy Act, particularly the privacy provisions

All contacts with the victim and her responses must be clearly documented in the case notes. In situations where contact is impossible or impractical, the efforts made to contact the victim or access her address and telephone number must be documented in the case notes.

Supervising Enforcement

1. Where there is sufficient evidence to support a breach of probation on a protocol case, a Wilful Failure to Comply charge will be laid. Local arrangements will determine whether this action is taken by the probation officer or the police.
2. When the complainant is reporting a subsequent assault to the probation officer, the complainant should be advised to contact the police to report the assault
3. In cases where the probation officer learns of on-going violence by the offender, the police must be notified
4. The probation officer should provide the victim emergency telephone numbers of shelters or other support services, if the victim does not have access to this information
5. In cases where a probationer re-offends and is charged with an offence of the same or of a similar nature, the probation officer will submit a supervision summary to the attention of the crown attorney in charge of the case
6. Where the option is available, revocation procedures should be considered as an appropriate enforcement option. Any actions taken in this regard should be documented in the case notes. In circumstances where personal information about the client is released, it must be done so in accordance with the Freedom of Information and Protection of Privacy Act and in compliance with the delegations of authority.

Variations

Where the crown attorney is in agreement, the probation officer will recommend an “open court” hearing when the probationer requests a variation to a non-association or a boundary/radius condition.

Whenever possible, it is important to contact the victim to inform her of the probationer’s request and to advise her of the process, including the likelihood of her being required as a witness at the hearing. If the victim is opposed to the variation, the probation officer shall notify the crown attorney in writing.

Parole

When a parole applicant submits a release plan indicating intent to reunite with the victim for the period of parole, the following steps should be taken:

- a) Advise the victim of the inmate’s ability to access the parole report under the Freedom of Information and Protection of Privacy Act
- b) Provide the victim with adequate information regarding the parole process to ensure the victim has a reasonable understanding of it, including suspension and post-suspension hearings

- c) Advise the victim of her entitlement to submit a victim impact statement to the Ontario Board of Parole, which can be given over the telephone or in writing
- d) Inform the victim that she may request attendance at the parole hearing
- e) In circumstances where the victim has concerns about her safety and she wishes to forward a victim impact statement to the Ontario Board of Parole, the probation officer should inform the woman that she may note her concerns about the release of this information to the offender in her report

Suggested wording when recommending a counselling condition on parole releases:

“Attend, participate in and complete counselling as directed by your parole officer and provide proof of completion of counselling program to your parole officer.”

We are Committed to the Peel Committee Against Woman Abuse Protocol

Commitment

We will, within the mandate of our organization:

- Provide services that are immediately responsive around-the-clock, every day of the year and are respectful, effective and efficient for all women and others who request assistance because of victimization (primary and secondary) from women abuse
- Provide services that are culturally appropriate and women-positive and are mindful and respectful of the various unique attributes and circumstances of those people who seek our support
- Provide services to any woman who lives in the cities of Mississauga or Brampton regardless of age, class, gender, religion, race, sexual orientation, ability, ethnicity, values or any other beliefs
- Provide services without fees of any kind
- Provide services that support the growth and wellness of our human resources, both professional and volunteer, so as to ensure that their abilities in serving our constituents are continually accountable and mindful of the benefits of continuous learning for both themselves and their clients

Accountability

At the first available opportunity, we will clearly explain the nature of our services to our clients and articulate their opportunity to express any concerns they might have as service partners and recipients of our programs. We will first request clients to discuss their concerns with their service provider but should this not prove viable for them, we will explain their right to secure a meeting with the manager of client services and then with the executive director.

Hours of Operation

We will operate all of our services from Monday to Friday, 8:00 a.m. to 10:00 p.m. and Saturday and Sunday, from 8:00 a.m. to 4:00 p.m. After normal hours, only our Crisis Intervention/Short-Term Counselling program will be available between 10:00 p.m. to 8:00 a.m. on weekdays and 4:00 p.m. to 8:00 a.m. on weekends.

Referrals are accepted 24 hours a day, seven days a week, 365 days of the year from police, emergency services personnel, community-based agencies, and through self-referral.

We Will Provide the Following (*Direct Service*) Programs:

Crisis Intervention/Short-Term Counselling

Early intervention is critical for victims of woman abuse. Both women and children present with lesser trauma post-disclosure when the initial response to their victimization is without delay and validates their experiences. This program responds 24 hours a day, seven days a week, 365 days a year to victims of all forms of woman abuse. Critical stress debriefing, the provision of individual and family counselling on a short-term basis, information, advocacy and referrals to community-based services are all components of this program. Crime scene attendance (or at the hospital, police station, etc.), with the assistance of the police, is available at all times. The program's overall objectives are to ensure immediate safety, identify a woman's most pressing needs, limit further victimization and trauma and begin a process of recovery.

Witness Assistance Program

For those women involved in the judicial process as a victim, the availability of court support is integral to preventing re-victimization and ensuring that people are aware of and understand all relevant court proceedings. This program operates 8:00 a.m. to 5:00 p.m. seven days/week. It offers court accompaniment, advocacy with the Crown's office, provides information to a justice of the peace, judge and prosecutor regarding a victim's wishes and/or their views of an accused's behaviour and/or dangerousness and a timely transmission of court results to victims. For the most part the Witness Assistance Program works with victims during the initial stages of a judicial process. The program staff are only able to provide assistance with bail hearings, set dates, adjournments and bail reviews. While trial support is also offered when requested by women, whenever possible these clients are referred to the Attorney General's Victim Witness Assistance Program (VWAP).

REACH (Resources, Education, Advocacy, Community Help)

Women and children require user-friendly information that can help them identify their options, contact community-based services and become knowledgeable about the impact that woman abuse has had on their lives. Further, they require this information in the form of resources that are culturally appropriate (language of choice) and easily accessible. REACH is an information clearinghouse and a resource distribution program that educates victims of crime/tragedies about the special services available to them in their community. The program promotes the use of community-based services by distributing personalized resource packages that offer service descriptions of Region of Peel agency programs as well as tip sheets, self-help guides, etc. about hundreds of matters related to a person's experiences and needs. All REACH packages are distributed after the completion of an assessment of a client's needs. They are then followed up with outreach in order to answer questions and facilitate referrals to first and second stage counselling services, shelters and other community services.

Domestic Violence Emergency Response System/Supportlink

When court orders are not effective in promoting people's safety, there is the DVERS/Supportlink Program. Operated through a partnership with the Peel Regional Police, ADT Canada, Ericsson Communications and Rogers AT&T, this program installs home alarms that, when triggered, are responded to as a Priority One call by the Peel Regional Police. Alarms are supplemented by 911 cell phones and on-going safety planning, relocation and any other steps required to increase safety and decrease the likelihood of re-victimization.

Transitional Support

For those women caught in a violent and abusive relationship, the choice to terminate the relationship and establish violence-free lives with their children is often complicated by a lack of options and resources in the community. The Transitional Support Program is in place for women who have decided to leave their abusive spouses/partners. It assists women in developing task-oriented goals towards a violence-free life and then monitors these goals through on-going and intensive contact with the women on a regular basis.

Mentoring for Change

Culturally appropriate services for the South Asian community (Sikh, Hindu, Tamil and Muslim) through community capacity building is the goal of this program. MFC addresses all forms of family violence through collaboration between professional counsellors, a community's religious, business, and political structures and a diverse group of South Asian volunteers trained to act as mentors for men, women and children. The program is directed towards the adoption of a zero tolerance policy within distinct communities and moves towards this policy through concerted efforts in the field of community capacity building. Volunteer mentors are trained and work closely with families who are struggling with violence while community institutions are mobilized to lend support to people's right to live violence-free lives.

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Victim Witness Assistance Program

Commitment

We will, within the mandate of our services provide services which are woman-positive, safety-sensitive and considerate of the many issues facing victims of partner assault as they participate in the criminal justice system.

We Will:

- Deliver services that are respectful of the woman's vulnerability in these cases and are sensitive to her safety
- Offer our services extensively but not exclusively to victims/witnesses of partner assault, elder abuse, child abuse, sex assault, child sex assault and families of homicide victims
- Ensure that literacy, language and cultural issues are considered in the delivery of service
- Provide proper and practical assistance to ensure victims can participate effectively in criminal proceedings
- Assist in gaining access to community resources
- Assist victims in gaining knowledge and understanding about partner assault, including a feminist analysis of the issues, and information concerning the effects of violence on children who witness it

We Will, *After Charges Have Been Laid:*

- Provide information on the justice system in general and on specific cases with which the victim is involved
- Provide court preparation and orientation to the court process, prior to trial;
- Provide emotional support to victims and arrange for court accompaniment, resources permitting
- Assist victims to put issues of concern to the crown attorney prosecuting the case
- Refer victims to appropriate counselling and support services
- Refer child witnesses to child witness preparation program

Accountability

- Complaints or concerns regarding the quality or nature of services can be directed to the manager of the Victim Witness Assistance Program
- The manager is accountable to the regional manager, Central West Region, Ontario Victim Services Secretariat, Ministry of the Attorney General

Hours of Operation

Monday to Friday, 8:30 a.m. to 5:00 p.m.

Procedures

A. Pretrial Considerations

- VWAP staff will advocate that a full-time assistant crown attorney be assigned at the earliest opportunity and remain with the case until final disposition.

B. Bail Hearings

- VWAP staff will liaise with Victim Services of Peel, as appropriate, as they support the victim at bail court, in order to ensure that input is provided to the crown attorney.

C. Plea

- VWAP staff will work towards ensuring that an assistant crown attorney is aware of the victim/witness' concerns and input for a plea agreement.

D. Post-Trial Issues

Victim Impact Statements

- VWAP staff will endeavour to ensure that the victim/survivor knows that a victim impact statement may be made. Staff may, if requested, assist the victim/witness with her/his victim impact statement.

Criminal Injuries Compensation Board

- VWAP staff will inform the victim/witness about the CICB and the application process.

National Parole Board

- In the event that a sentence of over two years has been given, VWAP staff will notify the victim of her/his right to make representation to the National Parole Board.

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Shelters

Commitment

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

We Will:

- Provide safe, supportive second stage housing for a maximum of six months to one year to women and their children leaving abusive partners
- Advocate for and support residents in their search for permanent housing
- Provide emotional and practical support for criminal and/or family court, including legal information, advocacy and resources
- Provide group facilitation on issues such as support, parenting and educational programs

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Interim Place

Commitment

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

We Will:

- Provide emergency housing for women and their children for up to six (6) weeks
- Provide follow-up counselling to all ex-residents
- Provide a 24 hour crisis line
- Provide a child and youth program with follow-up for residents and ex-residents
- Provide services in Farsi, French, Hindi, Polish, Punjabi, Spanish, Tamil, Urdu and access interpreters for other languages
- Provide family and legal process support, including court accompaniments
- Advocate for residents and ex-residents to find adequate housing
- Provide a transitional support program to assist women and their children in the community

Hours of Operation

24 hours a day, seven days a week

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Salvation Army Family Life Resource Centre

Commitment

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

We Will:

- Provide emergency housing for abused women and children
- Provide free groups on issues such as support, self-esteem, life skills, abuse, parenting, etc.
- Provide a 24 hour crisis line
- Provide individual counselling for all residents
- Provide programs for children and youth who are residents
- Provide housing assistance
- Provide legal process support including accompaniment to court and other legal appointments
- Provide outreach counselling
- Provide services in Punjabi, Portuguese, Italian, Spanish, Hindi, and Urdu

Hours of Operation

24 hours a day, seven days a week

24-hour Crisis Line: 905-451-6108

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Commitment

We will, within the mandate of our services be inclusive and provide equal treatment to women in Peel regardless of age, religion, gender, ethnicity, sexual orientation, and financial resources.

We perform our work in a manner that reflects the social justice values and traditions consistent with the Catholic faith.

We Will:

- Provide “residential” support programs to women who are pregnant with an unplanned pregnancy that presents a challenge due to their lack of familial supports, age, resources, etc.
- Provide a range of supports to pregnant and parenting youth in the Peel community --Educational and training programs include (but are not limited to) early childhood education, life skills training, employment and job search skills
- Provide supportive counselling to young women in the community during pregnancy and in the early parenting years who have few supports --crisis intervention, problem solving, advocacy and supportive counselling are some of the services provided

Accountability

Concerns may be directed to the executive director. If the response is deemed inadequate, a complaint may be made to the Board of Directors via the Board President.

Hours of Operation

Vita Manor – Residential Program: Private and confidential home located in Mississauga, where young women live during their pregnancy and up to three months following the birth of the child. Staff is available throughout the day and nighttime hours for the security and support of the residents.

Support in Community Program: Intake counsellor is available by phone and by appointment daily, 9:30 a.m. to 5:30 p.m., Monday through Friday.

Vita Youth Parent Connection: 9:00 a.m. to 5:00 p.m., Monday to Friday. Group programs are open-end groups held in four different locations (on a rotating basis) through Peel Region. Groups average 10 weeks in length, meeting for 2 hours weekly.

Procedures

Information, Referral and Intake

- Provide information about services, e.g. distribute brochures, set up web site, and network with other community referral sources
- Respond to inquiries about program; identify individual needs and issues; begin intake record
- Hold initial information sharing meeting, which may include preliminary screening and orientation regarding mother's needs, participation, responsibility and Vita Centre philosophy
- Assess mother's needs in more depth, complete intake record, check references/medical information/criminal record for potential residents; decide regarding appropriateness of Residence, Support-in-Community, Growing as Parents, external referral and/or service may be declined
- Provide brief support and/or refer to other community resources as appropriate at any point during the intake process

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Community,
Counselling
And Support Services

Commitment

We will, within the mandate of our services be inclusive and provide equal treatment to women experiencing abuse and their children who have experienced or witnessed abuse in their families; provide supportive counselling, information and referrals to abused women and their children; strive to provide those services in the preferred ethnic languages of the clients, and provide those services regardless of age, gender, sexual orientation, race, ethnicity or ability.

We Will Provide:

- Public education and one-on-one sessions on woman abuse prevention
- Supportive counselling and referrals to relevant community resources
- Assistance in accessing community services that support women who wish to leave abusive environments/relationships

Accountability

African Community Services has a quality assurance procedure involving staff and the Board of Directors. Concerns regarding quality and nature of services can be referred to the executive director for action by the Board.

Hours of Operation

Monday to Friday, 9:00 a.m. to 4:30 p.m.

Procedures

Abused women clients are assessed during intake. They are then provided with information and supportive counselling and referral services within the agency's mandate. If they are assessed to be in a crisis situation, they are asked if they would like to be referred to crisis support services and if they consent, they are immediately referred to crisis counselling and support services in the community. If our agency cannot respond quickly enough or with enough resources, then the client is asked for consent to refer her or is given the necessary information to refer themselves to appropriate resources, such as police, hospital or shelters.

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Commitment

Big Brothers Big Sisters of Peel, a mentoring organization for children, is committed to providing caring adult relationships for children to promote their healthy development. We believe that every child has the potential, and should be given the opportunity, to grow into a caring, competent and successful adult. By finding big-hearted volunteers to be friends and mentors to children and youth in need of adult role models, we strive to create and maintain a caring, supportive environment for children, youth and their families.

We Will, Within the Mandate of Our Services:

- Maintain an effective and efficient response to the children and families within our community, so that every child who needs a Mentor has a Mentor
- Be responsive to the diverse needs of the community and review and amend our programs to attempt to meet these needs
- Provide mentoring services to any family who lives or works in the Region of Peel, regardless of age, class, gender, religion, sexual orientation, race, ethnicity, ability, values or beliefs
- Provide a free service to our children and families
- Maximize the health and well being of our families, by maintaining a work environment and social climate that enhances the well-being and optimal functioning of staff
- Provide leadership in mentoring in our community, among other BBBS agencies and in our national organization

We Will Provide the Following Services:

Big Brothers Big Sisters of Peel provides six core mentoring programs for children in Peel Region. Currently 1,004 children in Peel are involved in these programs and there are 330 children who are on a waiting list.

One-to-One Friendship

This program matches a child 6-17 years of age (Little Sister/Little Brother) with a caring adult (Big Sister/Big Brother) over the age of 18. Big Sisters and Big Brothers make a commitment to meet their “Littles” on a weekly or bi-weekly basis for the period of one year to do fun things together like go to the park, play hockey, do crafts, catch a movie or just hang around.

Couples for Kids

Some children may benefit most by being matched with a couple so that they can see a healthy, stable adult relationship. A couple can volunteer for this program if they have been in a committed relationship for at least one year and are both over the age of 21. They will be matched with a boy or girl 6 – 17 years of age to share similar interests like playing sports, doing crafts or going hiking.

Big and Little Buddy

The Big and Little Buddy program is similar to being a Big and Little Brother except it matches and adult female 18+ with a Little Brother 6 – 11 years of age for a period of one year.

In-School Mentoring

This program is a partnership between the Peel District School Board, the Dufferin-Peel Catholic District School Board and Big Brothers Big Sisters of Peel. It matches boys and girls in Peel Elementary Schools with a caring adult mentor who provides friendship and guidance by meeting each week for one hour, during school hours, to play board games, read, play sports, bake or do arts and crafts.

Group Mentoring – PEAK/PALS

Big Brothers Big Sisters of Peel provides different programs for girls and boys. Five leaders mentor ten children on a weekly basis from September – June in local schools throughout the Region. Groups participate in fun and skill-based activities.

Big Bunch

This is a group program designed for children on the waiting list. Recreational group activities are organized and supervised by adult volunteers on a bi-weekly basis.

Accountability:

Big Brothers Big Sisters of Peel has an appeals process in place that is accessible as identified.

Procedures:

To access Big Brothers Big Sisters, families or referring agencies are invited to contact our intake co-ordinator for an application. Once received a child is placed on the waiting list for service. The family will be contacted for an interview once there is an available space within our programs. Currently girls wait for approximately six to eight months, while boys wait for approximately 12 to 14 months.

Hours of Operation:

Monday to Friday, 8:30 a.m. to 4:30 p.m.

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Commitment

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

We Will:

- Provide identification of crisis
- Provide intake and referral to VAW/Family Violence Program
- Provide services in Urdu, Arabic, Punjabi, Hindi, Tamil, Farsi, and Gujarat

Accountability

A client's complaints or concerns regarding the quality of services provided shall be reported directly to the executive director. All complaints and concerns will be investigated and responded to according to the policies and procedures of the organization. Further report to the executive director should include information on: services provided; impact of the service on community need; costs and cost containment; area of need requiring attention; recommendations for program development and service delivery.

Hours of Operation

Monday to Friday, 9:00 a.m. to 4:30 p.m.

Procedures

Upon identifying a woman who requests woman abuse services, we will provide the above services. If she does not wish to receive crisis support services, she will be advised of numbers to call in the future for further support or information.

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Brampton Neighbourhood Resource Centre

Commitment

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

We Will:

- Provide programs for families through an Ontario Early Years Centre
- Provide language instruction for newcomers to Canada
- Provide settlement services
- Provide youth and seniors' programs
- Provide employment services

Accountability

Concerns regarding the quality or nature of the services can be referred to Marie Nuss, executive director.

Hours of Operation

Monday to Friday, 9:30 a.m. to 4:30 p.m.

Settlement, children & family programs available Saturdays and some weekday evenings

Procedures

If woman abuse is disclosed or witnessed, a referral to the appropriate social agency or agencies is given immediately. We do not identify, assess or evaluate, as this is not our area of expertise.

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Catholic Cross Cultural Services

Mission:

Catholic Crosscultural Services provides services that assist in the settlement and integration of immigrants and refugees.

Guiding Principles:

- All people are treated with dignity, respect, understanding and without discrimination
- Services are guided by the principles of Catholic Social Justice teachings

Goals and Objectives:

Catholic Cross-cultural Services has several goals and objectives. These can be summarized as follows:

1. To provide a broad range of linguistic and cultural services to immigrants and refugees. CCS will focus its services where the need is primarily linguistic and/or cultural
2. To cooperate and collaborate with other relevant community service providers in providing linguistic and cultural settlement services to the client groups. CCS recognizes that, although they may still require linguistic and cultural services, many immigrants and refugees may have more pressing social/emotional/ physical/spiritual needs. CCS therefore will offer its services through, or in cooperation with other relevant service providers who focus on these needs.
3. To provide leadership and education to the broader community. CCS recognizes the need to effectively influence government policy and work in concert with other community groups and services to increase community awareness concerning the needs and benefits of, and resources for immigrants and refugees. CCS, therefore, will provide information and advice to various community constituents.

Anti-Discrimination Policy:

Consistent with the Ontario Human Rights Code, CCS has specifically declared an adoption of a policy of non-discrimination with regard to service and employment opportunities.

Any discrimination on the grounds of race, creed, colour, national or ethnic origin, political or religious affiliation, sex, sexual orientation, age, marital status, family status, pardoned criminal convictions, and physical or mental disability is prohibited by and within the organization.

Specifically, all staff will be hired, evaluated and promoted in a fair and equitable manner. All aspects of agency recruitment, hiring and promotion practices will be free from discrimination. All staff and volunteers are responsible to ensure that the workplace is free from discrimination.

Decisions about employment will be made based on employment criteria such as skills, knowledge, experience and education required to perform the job. Reasonable

accommodations that do not result in undue hardship on the part of the agency will be provided if required by successful candidates.

Anti-Harassment Policy

Harassment is any behaviour that demeans, humiliates or embarrasses a person, and that a reasonable person should have known would be unwelcome. It includes actions (e.g. touching, pushing), comments (e.g. jokes, name-calling), or displays (e.g. posters, cartoons). The Canadian Human Rights Act prohibits harassment related to race, national or ethnic origin, colour, religion, age, sex, marital status, family status, disability, pardoned conviction, or sexual orientation. Personal harassment is any remark or action that demeans an employee or undermines personal dignity or worth. It has the intent or effect of offending, humiliating or intimidating another person. It can create an unpleasant climate in the workplace.

Every employee has a right to work in an environment free from harassment and to be treated in a dignified manner. Harassment (sexual, racial or other) is not tolerated in the workplace at CCS; immediate steps will be taken to end any instances of harassment of which the agency becomes aware.

All employees have the responsibility to respect the dignity of clients and fellow employees. All employees share a responsibility for creating and maintaining an environment free from harassment. Managers are responsible to stop harassment as soon as they become aware of it.

Locations in Peel Region:

90 Dundas Street West
Suite 204
Mississauga, ON
L5B 2T5
905-273-4140

10 Gillingham Drive
Suite 211
Brampton, ON
L6X 5A5
905-457-7740

www.ccspeel.org

www.cathcrosscultural.org

Programs and Services:

The following are representative of the programs offered through Catholic Cross-cultural Services:

1. Settlement Counselling

This program provides counselling services with regard to a variety of settlement issues including housing, employment, language training, education, family, socio-cultural and other migration stresses that face people who are newly arrived in Canada and/or those who experience linguistic or cultural barriers to accessing services.

2. Language Training

Through classroom and other teaching opportunities, this program provides a continuum of language instruction to people who wish to acquire or improve their English language skills in order to participate in Canadian society. This program includes

the provision of child minding services as required for registrants to the LINC (Language Instruction for New Canadians) classes.

3. Pre-employment Skills

New Canadians are provided with tools and techniques for securing and maintaining employment in the Canadian labour market through skills identification, resume preparation, interview skills and an introduction to labour market culture. Participants are provided with access to computers, fax, internet and telephone for their job search.

4. Violence Against Women

Immigrant and refugee women are provided counselling and support services to address experiences of violence in their lives.

5. Housing

Assistance is given to help newcomers in acquiring and maintaining affordable and adequate housing.

6. Orientation

A variety of workshops and orientation opportunities is offered to assist immigrants and refugees to better understand the Canadian societal structure, systems and cultural norms and values.

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Commitment

- To maintain an effective and efficient response to the need for woman abuse individual, family and group counselling services
- To provide services from a feminist and culturally sensitive perspective and to strive to expand the number of languages in which we provide services
- To provide these services to any woman requesting them who lives or works in the Region of Peel or in Dufferin County, regardless of age, class, gender, religion, sexual orientation, race, ethnicity, ability, values or beliefs
- To charge a fee based on client's ability to pay
- To maximize the health and well being of our clients by maintaining a work environment and social climate that enhances the well-being and optimal functioning of staff
- To perform our work in a manner that reflects the social justice values and traditions consistent with the Catholic faith

We Will Provide the Following Services:

Quick Access Program

This program is for clients who have been exposed to a traumatic incident (i.e., victim of a crime, woman abuse, survivor of childhood trauma, grief, and loss) and who are suffering discomfort as a result of the trauma. The Quick Access Program provides brief counselling (1-6 sessions), crisis intervention, assessment, advocacy and/or referral. High risk or recent attempted suicide will be referred to other resources. The Quick Access Program is offered in Mississauga and Brampton. First appointments are generally available within one to two weeks.

Regular Stream Woman Abuse Counselling Program

Once clients have completed the Quick Access program they can decide with their therapist, whether the regular stream program will fit their needs. If they are interested in continuing the work they began or if they are interested in addressing new issues and continuing the process of realizing their personal goals, this longer-term counselling program is an important option. This option allows more time and energy to be spent in the therapeutic partnership. Clients are offered up to nineteen sessions in this program. Available in Brampton and Mississauga, the waiting period for this service may be 2 to 3 months.

Women Supporting Women Group

A closed first stage 10-12 week group dedicated to providing information and support to women who have experienced some form of abuse by their intimate partners. This group is psycho-educational in format and deals with issues of abuse, power and control. Women are self-referred to our group waiting list. Assessment interviews are conducted for all women interested in this program. Guidelines used to assess readiness for this program include the following:

- An ability to commit to attendance during the group
- Ability to make own childcare and transportation arrangements

Becoming Visible Group

This is a closed second-stage 16-week group for women who have been or are currently in an abusive partner relationship. Abuse is broadly defined and includes financial, physical, sexual, emotional and/or verbal abuse. The goal is to assist women in supporting each other in exploring the effects of abuse on their lives, taking the necessary steps to protect themselves from further abuse, and moving on to freedom from abuse. Women are self-referred to our group waiting list. Assessment interviews are conducted for all women interested in this program. Guidelines used to assess readiness for this program include the following:

- An ability to commit to attendance during group
- Ability to make own childcare and transportation arrangements
- Some understanding of woman abuse issues
- Ability to act self-protectively when physically abused or threatened

The program runs twice annually beginning in September and March.

Women's Advocacy Program

This program contributes to the empowerment and safety of partners during the men's participation in the Man-to-Man program. Primarily through telephone outreach, the program provides partners of abusive men with support, options, and information about protective action as well as information to help assess and cope with their situation. We are also able to link Man-to-Man program participants' with other agency programs and culturally specific woman abuse groups.

Accountability

CFSPD has a complaint procedure in place that is accessible to anyone who requests a copy. In addition, concerns may be presented to the PCAWA or to Family Service Ontario, our accrediting body. Ethical concerns regarding individual workers may also be made to the professional organization to which the worker belongs (e.g. Ontario College of Social Workers and Social Service Workers or the American Association for Marriage and Family Therapy).

Intake and Referral Procedures

In order to obtain services from Catholic Family Services of Peel-Dufferin, prospective clients must contact the Intake Department for an intake interview. Generally these interviews are conducted via a telephone call, but they might also be conducted if the client "drops in" to ask for service.

Woman abuse clients will normally be referred to our Quick Access program, or one of the group programs unless she requests specifically to have her name placed on the waiting list for longer-term (regular stream) counselling. Normally, an appointment in our Quick Access program may be arranged within two weeks however, if the client is in a crisis, as defined by the intake worker, then they will be offered the first available Quick Access appointment. If it appears that our agency cannot respond quickly enough or with enough resources, then the client will be given the necessary information to refer themselves to the appropriate resource: (e.g. police, hospital, shelter). The client will also be asked to give us permission to call the resource ourselves and the intake worker will call to prepare the resource for the client's call.

Hours of Operation

Brampton: Monday to Thursday, 8:30 a.m. to 9:00 p.m.
Friday, 8:30 a.m. to 5:00 p.m.

Mississauga: Monday to Thursday, 8:30 a.m. to 9:00 p.m.
Friday, 8:30 a.m. to 5:00 p.m.

Orangeville: Monday, 5:00 p.m. to 9:00 p.m.
Tuesday, 9:30 a.m. to 9:00 p.m.

Bolton: Tuesday, 9:00 a.m. to 12noon

We are Committed to the Peel Committee Against Woman Abuse Protocol

Commitment

We will, within the mandate of our services:

- Ensure the highest possible standards of service for our clients and community
- Provide services to individuals living or working in the Peel Region
- Work with families and individuals as partners in the pursuit of meaningful ways to effectively address your needs and concerns
- Provide multiple services that deliver a range of preventive, counselling, crisis, advocacy and educational services that focus on promoting and enhancing the well being of individuals, couples and families
- Provide counselling services on a sliding scale based upon family size and income. Immediate Intervention Services and Abused Woman Group are fully subsidized programs and free to the public
- Provide services in multiple languages including: Bosnian, Croatian, French, Malayalam, Oriya, Portuguese, Punjabi, Serbian, Spanish and Urdu. Interpretive services are available

We Will Provide the Following Services:

Immediate Intervention Services (IIS)

This program provides counselling and/or crisis intervention to those who are experiencing: domestic violence or partner abuse, bereavement, and traumas such as accidents or sudden overwhelming events. Clients are entitled to six free counselling sessions. There is no waiting list for this service, and clients are assigned to a counsellor with quick access.

Counselling Programs

Provides longer term counselling and therapy for a wide range of problems. Focus includes couple conflict; difficulties resulting from early childhood abuse (physical, emotional and sexual); problematic eating and sleeping patterns; stress resulting from family breakdown, current job loss, family death, illness, financial difficulty or parenting and family relationships.

Partner Contact Programs

Provides telephone contact to the partners of men attending our Legacy-Responsible Choices program. Partners are mailed information about the men's group and are also mailed community resource information. Safety plans are also formulated with the partners.

Additional programs through Family Services of Peel include, but are not limited to:

- Abused Women's Group (AWG)
- Learning for Living Program
- School Based Programs for Children exposed to Woman Abuse
- Employee Assistance Program
- Working to Your Full Potential Program
- Independent Community Living Program
- Credit Counselling Program
- Families & Schools Together (F&ST)
- Neighbourhood Support Services

Accountability

Our confidentiality and complaints policies are explained to clients in their first meeting with staff. Clients sign an agreement that they have been made aware of these policies after reviewing them with staff. Our agency endeavors to respond to and investigate all concerns and/or complaints. Clients may choose to direct their concerns or complaints to their counsellors, the manager of counselling and intake, or to the executive director.

Hours of Operation

Mississauga	Monday to Friday, 9:00 a.m. to 5:00 p.m. Tuesday, Wednesday, Thursday, 9:00 a.m. to 9:00 p.m.
Brampton	Monday to Friday, 9:00 a.m. to 5:00 p.m. Tuesday, Wednesday, Thursday, 9:00 a.m. to 9:00 p.m.
Malton	Wednesday, 1:00 p.m. to 9:00 p.m.
Bolton	Wednesday, 4:00 p.m. to 9:00 p.m.

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Commitment

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

The HEAL (Helping End Abuse for Life) Network consists of 18 partner agencies in the Region of Peel who are dedicated to helping children and youth deal with their exposure to woman abuse. The partner agencies include:

1. Catholic Cross Cultural Services
2. Catholic Family Services of Peel-Dufferin
3. Family Education Centre of Peel
4. Family Services of Peel
5. India Rainbow
6. Interim Place
7. Malton Neighbourhood Services
8. Multicultural Inter-Agency Group of Peel
9. Muslim Community Centre
10. Peel Children's Aid
11. Peel Children's Centre
12. Punjabi Community Health Centre
13. The Salvation Army/Family Life Resource Centre
14. United Achievers' Community Services
15. Victim Services of Peel
16. The Peel District School Board
17. Dufferin-Peel Catholic District School Board
18. The Peel Committee Against Woman Abuse

Values:

We believe:

- Violence against women and children is unacceptable
- All children exposed to woman abuse have the right to supportive services
- The community has a responsibility to recognize and address the various needs of children exposed to woman abuse
- All partners will put aside their own specific interests for the purpose of advancing the needs of children exposed to woman abuse
- We will be accountable to the community that we serve

We Will Provide the Following Services:

Helping Mothers and Children Survive Abuse Together

This program is a 10-week closed group for women who have experienced abuse and their children who have been impacted by exposure to the abuse directed towards their mother.

The focus of the group is to empower women in becoming experts in helping their children learn how to lead violence-free lives. The group format is unique, in that women and children come together for the first half hour of each session to voice their experience through play, art, and movement. During the last hour and a half, women and children meet separately in smaller groups to discuss the following topics: What is Abuse, Identifying Feelings Associated with Being Exposed to Woman Abuse, Learning How to Express Feelings Appropriately, Safety Planning, Developing a Positive Sense of Self, Understanding What Healthy Relationships Are, and Learning How to Lead a Violence-Free Life.

The program is offered in Brampton and Mississauga at no cost to participants. Cultural interpreters are available. As well, language specific groups are also available. At the beginning of group, a meal is provided for all participants. Assistance with transportation is also available.

Lunch Group

The Lunch Group reaches out to the most isolated and at-risk children who are exhibiting serious behavioural and/or emotional difficulties possibly due to their exposure to woman abuse. The Lunch Group adds to the existing community response in the area of violence against women by holding the group in the family's community and in the child's school. The design of the group is to capitalize on the existing relationship that the family may have with a community organization, namely the school, as a point of entry.

Group participants are children between the ages of seven and ten years. The school administration identifies the children who would most benefit from the program. The group focus is on skill development and addresses children's coping skills and adaptability through concrete exercises and activities. The group meets once a week over the lunch hour for 12 sessions and addresses the following topics: Feelings, Families, Conflict Resolution/Decision Making, Conflict at Home (parent/child/spousal), Safety Skills, Separation & Divorce, Alcoholism, Self-Care and Responsibility for One's Own Behaviour.

Two parenting skills workshops are also provided at the school. All parents are invited to attend the workshops at no cost to them. The purpose of these workshops is to assist parents in effective parenting strategies which will encourage pro-social behaviour in children, while providing parents with tools on how to manage the challenging behaviour of their children.

Breaking Down Walls: A Group for Teens Exposed to Woman Abuse in their Families

This program is a 10-week closed group for teens, ages 13 to 16 years, who have been exposed to woman abuse. The focus of the group is to assist youth in exploring the violence that they have been exposed to, while at the same time assisting them in learning how to use non-violent conflict resolution strategies to live violence-free lives. The following topics are explored: What is Abuse, Safety Skills, Anger and Conflict Resolution, Assertiveness versus Aggressiveness, Breaking the Cycle of Violence, Dating Violence and Social Action, Dismantling Gender Stereotypes, and How Violence Affects Peer Relationships.

The group is offered in Brampton and Mississauga at no cost to participants. Assistance with transportation is provided.

Alternative Intervention Program

The Alternative Intervention Program can provide up to six counselling sessions either pre or post group involvement.

Intake and Referral Procedures

In order to obtain services from the HEAL Network; prospective clients can contact the Intake Department at (905) 450-1608, extension 119. Generally, intake interviews are conducted via a telephone call, but they might also be conducted in person or referrals can come from other service providers. Referral forms are available.

Accountability

Catholic Family Services of Peel-Dufferin is the lead agency for the HEAL Network. They have designed a complaint procedure that is accessible to anyone who requests a copy. In addition, concerns may be presented to the PCAWA. Ethical concerns regarding individual workers may also be made to the professional organization to which the worker belongs (e.g. Ontario College of Social Workers and Social Service Workers or the American Association for Marriage and Family Therapy).

We are Committed to the Peel Committee Against Woman Abuse Protocol

India Rainbow Community Services of Peel

Commitment

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

We Will Provide the Following Services:

- Crisis intervention/counselling and supportive counselling (short term and long term)
- Safety planning
- Advocacy
- Assistance in accessing affordable housing
- Empowerment and educational workshops
- Support and wellness groups
- Assistance with legal issues
- Referrals to appropriate community resources as and when needed
- Transitional support plans
- Family mediation
- Social and recreational activities
- Positive parenting
- Interpretation and translations: languages of service include Hindi, Punjabi, Urdu, Gujarati, Tamil and English. We can access free cultural interpretation services for other languages spoken.

Service Objectives:

- Provide culturally sensitive counselling to women in abusive situations
- Provide intervention counselling – help women learn about rights, assist women with accessing the system and other services, establish safety plans for women and their children
- Provide short-term and long-term individual counselling
- Empower women to make informed decisions
- Promote quality of life for women living with violence or in fear of violence, by enabling them to take control of their lives – through employment, job search and financial counselling
- Provide group counselling and support
- Collaborate and network with other service providers in the area of violence against women, to enhance and complement each other's services to provide effective and continued services to survivors of assault
- Advocate for equality of access for all women in the Peel community

Targets

- To serve at least 300 women per year in Mississauga and Brampton
- At least 50% of the women enduring abuse will take steps to protect themselves and their children
- At least 80% of the women will learn to make informed decisions
- Most women will develop the confidence to access the continuum of services in Peel
- Increase in the attendance of workshops and group activities
- Increase in the number of mentor- match/sistering

Office Locations:

Mississauga

3038 Hurontario Street
Suite 206
Mississauga, ON
L5B 3B9

Brampton

9446 McLaughlin Road
Unit 1
Brampton, ON
L6X 4H9

Hours of Operation:

Monday to Friday, 9:00 a.m. to 4:30 p.m.

Accountability

The executive director and the board of directors perform evaluations regularly. A committee made up of board members, women abuse counsellors and volunteers evaluate the program and provide guidelines for the services. Furthermore, the clients themselves give feedback on the services provided. India Rainbow has also been working with the PCAWA Protocol Workgroup to develop protocols and implement procedures that will help us connect women with the appropriate VAW and community services, and assist VAW service providers with a collaborative referral mechanism. Report and data collection forms are submitted regularly to the Ministry of Community and Social Services for analysis.

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Malton Neighbourhood Services

Commitment

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

We Will Provide the Following Services:

- Crisis counselling
- Supportive counselling
- Provide services by phone or walk-in
- Referral and information on financial, legal and housing issues
- Educational workshops on health, safety, parenting, etc.
- Support group on Tuesdays, from 3:30 p.m. to 5:00 p.m.
- Services are completely confidential
- Provide services in Punjabi, Italian, Spanish, Hindi, Urdu, Tamil and Spanish
- Our services are culturally sensitive and language appropriate

Procedures

- Provide the appropriate information and support in order to mobilize the woman to take protective action
- Provide assessment, if a woman and her children are in danger, the safety of herself and her children is our priority. The initial assessment would include identification and personal history, summary of actions, referral information, and release of information form.
- Provide referrals of cases of physical injuries to a doctor, depending on the nature of the injury. The woman is made aware that a doctor's report is necessary for legal proceedings.

Hours of Operation

Monday	9am-8pm.
Tuesday	9am-5pm.
Wednesday	9am-8pm.
Thursday	9m-8pm.
Friday	9am-5pm.
Saturdays	By appointment only.

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Merge Counselling and Educational Services

Commitment

We will, within the mandate of our services:

- Provide a service to the community by helping women and youth improve relations with others while attending to the needs of people from all communities and backgrounds
- Strive towards teaching the skills required for people to increase their awareness of crime and its impact on individuals and the community, teaching strategies for prevention, reducing delinquent behaviors, and building belief in ethical rules and need for laws
- Work with other groups and agencies to set up a coordinated community response to the issue of violence against women
- Promote respect for self, and others
- Support institutional and cultural efforts to build a non-violent society.

We Will Provide the Following Services:

Women Living in Anger

A closed first stage 16-week group designed to provide information and techniques to women who have used some form of abuse in their intimate relationship; to learn to express anger in an appropriate way. This group is psycho-educational in format and deals with issues of abuse, power and control. Legal support, advocacy and court accompaniment are provided to women who are involved in this program and require the service. Women come to the program voluntarily or are mandated by the courts/probations. Referrals are accepted from any source to our group waiting list. Individual assessments are conducted for all women interested in this program, followed by a group orientation. Guidelines used to assess readiness for this program include the following:

- Ability to commit to attendance during the group
- Ability to make own childcare and transportation arrangement
- Pay a fee based on client's ability to pay

Service for teens

This program is most suited to young people 16-19 years old who are identified by an appropriate source (parent/caregiver, board of education, police, probation & parole and other social service agencies) as "at risk" or involved in the young offender system. It seeks to provide youths & young adults with an array of supportive and preventive measures. The program also addresses the connection between families/caregivers and youth/young adult.

Accountability

Concerns regarding the quality or nature of the services can be referred to the PCAWA and/or the executive director. All complaints and concerns will be investigated and responded to according to agency policies and procedures.

Intake and Referral Procedures

In order to obtain services from Merge Counselling and Educational Services, prospective clients must complete the intake procedure over the phone, followed by an interview and assessment in person. Necessary referrals are made at this time.

Hours of Operation

Mississauga Monday to Thursday, 8:30 a.m. to 4:30 p.m.

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Muslim Community Services

Commitment

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

We Will:

- Provide crisis counselling
- Provide intake, assessment and intervention counselling
- Provide short and long-term counselling
- Provide supportive housing and housing assistance
- Provide services in Arabic, Farsi, Gujarati, Hindi, Punjabi, Tamil and Urdu
- Provide group facilitation of a Women's Support Group on a monthly basis
- Provide advocacy to appropriate services
- Provide hospital and court accompaniment

Accountability

Client complaints or concerns regarding the quality of services provided shall be reported directly to the executive director. All complaints and concerns will be investigated and responded to according to the policies and procedures of our organization. Further report to the executive director on: service provided; impact of the service on community need; costs and cost containment; area of need requiring attention; recommendations for program development and service delivery.

Hours of Operation

Monday to Friday, 9:00 a.m. to 4:30 p.m.

Procedures

Upon identifying a woman who has requested woman abuse services, the agency will:

- Assess the safety of the woman and her children
- Provide safety plan information
- Advise her of crisis support services available in Peel and establish if she would like to receive any of these services. If she agrees, we will provide her with a choice of service providers sensitive to her religion, culture, language, sexual orientation and location
- If she chooses our agency's VAW services, we will fill out the intake form, make an appointment for her within forty-eight hours if possible for her first crisis support session to discuss her needs and the services that are available
- If she selects a different agency, we get her permission whether verbally or in written form to refer her to the agency
- If written permission, we will fill out the client intake and referral form, and consent form

- If verbal permission, we will make arrangement immediately by phone in the client's presence. We will provide her with the phone number of the preferred service provider and the worker's name if known
- If the woman does not wish to receive crisis support services, she will be advised of the number to call in the future for further support or information

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Ontario Works (Region of Peel, Social Services)

Commitment

We will, within the mandate of our policies and procedures, provide equitable service for all people accessing our programs, being sensitive to issues related to race, ethnicity, gender, age, sexual orientation, socio-economic status and/or abilities.

Mandate

The Social Services Department will plan, manage and deliver quality, integrated services that invest in people to enable participation in the community and the economy.

The mandate of *Ontario Works in Peel (OWIP)* is to provide employment, financial and support services to assist residents of Peel to attain as independent and as stable a role in the community as possible.

Service Principles of Ontario Works

Client need is the driving force in everything we do:

- Model respect and empathy for all
- Commit to improve services through feedback and communication
- Empower client success through responsible risk taking
- Proactive and accountable in our planning and actions
- Creative and flexible in meeting the needs of our clients
- Build partnerships to strengthen service

Objectives

- To develop and provide services responsive to the changing, growing and complex needs of the diverse communities in Peel
- To influence policy and services to improve the lives of children and adults in Peel and across the Province of Ontario
- To balance fiscal and social responsibilities
- To create a departmental culture that fosters excellence in human service delivery, and
- To maintain a progressive continuous improvement process

Hours of Operation

Monday to Friday, 8:30 am to 4:30 pm

We are Committed to the Peel Committee Against Woman Abuse Protocol

Commitment

The Peel Committee on Sexual Assault (PCSA) is a group of concerned service providers working collaboratively to establish a comprehensive and effective community response to end sexual violence. We envision a community that will not tolerate sexual violence.

Sexual violence is defined as any act of a sexual nature that threatens and/or violates the integrity of a person. Violence is understood as an instrument of power, control and oppression.

The vast majority of sexual violence is perpetrated against women and children, and as such the Committee supports a feminist analysis of sexual violence that recognizes the societal structures and systems that promote and allow violence to exist. The Committee recognizes that feminism has excluded groups of people. As part of the world-wide anti-violence movement, we are committed to anti-oppression principles that include all people in the struggle to end sexual violence.

- To enhance interagency and community co-operation and collaboration
- To promote, enhance and maintain a continuum of education, prevention, service delivery, research and social change initiatives
- To promote the development and delivery of appropriate and accessible services to all adult victims/survivors of sexual assault throughout the Region of Peel
- To provide an opportunity for the community to be involved in the eradication of sexual violence
- To provide a forum for information sharing, networking and resource building for service providers in the Region of Peel

Accountability

Members to PCSA:

As an unincorporated body, PCSA is not an entity separate from its members. Individuals do, however, participate in the decision-making process and activities of PCSA as representatives of their organization. Members may be held liable for things such as PCSA's debt, misappropriation of funds, lawsuits from disgruntled employees, etc. In order to help limit members' liability, the roles and responsibilities of members, particularly the Steering Committee, are outlined below.

- If certain members act beyond the scope of their authority in dealing with third parties, it is likely that they will be liable but the balance of the members will not be
- Liability of members (retort liability for wrongful acts or omissions) would depend upon whether the wrongdoer was acting within the scope of their authority according to PCSA

PCSA to Members:

- The minutes of previous meetings and agendas will be distributed to members prior to each meeting. Only members of subcommittees will receive subcommittee minutes
- A fund will be made available which individual community members can access to help cover transportation and child care costs when participating as an ad hoc member on a subcommittee or task group

Staff to PCSA:

- The co-ordinator will provide to the Committee monthly reports that highlight and summarize work and issues relevant to the committee and subcommittees
- The co-ordinator will meet with the Chair at least four times per year and with the Steering Committee on an as needs basis
- The co-ordinator will take responsibility for decisions made in the course of general operations on behalf of the Committee. Responsibility will be shared for those decisions brought to the Steering Committee according to emergency decision-making guidelines
- The administrative assistant is directly responsible to the co-ordinator. The co-ordinator will bring forward any issues regarding staff to the Chair and/or the appropriate subcommittee

PCSA to Staff:

- PCSA will maintain a personnel manual that will be reviewed and updated on a bi-annual basis
- The chair and/or an ad hoc subcommittee will complete an annual performance appraisal of the co-ordinator

Subcommittees to PCSA:

- Each subcommittee must develop terms of reference consistent with PCSA's aims/beliefs and philosophy
- The goals and objectives of each subcommittee will be brought to PCSA for review and approval
- A representative from each subcommittee will report on its activities at monthly meetings of the PCSA
- PCSA will budget an annual amount to be used for operational expenses by all subcommittees. Beyond this amount subcommittees must make requests for additional funds to the Steering Committee
- Subcommittees must obtain approval from the Steering Committee or PCSA before applying for additional external funding

Steering Committee to PCSA:

- The Steering Committee will report in writing to the PCSA monthly meeting any decisions that were made since the last meeting. It will also be responsible for bringing issues to the attention of PCSA in an effort to limit decisions made without the consensus of PCSA.
- The Steering Committee will work within guidelines outlining its mandate and the nature of decisions it can and cannot make on behalf of PCSA. These guidelines are approved by PCSA and are documented in the *Section 2: Decision-making Process* of the Policy Manual.

PCSA to the Peel Community:

- PCSA will solicit feedback from the community regarding the relevance and effectiveness of its activities on a regular basis

PCSA to the Trustee:

- An agreement between the current sponsor and the PCSA coalition outlining the nature of the relationship as well as roles and responsibilities will be appended to this policy manual

Hours of Operation:

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

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Punjabi Community Health Centre of Peel

Commitment

We will, within the mandate of our services:

- Serve the Peel community through community development and culturally appropriate service delivery
- Partner with other organizations, do research and asset inventories, develop resources and volunteers from within the community
- Consult and promote diversity through community outreach

We Will Provide Culturally Appropriate Services to:

- Victims of domestic violence
- Victims of sexual abuse
- Victims of elder abuse
- Victims of substance abuse
- Offenders
- The entire family in a holistic manner

Accountability:

Calls are received on two phone numbers and messages are retrieved between the hours of 8:00 a.m. to 10:00 p.m. As soon as the intervention takes place the executive director is informed.

Hours of Operation:

Flexible

We Will Provide the Following Services:

SAHARA Men's Group (Phase I and II)

- A linguistically and culturally appropriate psycho-educational group for South Asian men
- Addresses both “violence” behavior and substance abuse issues simultaneously
- Works closely with women and children and provides holistic care to the entire family
- Intake assessment includes “lethality check” (Use of danger assessment tool)
- Offered in Phase I and Phase II

SAHARA Women's Group

- A linguistically and culturally appropriate psycho-educational group for South Asian women.
- Addresses the aftermath of “domestic violence” on both women and children
- Works with children in order to deal with the after effects of domestic violence
- Works closely with men and children and provides holistic care to the entire family
- Intake assessment includes “lethality check” (Use of danger assessment tool)
- Offered year round on weekends in order to access women in need

SAHARA Youth Group is a youth program that deals with issues of:

- Deviant behavior
- Cultural conflict
- Substance abuse

SAHARA Seniors Group is a seniors program that deal with:

- Issues of senior abuse
- Inter-cultural and inter-generational issues

Parenting Sessions

- Provided to parents at no charge
- Provided at various Gurdwaras throughout the Region of Peel
- Provided at various schools during the school year

Counselling Program (Healing Through Alternative Methods):

- This is a culturally appropriate counselling program for individuals, couples and families
- The sessions can be arranged in the evenings and on the weekends

Punjabi Food Bank:

For women and children surviving abusive situations. The food is delivered to women's home.

Translation Services:

PCHC translates flyers, brochures, booklets, and reports from English to Punjabi and Hindi using the nine-step community engagement process. The process produces culturally appropriate translated material. Materials have been translated for mainstream agencies and the federal government.

Gambling Counselling:

PCHC provides free gambling counselling to clients who speak Punjabi Hindi and Urdu. Self-referrals are acceptable and referrals can also be made by a professional, friend or a family member.

We are Committed to the Peel Committee Against Woman Abuse Protocol

Salvation Army Women's Counselling Centre

Commitment

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

We Will Provide the Following Services:

- Crisis response and crisis support counselling
- Individual abuse counselling
- Support groups for women who have or are currently experiencing abuse; groups will deal with self esteem, anger management and setting boundaries
- Life skills workshops to further empower women; some issues covered are coping with depression, self nurture, budgeting and parenting
- Legal advocacy with information, accompaniment to court and other appointments
- Community advocacy in terms of communication or accompaniment to meetings with other agencies such as Children's Aid Society, schools, Ontario Works, etc.
- Referrals for clients' children to appropriate services
- Access to interpretive services
- All services free of charge to women aged 16 years of age and older in the Region of Peel

Accountability

Concerns regarding the quality or nature of the services can be referred to Captain John Walter, corps officer.

Hours of Operation

Monday to Friday, 9:00 a.m. to 5:00 p.m. (counsellors work flexible hours to accommodate clients). Some groups meet during evening hours.

Weekends/after hours: main phone line refers clients to the Salvation Army Family Life Resource Centre at 905-451-4115.

We Are Committed to the Peel Committee Against Woman Abuse Protocol

United Achievers Community Services

Commitment

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

We Will Provide the Following Services:

- Crisis counselling over the phone
- Face-to-face supportive counselling, with child care available
- A weekly support group
- A resource library
- Information and referrals
- Advocacy through accompaniment

Programs:

- Violence Against Women Prevention Program
- Long Term Care
- Active Living for Seniors
- Breakfast for Kids
- After School Program
- Youth Mentoring Program

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Programs
for
Abusive Men

Catholic Family Services of Peel-Dufferin

Commitment

We will, within the mandate of our services:

- Maintain an effective and efficient response to the needs for men who abuse partners
- Provide services from a feminist perspective in a culturally competent manner and strive to expand the number of languages in which we provide services
- Provide these services to anyone requesting them who lives or works in the Region of Peel or in Dufferin County, regardless of age, class, gender, religion, sexual orientation, race, ethnicity, ability, values or beliefs
- Charge a fee that is based on the client's ability to pay
- Maximize the health and well-being of our clients by maintaining a work environment and social climate that enhances the well-being and optimal functioning of staff
- Perform our work in a manner that reflects the social justice values and traditions consistent with the Catholic faith

We Will Provide the Following Services:

Man-To-Man Service Description

Man-to-Man is a 32 -week, pro-feminist, counselling and educational group program for helping men end their violent, abusive, and controlling behaviors toward a partner. One stream into the program is the 16- week Partner Assault Response (PAR) Program. The Ministry of the Attorney General funds the PAR program and it serves all post-adjudicated clients, convicted of criminal behavior and sent through the Early Intervention Program or Probation Orders. However, any man that acknowledges abusive behavior towards a partner is eligible for our services. This would include socially mandated men (a man sent by intimate partner), other referrals (Children's Aid Society, addictions programs, mental health counsellors, etc) and voluntary men.

The first contact for most clients is an intake over the telephone. Upon successful completion of the intake interview, the man is enrolled in an orientation group that meets every other Monday. After orientation, client is sent to a group in either Brampton or Mississauga for Phase 1 (16 sessions, open-format, psycho-educational group).

As an open group format, all Phase 1 groups accept new men every two weeks. There are NO waiting lists to start the program.

Group activities consist mainly of seven educational units that cover the basics of woman abuse over the 16 weeks and then the cycle is repeated. Therefore, a man can enter group at any point in the curriculum and he will complete the entire curriculum. Material learned includes perpetrators singular responsibility for the abuse, the dangerous and criminal nature of the behaviors, comprehensive definitions and descriptions of abuse, safety plans to avoid further abuse, the effects of the abuse on children, the relationship between abuse and addictions, healthy versus abusive sexuality, and imagining life without violent, abusive and controlling behaviours in the home.

Upon completion of Phase 1, all PAR men are invited to attend Phase 2. However, the mandate for the program is over and the man must either be referred by probation, CAS, etc, or choose to attend voluntarily.

Phase 2 is a closed, small, 16- week counselling group that goes into the causes and solutions for a man's abusive behavior in greater detail and depth, with an emphasis on discovering some of the deeper issues that exist within him (i.e. devaluing experience in a man's life, the social learning that justifies power, controlling behaviours and abuse, developing a commitment to equality, respect, and co-operation, reconnecting with children).

Upon completion of Phase 2, a man has several options. He can end his relationship with the Man-to-Man program, he can request further counselling in the agency, or he can, under certain conditions, continue in the program as a "peer counsellor" in Phase 1.

Accountability

CFSPD has a complaint procedure in place that is accessible to anyone who requests a copy. In addition, concerns may be presented to the PCAWA or to either of our accrediting bodies: Family Services Ontario, or Catholic Charities. Ethical concerns regarding individual workers may also be made to the professional organization to which the worker belongs (e.g., Ontario College of Social Workers and Social Service Workers, or the Ontario Association for Marriage & Family Therapy).

Intake and Referral Procedures

In order to obtain services from Catholic Family Services of Peel Dufferin's, Man To Man Program, potential clients must contact the Man-to-Man Program's intake phone line for an intake interview. Generally, these interviews are conducted via a telephone call, but they might also be conducted in person if the client "drops in" to ask for service. Upon successful completion of the intake interview, a man is referred to an orientation group session held on Monday afternoons.

During the orientation session, a man is welcomed into the program, (offered a pro-feminist perspective on the issue of woman abuse), discloses to the group what he did to be in program and completes all necessary documentation. Upon completion of the orientation process, a man will be assigned to a Mississauga or Brampton group to begin Phase 1.

Most men are referred to Man to Man by the PAR program (either Early Intervention Program or Probation Order). However any man can self-refer as long as he acknowledges abusive and controlling behaviours and is NOT currently facing charges relating to partner assault or abuse before a court. Also, men can be referred by other community agencies (i.e. Children's Aid Society, addiction services, mental health services, EAP, etc.)

Hours of Operation

Brampton: Monday to Thursday, 8:30 a.m. to 9:00 p.m.
Friday, 8:30 a.m. to 4:30 p.m.

Mississauga: Monday to Thursday, 8:30 a.m. to 9:00 p.m.
Friday, 8:30 a.m. to 4:30 p.m.

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Family Services of Peel

Commitment

- To ensure the highest possible standards of service for our clients and community
- To provide services to individuals living or working in the Peel Region
- To work with men and their families as partners in the pursuit of meaningful ways to effectively address their needs and concerns
- To provide counselling services on a sliding scale based upon income
- To provide services in multiple languages including: Bosnian, Croatian, French, Malayalam, Oriya, Portuguese, Punjabi, Serbian, Spanish, and Urdu. Interpretive services available

We Will Provide the Following Service:

Legacy – Responsible Choices (LRC)

A group for men who have been physically and/or emotionally abusive to women in intimate relationships. The group is provided in an effort to deal effectively with partner abuse. It is hoped that by offering integrated intervention services to the men and their partners or former partners, there will be a cessation of violence and greater safety for the women and children who are exposed to partner abuse.

Model: This program offers a 16-week open group. There is a pre-screening interview. Partner contacts are provided through a conjoint program. Groups are ongoing and are provided in Brampton and Mississauga. Sessions are co-facilitated by a female and male counsellor.

Accountability

Our confidentiality and complaint policies are explained to clients in their first meeting with staff. Clients sign an agreement that they have been made aware of these policies after reviewing them with staff. Our agency endeavours to respond to and investigate all concerns and/or complaints. Clients may choose to direct their concerns or complaints to their counsellors, the manager of counselling and intake or to the executive director.

Hours of Operation

Mississauga	Monday to Friday, 9:00 a.m. to 5:00 p.m. Tuesday, Wednesday, Thursday, 9:00 a.m. to 9:00 p.m.
Brampton	Monday to Friday, 9:00 a.m. to 5:00 p.m. Tuesday, Wednesday, Thursday, 9:00 a.m. to 9:00 p.m.

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Merge Counselling and Educational Services

Commitment

- To provide service to the community by helping men improve their relations with others while attending to the needs of people from all communities and backgrounds
- To strive towards teaching men skills to increase their awareness of crime and its impact on individuals and the community; to learn strategies for prevention; to reduce delinquent behaviour, and to build belief in ethical rules and need for law
- To promote respect for self and others
- To support institutional and cultural efforts to stop abuse and build a non-violent society

We Will Provide the Following Service:

Domestic Violence Prevention Program

This program offers open group counselling for men who have abused a spouse/partner. The DVP program is a 16-week Partner Assault Response (PAR) program. The program is funded by the Ministry of the Attorney General. The DVP program is for all post-adjudicated clients convicted of domestic violence and sent through the Early Intervention Program or Probation Orders. However, any man that acknowledges abusive behaviour toward a partner is eligible for our services. This would include socially mandated men (a man sent by an intimate partner), other referrals and voluntary men.

The first contact for most clients is an appointment for assessment over the telephone. At that time, individuals will discuss the fees for the program, have the guidelines of the program explained and choose the program (day and time) best suited for them. After the assessment, the client is sent to a group for Phase 1 (16 sessions, open-format, psycho-educational group).

As it is an open group format, all Phase 1 groups accept new men every week. There are NO waiting lists to start the program.

Group activities consist mainly of 16 educational units that cover the basics of woman abuse and then the cycle is repeated. Therefore, a man can enter the group at any point in the curriculum and he will complete the entire curriculum. Material learned includes perpetrators' singular responsibility for the abuse, the dangerous and criminal nature of the behaviours, comprehensive definitions and descriptions of abuse, safety plans to avoid further abuse, the effects of the abuse on children, the relationship between abuse and addictions, healthy versus abusive sexuality, and imagining life without violent, abusive and controlling behaviours in the home.

Upon completion of Phase 1, all PAR men are invited to attend Phase 2. However, the mandate for program is over and the man must either be referred by probation, Children's Aid Society, or choose to attend voluntarily. Phase 2 is a closed, small, 16-week counselling group that goes into the causes and solutions for a man's abusive behaviour in greater detail and depth, with an emphasis on discovering some of the deeper issues that exist within him (ie. devaluing experiences in a man's life, the social learning that justifies power, controlling behaviours and abuse, developing a commitment to equality, respect and co-operation, reconnecting with children).

Accountability

Concerns regarding the quality or nature of the services can be referred to the PCAWA and/or the executive director. All complaints and concerns will be investigated and responded to according to agency policies and procedures.

Intake and Referral Procedures

In order to obtain services from Merge Counselling and Educational Services, prospective clients must complete the intake procedure, followed by an interview and assessment in person. Issues are addressed and necessary referrals are made at this time. Assessments are held every Wednesday from 8:00 a.m. to 4:00 p.m.

Hours of Operation

Mississauga Monday to Thursday, 8:30 a.m. to 4:30 p.m.

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Services
for
Children

Commitment

We will, within the mandate of our services:

- Ensure the protection of children by providing and utilizing services which promote the safety of women and children
- Provide services that promote the well-being of children and their families by advocating that children grow up in violence-free homes
- Educate families about the impact of child abuse, woman abuse and family violence on children
- Engage caregivers of children in services that can help to end family violence and deal with the effects of violence on family members

We Will:

- Assess the existence and the impact of violence on children
- Determine the nature of our involvement to assist with protecting children from exposure to violence and assisting caregivers to keep themselves and their children safe
- Provide services as required or refer to other community services which can assist caregivers and children
- Liaise with community partners to advocate for services for our clients

Accountability

Concerns regarding the quality or nature of services provided by Peel Children's Aid Society should be directed to:

- The social worker providing service to the family
- If this does not resolve the matter satisfactorily, the social worker's supervisor
- If this does not resolve the matter satisfactorily, the Service Director of the supervisor and social worker

It is the desire of the Peel Children's Aid Society to hear the concerns of the children, families and the community we serve. We encourage questions and comments regarding the services provided. A copy of our complaints procedure may be obtained from any of our staff or upon request at our office location.

Hours of Operation:

Primary hours of operation are Monday to Friday, 9:00 a.m. to 5:00 p.m. During the months of July and August, office hours are 8:30 a.m. to 4:30 p.m.

Emergencies and urgent referrals are accepted 24 hours per day by contacting our office directly at (905) 363-6131.

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Language Services

Multicultural Inter-Agency Group of Peel

Commitment

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

We Will:

Attend meetings; participate in committees, workgroups and community initiatives to enhance the effectiveness of human care organizations servicing the culturally diverse community of Peel.

- Provide education on violence prevention
- Provide community development
- Provide training on diversity issues, multicultural outreach and team-building
- Initiate and develop partnerships to address community needs
- Develop resources: website, newsletter, and training packages

Accountability

Concerns regarding the quality or nature of the services can be referred to the program director, who in turn is accountable to the board of directors.

Hours of Operation

Monday to Friday, 9:00 a.m. to 5:00 p.m.

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Crisis Line Services

Sexual Assault/Rape Crisis Centre of Peel

Commitment

We will, within the mandate of our services be inclusive and provide equal treatment and services from a feminist perspective, to women 16 years of age and older who have experienced sexual violence at any point in their lives, as well as to their support people.

We Will:

- Provide a 24 hour crisis line for survivors of sexual violence
- Provide referrals (through the crisis line and business line)
- Offer individual and group counselling to women who have experienced sexual violence
- Have our resource library available to the community Monday to Friday, 9:00 a.m. to 5:00 p.m.

Accountability

Concerns can be brought to Jackie Benn-John, volunteer program manager, or Valerie Takeda, executive director.

Hours of Operation

Business Office: Monday to Friday, 9:00 a.m. to 5:00 p.m.

24-Hour Crisis Line for Survivors of Sexual Violence: (905) 273-9442

Procedures

- 24 hour crisis line
- Emergency counselling
- Three to five sessions for women who have been assaulted within the last three months and/or if she is going through the court process; and for women in crisis
- Individual counselling
- Twenty sessions for women who are recent or childhood sexual assault/abuse survivors
- Five sessions for people who are supporting a survivor of sexual assault/abuse.

We Are Committed to the Peel Committee Against Woman Abuse Protocol

Appendix

Woman Abuse Protocol Workgroup

Terms of Reference

Purpose: The purpose of the Woman Abuse Protocol Workgroup is to monitor and facilitate the ongoing development of the Woman Abuse Protocol including accountability of service delivery and practices, in cooperation with **the Steering Committee, under the direction of the Governance Committee.**

Terms of Reference: The Woman Abuse Protocol Workgroup will:

- Ensure that the Protocol is sensitive to and reflective of the diversity of our community
- Provide a forum and a consensus driven process to monitor and facilitate the ongoing development of the Protocol, which is reflective of the diversity of the women we serve
- Develop a collaborative support service system for abused women
- Commit to the expansion of the Protocol as necessary
- Report to the PCAWA Steering Committee on the activities of the Workgroup

Membership: The Woman Abuse Protocol Workgroup should be composed of senior staff representatives, who are responsible for supervising and operationalizing the delivery of woman abuse services in their agency. They should have the authority to speak on behalf of their agency regarding service delivery considerations and report any policy or funding implications to their respective executive director. The executive director of each agency shall decide who is the most appropriate agency representative to sit on the Workgroup.

Other agency representatives may also be invited to specific meetings to support the agenda issues under consideration.

Workgroup Structure

- In accordance with a Co-Chair structure, two Protocol Workgroup members will act as the co-chairs for the meetings, which will be reviewed annually.
- The Workgroup Co-Chairs will be responsible for the meeting agenda's and minutes
- Minute taking will be assigned to each Workgroup member on a rotating basis
- The member who takes minutes will be responsible for following up with any members not in attendance at that meeting

Workgroup Accountability and Responsibility:

- If a member agency is not represented at a Protocol Workgroup meeting, a member of the workgroup will contact that agency representative to check-in and to remind them that they are responsible to ensure that another delegate from their agency can attend the Protocol meeting in their absence.
- If a member agency is not represented at two consecutive meetings, the Protocol Workgroup Co-Chairs will contact the management of that agency and remind them that their agency's membership will be revoked if their agency is not represented at the next scheduled Protocol Workgroup meeting

- If the member agency is not represented at three consecutive meetings, a letter will be sent to the management of that agency indicating that their agency is no longer a member of the Protocol Workgroup
- Revocation of membership will be effective for the remainder of the current work year, and can be reinstated in September
- Upon revocation of membership, agencies also have the option of negotiating their continued involvement in the Workgroup
- Over the course of the year (September to June) a representative must attend at least 50% of meetings in order to maintain membership. Membership attendance will be reviewed on an annual basis
- If agencies are unable to continue their commitment to the Workgroup they should communicate this in writing to the Workgroup

Levels of Involvement

Protocol Workgroup members are considered **“Direct Service”** signatories of the Protocol. Their responsibilities are as follows:

- To attend monthly Protocol Workgroup meetings, or as required
- To participate fully in discussions and tasks as agreed upon
- To follow-up on assigned responsibilities as delegated
- To be a regular member of PCAWA
- To review, update and submit changes to an agency profile on an ongoing basis
- To provide a signature each time the Protocol is updated
- To participate in all evaluation activities of the Protocol
- To promote training on the use of the Protocol within member agencies

Recognizing that the member agencies represented by the PCAWA have varying mandates, programming and services, the PCAWA has initiated an additional level of signatory involvement, Associate Signatory.

“Associate” signatories to the Protocol are not required to be members of the Protocol Workgroup. Associate signatory responsibilities are as follows:

- To be either a regular member or supporting member of PCAWA
- To submit an agency profile depending on the mandate of the agency and its relevancy to the Protocol
- To provide an authorized signature (if necessary) indicating their commitment to the Protocol
- To participate in all evaluation activities of the Protocol

Protocol Workgroup Membership

<p>Armagh P.O. Box 52581 1801 Lakeshore Blvd. West Mississauga, ON L5J 4S6 Phone: 905-855-0299 Fax: 905-855-3189 Web:</p>	<p>Merge Counselling and Educational Services 2155 Leanne Boulevard, Suite 216 Mississauga, ON Phone: 905-855-8028 Fax: 905-855-5278 Web: www.merge-counselling.com</p>
<p>Brampton Multicultural Community Centre 150 Central Park Drive, Suite 107 Brampton ON L6T 2T9 Phone: 905-790-1910 Fax: 905-790-8488 Web: www.bmccentre.org</p>	<p>Muslim Community Services 150 Central Park Drive, Suite 107&304 Brampton, ON L6T 2T9 Phone: 905-790-1910 Fax: 905-790-8488 Web: www.muslimcommunity.org</p>
<p>Brampton Neighbourhood Resource Centre 50 Kennedy Road South, Unit 24 Brampton, ON L6W 3R7 Phone: 905-452-1262 Fax: 905-452-1365 Web: www.bnrc.org</p>	<p>Peel Children's Aid Society 6860 Century Avenue, West Tower Mississauga, ON L5N 2W5 Phone: 905-363-6131 Fax: 905-363-6133 Web: www.peelcas.org</p>
<p>Catholic Cross-Cultural Services 10 Gillingham Drive, Unit 211 Brampton, ON L6X 5A5 Phone: 905.457.7740 Fax: 905.457.7769 Web: www.cccspeel.org</p>	<p>Peel Regional Police 7750 Hurontario Street Brampton, ON L6V 3W6 Phone: 905.453.3311 Fax: 905.507.8297 Web: www.peelpolice.on.ca</p>
<p>Catholic Family Services Peel Dufferin 10 Gillingham Drive, Suite 201 Brampton, ON L6X 5A5 Phone: 905.450.1608 Fax: 905.450.8902 Web: www.cfspd.com</p>	<p>Region of Peel Health Department 44 Peel Centre Drive, Suite 102 Brampton, ON L6T 4B5 Phone: 905-791-7800 Fax: 905-789-6853 Web: www.region.peel.on.ca</p>

<p>Credit Valley Hospital 2200 Eglinton Avenue West Mississauga, ON L5M 2N1 Phone: 905.813.2396 Fax: 905.813.4253 Web: www.cvh.on.ca</p>	<p>Salvation Army Family Life Resource Centre 535 Main Street North Brampton, ON L6X 3C9 Phone: 905-451-4115 Fax: 905-451-4245 Web: www.flrc.ca</p>
<p>Family Services of Peel 151 City Centre Drive, Suite 501 Mississauga, ON L5B 1M7 Phone: 905-270-2250 Fax: 905-270-2869 Web: www.fspeel.org</p>	<p>Salvation Army Women's Counselling 2460 The Collegeway Mississauga, ON L5L 1V3 Phone: 905-820-8984 Fax: 905-820-8210</p>
<p>HEAL Network 10 Gillingham Drive, Unit 201 Brampton, ON L6X 5A5 Phone: 905-450-1608 Fax: 905-450-8902 Web: www.cfspd.com</p>	<p>Sexual Assault/Rape Crisis Centre of Peel P.O. Box 231 Square One Post Office Mississauga, ON L5B 3C8 Phone: 905-273-3337 Fax: 905-273-3336</p>
<p>Interim Place P.O. Box 245 Port Credit Postal Station Mississauga, ON L5G 4L8 Phone: 905.403.9691 Fax: 905.403.9808 Web: www.interimplace.com</p>	<p>Trillium Health Centre Sexual Assault/Domestic Violence Programs 100 The Queensway West Mississauga, ON L5B 1B8 Phone: 905.848.7580 Fax: 905.848.7612 Web: www.thc.on.ca</p>
<p>India Rainbow Community Services 3038 Hurontario Street, Suite 206 Mississauga, ON L4B 3B9 Phone: 905.275.2369 Fax: 905.275.6799 Web: www.indiarainbow.org</p>	<p>Victim Services of Peel 7750 Hurontario Street Brampton, ON L6V 3W6 Phone: 905.568.8800 Fax: 905.568.4774 Web: www.vspeel.org</p>
<p>Malton Neighbourhood Services 3540 Morning Star Drive Mississauga, ON L4T 1Y2 Phone: 905.677.6270 Fax: 905.677.6281 Web: www.mnsinfo@org</p>	<p>Vita Centre of Peel P.O. Box 42183 Mississauga, ON L5M 4Z0 Phone: (905) 858-0329 Fax: (905) 858-4199 Web: www.vitamanor.org</p>
<p>Ontario Works Mississauga Office 6715 Millcreek Drive, Unit 1 Mississauga, ON L5N 5V2 Community Programs Unit Phone: 905-793-9200, Ext 8679 Fax: 905-826-9801 Web: www.region.peel.on.ca/ow/</p>	

Protocol Agency Signatory Contact Information

Name of Agency	Address	Phone Number	Fax Number
African Community Services	20 Nelson Street, Suite 303, Brampton, ON, L6X 2M5	905.460.9514	905.460.9769
Armagh	P.O. Box 52581, 1801 Lakeshore Blvd. West, Mississauga, ON, L5J 4S6	905.855.0299	905.855.3189
Big Brothers Big Sisters of Peel	266 Rutherford Road South, Unit 16, Brampton, ON, L6W 3X3	905.457.7288	905.454.0769
Brampton Multicultural Community Centre	150 Central Park Drive, Suite 107, Brampton, ON, L6T 2T9	905.790.8482	905.790.8488
Brampton Neighbourhood Resource Centre	50 Kennedy Road South, Unit 24, Brampton, ON, L6W 3R7	905.452.1262	905.452.1365
Catholic Cross Cultural Services	10 Gillingham Drive, Unit 211, Brampton, ON, L6X 5A5	905.457.7740	905.457.7769
Catholic Family Services Peel Dufferin	10 Gillingham Drive, Unit 201, Brampton, ON, L6X 5A5	905.450.1608	905.450.8902
Credit Valley Hospital	2200 Eglinton Avenue West, Mississauga, ON, L5M 2N1	905.813.2396	905.813.4253
Family Services of Peel	151 City Centre Drive, Suite 501, Mississauga, ON, L5B 1M7	905.270.2250	905.270.2869
The HEAL Network	Catholic Family Services Peel Dufferin 10 Gillingham Drive, Unit 201, Brampton, ON, L6X 5A5	905.450.1608	905.450.8902

Name of Agency	Address	Phone Number	Fax Number
India Rainbow Community Services of Peel	3038 Hurontario Street, Suite 206, Mississauga, ON, L4B 3B9	905.275.2369	905.275.6799
Interim Place	P.O. Box 245, Port Credit Postal Station, Mississauga, ON, L5G 4L8	905.403.9691	905.403.9808
Malton Neighbourhood Services	3540 Morning Star Drive, Mississauga, ON, L4T 1Y2	905.677.6270	905.677.6281
Merge Counselling and Educational Services	2155 Leanne Boulevard, Suite 216, Mississauga, ON, L5K 2K8	905.855.8028	905.855.5278
Ministry of Community Safety and Correctional Services, Probation and Parole	2301 Haines Road, Suite 200, Mississauga, ON, L4Y 1Y5	905.279.7600	905.279.7650
Multicultural Inter-Agency Group of Peel	3034 Palstan Road, Suite M-3, Mississauga, ON, L4Y 2Z6	905.270.6252/2295	905.270.6262
Muslim Community Services	150 Central Park Drive, Suite 107 & 304, Brampton, ON, L6T 2T9	905.790.1910	905.790.8488
Ontario Works (Region of Peel, Social Services)	6715 Millcreek Drive, Unit #1, Mississauga, ON, L5N 5V2	905-793-9200	905-826-9801
Peel Children's Aid Society	6860 Century Avenue, West Tower, Mississauga, ON, L5N 2W5	905.363.6131	905.363.6133
Peel Committee on Sexual Assault	151 City Centre Drive, Suite 200, Mississauga, ON, L5B 1M7	905.273.4100	905.273.4101
Peel Crown Attorney's Office	A Grenville & William Davis Courthouse 7755 Hurontario Street, 5 th Floor, Brampton, ON, L6W 4T6	905.456.4777	905.456.4780
Peel Health	44 Peel Centre Drive, Suite 102, Brampton, ON, L6T 4B5	905.791.7800	905.789.6853

Name of Agency	Address	Phone Number	Fax Number
Peel Regional Police	7750 Hurontario Street, Brampton, ON, L6V 3W6	905.453.3311	905.507.8297
Punjabi Community Health Centre of Peel	11730 Airport Road, Brampton, ON, L6T 3S1	905.301.2978	905.457.3902
Salvation Army Family Life Resource Centre	535 Main Street North, Brampton, ON, L6X 3C9	905.451.4115	905.451.4245
Salvation Army Women's Counselling	2460 The Collegeway Mississauga, ON, L5L 1V3	905.820.8984	905.820.8210
Sexual Assault/Rape Crisis Centre of Peel	P.O. Box 231 Square One Post Office, Mississauga, ON, L5B 3C8	905.273.3337	905.273.3336
Trillium Health Centre (Sexual Assault/Domestic Violence Programs)	100 The Queensway West, Mississauga, ON, L5B 1B8	905.848.7580	905.848.7612
United Achievers Community Services	36 Queen Street East, Brampton, ON, L6Z 4P5	905.840.4454	905.455.6162
Victim Services of Peel	7750 Hurontario Street, Brampton, ON, L6V 3W6	905.568.8800	905.568.4774
Vita Centre of Peel	P.O. Box 42183, 128 Queen Street South, Mississauga, ON, L5M 4Z0	905.858.0329	905.858.4199
Victim/Witness Assistance Program	7755 Hurontario Street, Suite 100, Brampton, ON, L6W 4T6	905.456.4797	905.456.4796

The Child & Family Services Act: Grounds for Reporting ²

Section 37(2) Child Family Services Act states that 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 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;

(d) there is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c);

(e) the child requires medical 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, or refuses or is unavailable or unable to consent to, the treatment;

(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;

² Excerpt taken from the Child Family Services Act, Section 72(1).

(f.1) 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, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

(g) 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;

(g.1) 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, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm;

(h) 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, or refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition;

(i) the child has been abandoned, the child's parent has died or is unavailable to exercise his or her custodial rights 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;

(j) the child is less than twelve years old 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, or refuses or is unavailable or unable to consent to, those services or treatment;

(k) the child is less than twelve years old 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; or

(l) 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 twelve years of age or older, with the child's consent, to be dealt with under this Part. R.S.O. 1990, c.C.11, s.37(2); 1999, c.2, s.9.

Personal Information Journal

Dear client,

The Personal Information Journal was developed by women who have experienced woman abuse for other women going through a similar situation. It is intended to be a tool to collect and maintain important information for your records. It also allows you to document personal information in one place.

You may be in the process of meeting with many people (i.e. counsellor, lawyers, doctors) about the various aspects of your situation. This information could be helpful to you as it may decrease the stress associated in repeating your story.

You may want to use this journal on your own or with your counsellor. In order to protect your privacy and confidentiality, we recommend you keep this information in a safe place (a place where only you have access). Talk with your counsellor about where to keep this information and with whom to share it with.

The Personal Information Form is divided into 10 parts:

1. Partner Information
2. Police Occurrences Record
3. Legal Information
4. Medical Data
5. Other Information
6. History of Abuse
7. Record of Abusive Incidents
8. Educational Training Sessions
9. Creating a Safety Plan
10. Personal Notes

Partner Information

Name: _____

Address: _____

Home Telephone Number: _____

Occupation: _____

Employer's Name: _____

Physical Description:

Height:

Weight:

Hair Color:

Eye Color:

Other Identifying Features:

Automobile Description:

Make:

Year:

Model:

Color:

License Plate:

Province:

Criminal Record: No Yes
Describe:

Weapons Concern:

Police Occurrences Record

Date:	Officer Name:	Badge #: Occurrence #:
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Telephone #: Ext.

Outcomes: <input type="checkbox"/> Charged <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Referral to Victim Services <input type="checkbox"/> Released <input type="checkbox"/> Warning <input type="checkbox"/> Other

Date:	Officer Name:	Badge #: Occurrence #:
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Telephone #: Ext.

Outcomes: <input type="checkbox"/> Charged <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Referral to Victim Services <input type="checkbox"/> Released <input type="checkbox"/> Warning <input type="checkbox"/> Other

Date:	Officer Name:	Badge #: Occurrence #:
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Telephone #: Ext.

Outcomes: <input type="checkbox"/> Charged <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Referral to Victim Services <input type="checkbox"/> Released <input type="checkbox"/> Warning <input type="checkbox"/> Other

Legal Information

Lawyer's Name

Address:

Telephone #:

Fax #:

Medical Data

History of Abuse

1. When did the first abusive incident take place?
2. When did the last abusive incident take place?
3. Describe the most serious incident of abuse that you suffered?
4. What are the areas in your life that are controlled by your partner? i.e. who makes decisions, decides what happens? What does your partner do to get control in those areas?
5. In hindsight what were the first indicators that there was a problem in your relationship i.e. jealousy, controlling, isolating.
6. What friends or family can you rely on for help?
7. What do you notice about how your children are affected?

Record of Abusive Incidents

We recognize how difficult it can be to remember and think about the abuse you have experienced. It can be helpful for your case to keep track of the dates that you experienced an abusive incident and what happened. It is intended as a tool to help you remember. We recommend you review the information prior to seeing your lawyer, attending court, etc, rather than bringing the form with you. Please remember to keep this information in a safe place.

Dates	Abuse Description (emotional abuse, financial abuse, sexual abuse, verbal abuse, physical abuse)

Educational Training Sessions

Session Name	Check	Date Completed

Creating a Safety Plan

Things to do (look in your booklet)	Checklist
1. Emergency Escape Plan	
2. During an Incident	
3. Creating a Safer Environment	
A) At Home	
B) In the Neighbourhood	

Please remember to keep your notes in a safe place. This is for your use only and should not be given to anyone, as it could jeopardize your case if you are in a criminal proceeding.

Release

Restraining Orders

Warning

Definitions

Adjourned

Bail Hearing

Charge

Exclusive Possession Orders

No Contact Order

Notice of Appeal

Occurrence

Peace Bond

Probation Conditions

LET US KNOW HOW WE'RE DOING

Help Out by Filling In This Survey About The Services You Have Used

Name of Organization:

Service Name

The attached form is a questionnaire about services for women who have experienced violence. It asks about the services you have used. It asks about how well these services met your needs, the differences that the services have made to you and what might make them better.

We are asking you and other women to fill in the form. It will help us know what we are doing well, what is important to women using the services and how things could be done better.

Your answers are totally confidential, so please don't put your name on the form.

These forms are being given out by different services across the province (e.g. women's shelters, rape crisis center, counselling agencies, etc.). Because it is being used by different kinds of services, some of the questions might not apply to you or our organization.

Your views are important. Please take the time to answer the questions as soon as possible. When you are finished, put this questionnaire in the attached envelope, seal the envelope and put it in a box.

Thank you for taking the time to fill in this survey.

For office use only:

Funding Ministry(ies) for this service

Ministry funding code (if applicable)

Worker #: _____

Section One – The Services You’ve Used?

1. Please tell us how long you have used the service named above to help with the violence/abuse.
 - Less than two weeks
 - 1-3 weeks
 - 1-3 months
 - 4-6 months
 - Over 6 months

2. Please tell us the different ways our services has helped you within the past year. (Please check only those that apply)
 - 2.1 I got telephone help when I was in an emergency/crisis.
 - 2.2 I got other help when I was in an emergency/crisis.
 - 2.3 I stayed in the shelter for women and their children.
 - 2.4 At my request, someone phoned the police of 911 for me.
 - 2.5 Someone went to the sexual assault care centre at the hospital with me.
 - 2.6 I got group counselling/support.
 - 2.7 I got one-to-one counselling/support.
 - 2.8 Someone helped me prepare for court.
 - 2.9 Someone went to court with me.
 - 2.10 I got a two-hour free legal advice form.
 - 2.11 I got medical help (e.g. rape kit, other medical treatment).
 - 2.12 I got help from a cultural interpreter.
 - 2.13 I got referrals to other organizations for assistance.
 - 2.14 I got information about the criminal court (e.g. police charging my abuser) process and how it would affect me/my children/the abuser
 - 2.15 I got information about the family court (e.g. divorce, separation, custody & access) process and its possible effects.

3. Overall, how do you feel about how long you had to wait to get this service from our organization? (Please check one only.)
 - I did not have to wait.
 - The wait was okay for me.
 - It was too long a wait for me.

Section Two – What Difference Did The Services Make to You?

4. Please tell us if the following statements apply to you because of using the service of our organization.

- | | | YES | NO |
|-----|---|--------------------------|--------------------------|
| 4.1 | I felt safer while I was using this service | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 | I have made a safety plan that I can use when I am in danger. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.3 | My children have a safety plan that they can use when we are in danger. | <input type="checkbox"/> | <input type="checkbox"/> |

5. Did our service help you find out about other supports/programs in your community (e.g. housing, legal assistance, counselling services, etc.) (check one only)

- Yes – a lot
- Somewhat
- No – not at all
- I haven't needed this information so far
- There are no other services in my community I could use

6. How much did our service help you get other supports in your community (check one only)

- Yes – a lot
- Somewhat
- No – not at all
- I haven't needed this information so far
- There are no other services in my community I could use

7. Sometimes services can help women begin to feel stronger in their lives. Please indicate (check), for each of the following statements, what best describes your experience so far with our service. Because of using our service:

		A Lot	Somewhat	No So Far	Does Not Apply to Me
7.1	I was able to get through an emotional crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2	I feel more comfortable talking to others about my experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3	I feel less alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4	I have developed new ways to deal with the effects of the abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.5	I feel more able to make choices about my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please indicate (with a check mark) for each of the following statements, what best describes your experience with our service so far. Because of using our service:

		A Lot	Somewhat	No So Far	Does Not Apply to Me
8.1	I have a better understanding that the violence/abuse is not my fault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2	I have a better understanding of the different ways that women are abused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.3	I know more about my rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.4	I feel more able to deal with other services (e.g. housing, legal).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5	I feel/felt better prepared for court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6	I felt well informed about what was going on with my case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.7	It was easier to go through the court process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.8	I got information I could understand about the criminal court process (e.g. police charging the abuser) and how it could affect me/my children/my abuser.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.9	I got information I could understand about the family court (e.g. divorce,				

separation, custody and access)
process and its possible effects.

9. What was the most important thing for you about our service?

Section Three – What Difference Did The Services Make to You?

10. Please tell us how well our service met the following needs.

		A Lot	Somewhat	No So Far	Does Not Apply to Me
10.2	Provided service in my language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.3	Provided the sign language services I needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.4	Respected my cultural differences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.5	Provided a cultural interpreter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.6	Respected my racial/ethnic ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.7	Were able to serve women with with a disability like mine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.8	Were sensitive to women with my medical condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.9	Were sensitive to the needs of women my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.10	Respected my sexual identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Did you want to receive services in French from our organization?

Yes No If no, go to Question 12

If yes, which of the following statements apply to you:

- Got service in French.
- Got referred to another organization that provides service in French.
- Did not get service in French.

12. Please tell us if any of the following statements are true for you.

	YES	NO	Does Not Apply to Me
12.1 The service was too far away from my home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.2 It was hard for me to get to appointments because I could not get childcare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.3 I had trouble getting transportation to the service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.4 The service was not available at times that were convenient for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.5 I was concerned that people from my community would know I was here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. What would you suggest for making our services better?

Section Four – Experiences with Police, Crown Attorneys, Legal Aid, Judges

The next few questions ask about your experiences with the police, crown attorneys, legal aid and judges. They do not refer to our services or the services of the Victim Witness Assistance Program.

14. In the past years, have you been involved with the justice system (i.e., police, crown attorneys, judges) because of the violence/abuse?

Yes

If yes, go to Question 15

No

If no, go to Question 17

15. What was most helpful about the justice system?

16. What would have made the justice system better for you?

17. In what language would you like to receive service? (Check one only)

- English
- French
- An Aboriginal/Native Language
- Italian
- Chinese
- Portuguese
- German
- Other (specify) _____

18. My age is (Check one only)

- 20 and under
- 21-44
- 45-64
- 65-74
- 75 and over

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