

# Enhanced Violence Against Women Protocol for The Region of Peel

Peel Committee Against Women Abuse (PCAWA)

2018



**PCAWA**  
PEEL COMMITTEE AGAINST WOMEN ABUSE

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## Acknowledgments

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## About the Peel Committee Against Woman Abuse: Who Is PCAWA?

PCAWA is a community collaboration of member organizations in the Region of Peel that have made a commitment to end violence against women. The organizations represented are made up of diverse sectors including education, legal services, settlement, child welfare, shelter and women's crisis services, housing, neighbourhood centres, family services, social services, health, justice, and organizations serving equity seeking/marginalized groups of women. PCAWA focuses on the issue of violence against women; women's access to services are always at the centre of the committee's work.<sup>1</sup> PCAWA is guided by an integrative feminist, anti-racism, anti-oppression (IF-ARAO) framework.

We recognize that different professions use diverse terminology to refer to those impacted by violence. For instance, many advocates prefer the terms *survivor* and *perpetrator*, while law enforcement personnel and those working in the criminal justice sector use terms such as *victim* and *offender*. In keeping with an IF-ARAO approach, the term "survivor" is used in this protocol.

**Our Vision:** To eliminate violence against women in the Region of Peel.

**Our Mission:** To facilitate and advocate for a coordinated and effective community response to violence against women in the Region of Peel.

### **Our Values:**

Passionate about eliminating violence against women

Committed to equity, inclusion and social justice

Advocacy for systemic change

Working collaboratively on prevention, intervention and assessment strategies

Accountable to member organizations and the women they serve

For a complete listing of current PCAWA member agencies and their contact information, please see the [Quick Reference Guide](#).

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<sup>1</sup> Adapted from the Peel Committee Against Woman Abuse (PCAWA) Member Orientation Package developed by Paula Lam, PCAWA Coordinator 2017.

## Our Understanding of Violence Against Women

Violence against women<sup>2</sup> can take many forms. Other commonly used terms for violence against women include: domestic violence, sexual violence, sexual abuse, woman abuse, gender-based violence or intimate partner violence.

Violence against women can be categorized as:

- Physical (for example: hitting, pushing, choking, confining, or grabbing)
- Psychological or emotional (for example: put-downs, name-calling, manipulative or frightening actions)
- Sexual abuse or violence (for example: sexual assault, sexual coercion, forcing her to engage in degrading or harmful sexual activity, making her watch or engage in sexual acts that she does not agree to)
- Economic (for example: taking or withholding her income, or not letting her take part in financial decisions; keeping her from taking on paid work or disrupting her paid work)
- Spiritual (for example: belittling or limiting her ability to take part in spiritual activities)<sup>3</sup>.
- Stalking/harassment (for example: following her, showing up uninvited to work, constant emails/phone calls)
- Cyber (for example: posting demeaning messages, sharing explicit photos without permission, spreading gossip/rumours online)
- Human Trafficking<sup>4</sup> (for example: forced labor, involuntary servitude, debt bondage, sex trafficking)

PCAWA understands that violence against women is rooted in gender inequality. Women have less social, political and economic power than men in our society, and thus are more vulnerable to violence; they can also experience different barriers when trying to leave an abusive situation. PCAWA's integrative-feminist, anti-racism, anti-oppression framework understands that women from marginalized groups (for example: racialized women, Indigenous women, 2SLBTQ+ women, etc.) are more vulnerable to violence due to systemic inequalities and systemic oppression.

Aligning with the above, PCAWA recognizes that while anyone can experience sexual or domestic violence, women and children are predominantly the victims of these crimes<sup>5</sup>. Our protocol reflects this reality.

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<sup>2</sup> The terms 'woman' and 'women' are often used throughout the protocol as an umbrella term, meant to encompass a wide range of identities including, but not limited to, cisgender women, transwomen, transfeminine and two spirit folks.

<sup>3</sup> See: METRAC. End the Silence on Violence at Home. Online: [http://www.metrac.org/wp-content/uploads/woocommerce\\_uploads/2014/07/end.the\\_.silence.on\\_.family.violence.zine\\_.pdf](http://www.metrac.org/wp-content/uploads/woocommerce_uploads/2014/07/end.the_.silence.on_.family.violence.zine_.pdf)

<sup>4</sup> The Canadian Department of Justice defines human trafficking as "the recruitment, transportation, harbouring and/or exercising control, direction or influence over the movements of a person in order to exploit that person, typically through sexual exploitation or forced labour." <http://www.justice.gc.ca/eng/cj-jp/tp/what-quoi.html>

<sup>5</sup> While some men do experience violence within an intimate relationship, the majority of victims are women: see Statistics Canada. 2005. *Family violence in Canada: A statistical profile*. Online: <https://www.statcan.gc.ca/daily-quotidien/050714/dq050714a-eng.htm>. Further, Canadian statistics tell us that the prevalence of sexual violence experienced by males is not the same as that experienced by women and girls: see Juristat Canadian Centre for Justice Statistics. *Sexual Offenses in Canada*. 2004: 1 and Statistics Canada. *Measuring Violence Against Women*:

An integrative-feminist, anti-racism, anti-oppression framework on violence against women acknowledges that:

1. Working with diverse populations of survivors to intentionally reduce barriers and provide appropriate support is integral to our work. While any woman can experience the above forms of violence against women, some populations will experience these forms of violence differently. Moreover, social location has concrete impacts on one's experience of support services. We know that experiences of violence— as well as barriers associated with one's ability to reach help – are connected to differences in gender, race, age, ability and other aspects of social location.
2. Prevailing attitudes in many societies serve to justify, tolerate, normalize, minimize and/or condone violence against women, often blaming women for the violence they experience. These attitudes often stem from patriarchal beliefs that view women as subordinate to men or entitle men to use violence to control women<sup>6</sup>.
3. Many countries, including Canada, have legal systems that minimize or ignore acts of violence against women. Even where appropriate legislation exists, it may be inadequately implemented or may allow interpretation that reflects harmful attitudes<sup>7</sup>.
4. Every individual has the right to a life free from fear and violence. All forms of violence and intimidation constitute a violation of an individual's basic human rights.
5. Survivors may respond to and cope with the violence they have experienced in a variety of ways. A harm reduction approach is in alignment with survivors' rights to self-determination.
6. There is no excuse for abusive behavior. The perpetrator is always accountable for any violent actions.
7. Criminalization is only one aspect of the long-term solution to ending violence against women. A holistic, 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 and their destructive consequences.

For more information and facts regarding violence against women and how violence impacts diverse survivors please see [Appendix 1](#).

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*Statistical Trends 2006*. We acknowledge that males under the age of 18 are more vulnerable to be targeted for acts of sexual violence than adult men.

<sup>6</sup> World Health Organization. *Understanding and addressing violence against women*. Online: [http://apps.who.int/iris/bitstream/10665/77433/1/WHO\\_RHR\\_12.35\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/77433/1/WHO_RHR_12.35_eng.pdf)

<sup>7</sup> Ibid.

## Why an Enhanced Violence Against Women Protocol Is Necessary for the Region of Peel

This newly Enhanced Violence Against Women Protocol represents an integration of the previous Peel Region Woman Abuse Response Protocol 2006 and the Peel Sexual Assault Emergency Response Protocol 2007. The work to integrate these previous protocols reflects PCAWA's understanding of the reality that violence exists on a spectrum and women can experience multiple and overlapping forms of violence simultaneously. This resulting protocol harnesses the strength of the community, survivors, skilled professionals and service providers, research institutes and committed organizations and other regional actors to support an improved, collaborative and coordinated response to violence against women in the region.

Women in Peel who have experienced violence often require a range of services and supports. They will also likely come into contact with a range of service systems and have to navigate these systems either while seeking support or through involuntary and/or voluntary contact with mandated services such as police or child welfare agencies.

PCAWA members operate with a mutual understanding of the benefits of a collaborative and coordinated response in order to effectively respond to women's experiences of violence. This aligns with promising practices identified across Canada. Promising practices we identified include:

- “Early intervention for victims and offenders and awareness among community members can lead to help and supports before lives are ruined or lost” when addressing violence against women
- Coordination among service providers can lead “to improved services and safer communities through a comprehensive understanding of the different roles providers play and how they can work together”<sup>8</sup>
- Community protocols can function to establish “a common understanding and framework for the provision of services to victims/survivors...enabling greater coordination and collaboration between community partners”<sup>9</sup>
- Via a community protocol, “the community collaboratively responds to survivors of violence, and helps them find the supports they need” in a consistent manner<sup>10</sup>.

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<sup>8</sup> Golden Women's Resource Centre. *Community Plan for Addressing Relationship and Sexual Violence in Golden, BC*: 3.

<sup>9</sup> Sexual Assault Response Team of Waterloo Region. May 2012. *Sexual Assault Response Protocol of Waterloo Region*: 9.

<sup>10</sup> Guelph-Wellington Action Committee on Sexual Assault & Domestic Violence. 2017. *Guelph-Wellington Action Committee on Sexual Assault & Domestic Violence Protocol*: 3.

## *Section One: Our Enhanced Protocol: A Supportive Response to Survivors in Peel*

### Goals of Our Protocol

This protocol will assist member agencies in providing a consistent, supportive and inclusive response to reduce the systemic barriers that exist for survivors of violence in the region.

We recognize the importance of moving away from an individualistic approach to addressing violence against women and moving to a systems approach. This protocol aligns with a systems approach.

The overall goals of the protocol are to foster:

1. A supportive, inclusive, and consistent response that prioritizes the safety and well-being of survivors in the Region of Peel.
2. Enhanced system navigation for survivors with a strengthened regional referral pathway.
3. Increased cross-sectoral collaboration, service collaboration and coordination across the region.
4. Strengthened capacity of the response to violence against women in the region.

Through consistent attention to these priorities and the tools identified in this protocol, PCAWA will maintain a strengthened capacity to respond to violence against women.

### Commitment to Survivors

We know that violence can have a range of impacts on survivors' emotional, mental, physical, spiritual and social and economic well-being. We have learned from survivors in this region and in others that the approach to how services and supports are delivered is critical. In one evaluation<sup>11</sup> of another Ontario Sexual Assault Domestic Violence protocol with similar objectives, survivors identify feeling supported when service providers are attentive, accommodating, compassionate, respectful, empathetic, non-judgmental, patient, understanding and validating. This is in line with the feedback PCAWA received from women survivors of violence during focus groups.

To this end, all signatories of the protocol make the following commitments to survivors<sup>12</sup>:

- We will believe and treat all survivors with dignity and respect;
- We will provide survivors with non-judgmental and empathetic support;
- We support survivors to consider options and make decisions that are best suited to them;
- We will provide survivors with timely risk assessment and safety planning assistance and support;

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<sup>11</sup> Morton, Mavis et al. *The Guelph-Wellington Sexual Assault and Domestic Violence First Response Protocol Evaluation Research: Relationships are the Foundation*. Guelph-Wellington Action Committee on Sexual Assault and Domestic Violence, 2014.

<sup>12</sup> Adapted from McMaster University. *Sexual Violence Response Protocol: Responding to Disclosures of Sexual Violence, Intimate and Family Violence*. 2014, Sexual Assault Emergency Response Protocol Committee. *Sexual Assault Protocol for The City of Kingston & Frontenac County: Best Practice Guidelines for a Collaborative Response to Victim/Survivors of Sexual Assault*. 2014.

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- We will provide survivors with timely, culturally relevant and appropriate referrals to other services and supports that are available;
- We will provide survivors with support and information, so that they may determine whether or not they wish to formally report an incident of violence. Whenever possible, we will offer choices to survivors;
- We will work with justice partners towards creating a criminal justice system that has an increased accountability to protect survivors from continued acts of violence;
- Survivors will receive self-determined, sensitive, respectful, immediate and appropriate care and support;
- Information will be provided to survivors at every step of a service (or system process) in a format that is accessible to them (i.e. in the language of their choice, that meets their accessibility needs);
- All available information will be shared with survivors at every step of a service (or system process) so that survivors can make their own decisions;
- A survivor-centered and holistic approach is central to our response. We commit that survivors are supported through a trauma-informed<sup>13</sup>, intersectional, feminist, anti-racism, anti-oppression<sup>14</sup> framework that honors survivor agency;
- Our services and responses recognize the impact of colonization on Inuit, Metis and First Nations communities and we aim to remove systemic barriers and support the needs of Inuit, Metis and First Nations survivors;
- We recognize that racism, sexism, homophobia, transphobia, ableism, and sanism impact survivors and our services and responses must aim to reduce barriers, and increase access and support for 2SLGBTQ+ (two-spirit, lesbian, gay, bisexual, trans, queer, plus); racialized; im(migrant), non-status, disabled, consumer-survivor, rural, and poor survivors;
- A survivor-centered approach requires the ongoing evolution and evaluation of the protocol. The protocol and its supporting strategies will be informed by survivors;

PCAWA acknowledges that when we uphold these commitments while delivering services, we reduce the likelihood of re-victimizing survivors when they come forward for support.

### An Intersectional Approach to Working with Survivors

Social location and forms of systemic oppression including: racism, sexism, homophobia, transphobia, ableism, sanism, colonialism, and classism have concrete impacts on one's experience of violence. For example, certain forms of violence, such as sexual and domestic violence and human trafficking – as well as barriers associated with one's ability to reach help – are connected to differences in gender, race, age, ability and other aspects of social location.

As of consequence, community services meant to support survivors can present challenges to women from differing social locations. Different survivors can experience different **practical access barriers** to

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<sup>13</sup> Jean Tweed Centre. March 2013. TRAUMA MATTERS: Guidelines for Trauma-Informed Practices in Women's Substance Use Services. Online: <http://jeantweed.com/wp-content/themes/JTC/pdfs/Trauma%20Matters%20online%20version%20August%202013.pdf>: 13.

<sup>14</sup> See: Canadian Race Relations Foundation

reaching supportive services which may not be evident to all. Examples of practical access barriers may include the following:

- A non-English speaking immigrant woman wishes to call a crisis line, but the service is offered only in English.
- A young woman wants to attend a youth support workshop but does not have any transportation to get there. Asking her parents for a drive will compromise her confidential attendance at the workshop.
- A single mother who has limited financial means wishes to attend a support group, but cannot pay for childcare.
- A trans person needs to access a drop-in shelter for the night, but worries that gender-segregated sleeping spaces will make their stay unsafe.
- A woman with a physical disability wishes to attend the counselling services on the second floor but finds that the elevator in the building is often out of service.

In addition to practical access barriers, survivors can experience different **systemic barriers** to reaching supportive services. Examples of systemic barriers may include the following:

- A woman wants to speak to someone about sexual abuse prevention for her children; however, she had negative experiences with social workers who intervened in her family when she was abused as a child herself.
- A woman from a marginalized community has difficulty accessing culturally-appropriate services.
  - Too often, violence and isolation that newcomer women and racialized women face is stereotyped as a “cultural” or “religious” issue particular to certain ethno-racial communities, rather than a result of structural inequalities<sup>15</sup>.
- A racialized woman chooses not to report her abusive partner to police.
  - It is estimated that less than 5% of women who are sexually assaulted report the assault to police due to shame, or fear of blame and re-victimization in the legal system. For racialized women, that fear is worsened by the experience of racism<sup>16</sup>.
  - In Canada, the Sisters in Spirit campaign reveals that women of Indigenous descent are overwhelmingly represented as murdered, violated and missing cases that are not resolved by the criminal justice system<sup>17</sup>.

Being able to recognize the barriers that diverse women may face is key to supporting them. It also helps us to provide advocacy for women who are voluntarily or involuntarily in contact with various mandated services and systems.

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<sup>15</sup> Razack, 1998, cited in METRAC. *Frequently Asked Questions About Violence and Girls and Young Women*. Online: <http://www.metrac.org/resources/downloads/young.women.faq.pdf>

<sup>16</sup> Ontario Women’s Directorate, 2002, *Sexual Assault: Reporting Issues*, cited in METRAC. *Sexual Assault Statistics*. Online: <http://www.metrac.org/resources/downloads/sexual.assault.statistics.sheet.pdf>

<sup>17</sup> Native Women’s Association of Canada

## Enhanced Violence Against Women Protocol

The following Enhanced Protocol outlines the steps for providing a consistent, inclusive and supportive response that puts the safety and well-being of survivors first. An effective first response to a woman's disclosure of violence cannot be underestimated by service providers. It lays the groundwork for successful intervention and potential prevention of further violence<sup>18</sup>.

### Enhanced Violence Against Women Protocol

1. Responding to Disclosures of Violence
2. Risk Assessment and Safety Planning
3. Navigating Systems and Building in Supports through Services

## 1. Responding to Disclosures of Violence

Oftentimes, survivors will disclose their experiences to someone with whom they have a trusting or prior relationship. For this reason, a person who hears a disclosure may be a social services or income support worker, a settlement worker, a shelter worker, counsellor, or someone else.

We believe that anyone working in a PCAWA member agency – even those working within agencies that do not have a mandate focused on violence against women – need to be prepared to hear and respond to a disclosure of violence.

The following protocol for responding to disclosures of violence aims to provide a consistent and supportive response that puts the safety and well-being of survivors first<sup>19</sup>:

- I introduced myself and my role
- I asked how the survivor prefers to be addressed, including what pronouns they use
- I expressed that I am sorry that they has experienced this, that I believe them and am here to support them
- I explained confidentiality and the limits to confidentiality: I explained what could be held in confidence and what could not be held in confidence, in accordance with my agency policies and legal responsibilities
- If children are involved, I informed her of my duty to report in the event that I need to engage child welfare partners
- I explained the kind of assistance/support I could attempt to provide

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<sup>18</sup> Guelph-Wellington Action Committee on Sexual Assault & Domestic Violence. 2017. *Guelph-Wellington Action Committee on Sexual Assault & Domestic Violence Protocol*: 15.

<sup>19</sup> Adapted from the below sources. Many thanks to:

- Guelph-Wellington Action Committee on Sexual Assault & Domestic Violence. 2017. Sexual Violence First Contact Checklist (for frontline workers) in *Guelph-Wellington Action Committee on Sexual Assault & Domestic Violence Protocol*: 37. This Checklist informed our protocol's components.
- Sexual Assault Response Team of Waterloo Region. May 2012. Self-Assessment Checklist in *Sexual Assault Response Protocol of Waterloo Region*: 60-61. This Checklist informed our protocol's components.

- I explained all procedures/interventions before they occurred, and asked the survivor if they had questions about them
- I checked in about their immediate physical health, and where needed I ensured th had a referral to Chantel’s Place. When appropriate Chantel’s Place will provide medical care, documentation of injuries, forensic services (i.e. sexual assault evidence kit), prevention of sexually transmitted infections (including HIV) and pregnancy to survivors
- I informed the survivor about criminal and non-criminal reporting options and offered to help her to access these options if she wished to do so. I also told the survivor about support options *unrelated to reporting* (i.e. counselling, groups, practical support, medical support) available, and offered to help her to access these options, if she wished to do so
- I considered and explored with the survivor any barriers that may have an impact on her ability to access service including; language, financial need, ability, gender identity, transportation, geographic location, culture, age, and sexual orientation and where necessary I helped to problem solve to address these (for example, I assisted in calling or arranging transportation for her; I made sure that her appointments were at times when she had childcare)

## 2. Risk Assessment

A number of different *risk assessment tools* exist and they aim to measure different *aspects of risk* associated with violence. Risks can include but are not limited to: the risk of future partner assault in cases of domestic violence; predicting the frequency or severity of future violence; the risk of lethal violence; and/or the risk of harm to children or potential harm to children<sup>20</sup>.

In recognition of the above, PCAWA does not endorse one particular risk assessment tool and instead, we endorse the use of tools that support survivors in prioritizing their safety and well-being; and strengthen their agencies’ capacity to respond to violence against women in the region. For examples of risk assessment tools used by PCAWA members please see: B-Safer, Danger Assessment, ODARA, The Redwood Tool and SARA.

### **The survivor will be provided with a timely risk assessment.**

- If applicable, identify that you are concerned about the survivor’s safety
- Tell her that you know about some resources in the community that can help her/her children stay safe. Here are a few options (choose those that apply best to what your organization offers):
  - “I know about some resources in the community that can help you and your children stay safe.”
  - “I have a risk assessment tool that can help us to learn more about your level of risk. This tool is a list of questions. It will take \_\_\_\_\_ (identify the amount of time) to complete together.”
  - “[Other organization you would like to refer to] has a risk assessment tool that can help you to learn more about your level of risk. This tool is a list of questions. It will take \_\_\_\_\_ (identify the amount of time) to complete together with a staff there.”

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<sup>20</sup> This information thanks to: Guelph-Wellington Action Committee on Sexual Assault & Domestic Violence. 2017. *Guelph-Wellington Action Committee on Sexual Assault & Domestic Violence Protocol*: 21.

- “The questions and your responses can help us to better understand \_\_\_\_\_ (identify what your organization’s tool aims to assess: i.e. risk of future partner assault in cases of domestic violence; predicting the frequency or severity of future violence; the risk of lethal violence; and/or the risk of harm to children or potential harm to children) in your situation.”
- After sharing information about options, ask a direct question. You will want the survivor’s direction on how to proceed:
  - “Is this something you’d be interested in taking part in?”
  - “Do you have any questions for me about this before we take any next steps?”

## Safety Planning

Once a risk assessment is complete survivors will be provided with the option to complete a safety plan. Although a woman experiencing violence does not have control over her ex-partner, or partner's violence, it is possible to increase her and her family’s and children's safety. Creating a safety plan involves identifying action steps to increase safety and preparing in advance for the possibility of further violence<sup>21</sup>.

Survivors and those working with them can work together to create safety plans for a number of scenarios:

- Creating an emergency escape plan
- Creating a safer environment
  - at home
  - in the neighbourhood
  - at work
  - online
  - during a violent incident

### **The survivor will be provided with a timely Safety Plan.**

- Tell her that you know about some resources in the community that can help her/her children stay safe. Here are a few options (choose those that apply best to what your organization offers):
  - “I know about some resources in the community that can help you and your children stay safe.”
  - “There is a safety planning process that can help us to address some of the risk we identified through the risk assessment process. It will take \_\_\_\_\_ (identify the amount of time) to complete together.”
  - “[Other organization you would like to refer to] has a safety planning process that can help you to plan for your safety. It will take \_\_\_\_\_ (identify the amount of time) to complete together with a staff there.”
- After sharing information about options, ask a direct question. You will want the survivor’s direction on how to proceed:
  - “Is this something you’d be interested in taking part in?”

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<sup>21</sup> Peel Committee Against Woman Abuse (PCAWA). *Creating a Safety Plan*. Online: <http://www.pcawa.net/safety-planning-guide.html>

- “Do you have any questions for me about this before we take any next steps?”
- Review emergency resources for safety with her, including:
  - Police services
  - Emergency shelter
  - Crisis lines/after-hours lines
  - Sexual assault support services, where relevant: these include phone crisis support, as well as information and reporting/non-reporting options by trained sexual violence experts; accompaniment services to police reporting, hospital or court dates; and counselling for recent and historical survivors of sexual violence
  - Hospital, health or medical services
- Inform the survivor about criminal and non-criminal reporting options and offer to help her to access these options if she wishes to do so. Tell the survivor about support options *unrelated to reporting* (i.e. counselling, groups, practical support, medical support) available, and offer to help her to access these options, if she wishes to do so

For detailed information on creating a safety plan, see: [PCAWA’s Creating A Safety Plan Handbook](#).

## Emotional Safety

Experiencing violence is exhausting and emotionally draining and can result in significant harm to a survivor. The process of surviving violence requires much courage, and incredible energy. To conserve emotional energy, and to support oneself in hard emotional times, there are a number of things a survivor can do.

For detailed information on options for fostering self-care and creating emotional safety for survivors of violence, see pages 1-3 of [PCAWA’s Creating A Safety Plan Handbook](#).

## 3. Navigating Systems and Building in Supports through Services

Survivors have different entry points to accessing supports in the community: in some cases, they seek support themselves when they see the need to do so. In other cases, survivors may find themselves requiring support suddenly in the midst of a crisis. In addition, many survivors find differing access points for support due to their personal social location or systemic realities they are facing. For example, a youth experiencing sexual abuse may require supports related to counselling and police reporting but may disclose it to a school guidance counsellor first. In another example, a woman who is new to Canada may require safe shelter and access to family law resources, but she may choose to approach the local settlement service agency in her neighborhood for information on these concerns before any others.

We can reduce some barriers that diverse survivors of violence face by knowing what services are available to those experiencing violence, helping them to understand their options, and facilitating service access.

PCAWA members aim to foster system navigation, offering a clear and strong referral pathway to all survivors and providing advocacy and support to survivors throughout their experience with systems and

services. System navigation, service options and access considerations must reflect the diverse needs of different survivors across the Region of Peel.

In addition to being aware of available services, we have learned from survivors that the ways in which services and supports are offered is critical. In one evaluation<sup>22</sup> of another Ontario SADV protocol with similar objectives, and in the responses received from survivors through focus groups in Peel, women identified feeling supported when service providers were attentive, accommodating, compassionate, respectful, empathetic, non-judgmental, patient, understanding and validating.

To this end, the process of making referrals below, draws from the Commitment to Survivors (see page 7). Our recommendations on how to make effective referrals apply to any and all service providers who may come into contact with a survivor of violence against women.

**The survivor will receive timely and appropriate referrals to other services and supports that are available.**

- Identify that you believe the survivor, and you wish to offer options for additional support:
  - “Can I help to connect you to other supports that can help you while you are working with me? Additional supports can mean things like information on other organizations in Peel. It can also mean helping you to make contact with other organizations.”
- Tell the survivor that you know of another organization that will be able to help them to address the problem she is facing:
  - “I know of an organization here in Peel that can help you with \_\_\_\_\_ (name the problem or concern: i.e. housing, your children’s safety, your family law rights, medical/health needs).”
  - “Can I tell you a bit more about them?”
- Help the survivor to understand more about the referred agency: for example: what is their role in the community? What do they have expertise in? How do they differ from your organization?
- Remember that confidentiality is vital to a survivor. Consent to share information with another service provider (or follow up on a woman’s experience with another agency) can enhance service provision. However, the process of informed consent must be clear and respectful.
- Always allow enough time to complete consent forms with a client, and to make sure she understands what the consent outlines.
- Ensure that you are well aware of organizations that have expertise in helping equity seeking/marginalized populations: for example, youth-serving organizations, senior-serving organizations, immigrant/refugee-serving organizations, 2SLGBTQ+-serving organizations, hate crime organizations and faith communities. Learn about what they can offer survivors from these communities and offer these referral options as well.
- Make clear to the survivor that you have a relationship with/knowledge about the agency. If you do not, it would be helpful to contact the agency and talk to a frontline worker to gain some information.

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<sup>22</sup> Morton, Mavis et al. *The Guelph-Wellington Sexual Assault and Domestic Violence First Response Protocol Evaluation Research: Relationships are the Foundation*. Guelph-Wellington Action Committee on Sexual Assault and Domestic Violence, 2014.

- Support the survivor to understand the process (for example, intake, any common wait times for services/first-time appointment) and what to expect. If you do not know this information, it would be helpful to contact the agency and talk to a frontline worker to gain some information.
- Always consider and explore with the survivor any barriers that may have an impact on her ability to access service including; language, financial need, ability, gender identity, transportation, geographic location, culture, age, and sexual orientation.
- Check in with the survivor about any access barriers (i.e. transportation, financial, language interpretation, other) ahead of their meeting with the referred agency. Wherever possible, help to reduce or remove these.
- Offer accompaniment services, where possible, and offer to arrange them.
- Always follow up with the survivor after making the referral(s) and ask her how things went:
  - Did she make contact with the referred organization(s)? How did it go?
  - Does she have any additional questions or concerns about her next steps?
  - Did she encounter any barriers? If yes, how can I support her in addressing these barriers?

**The survivor will receive support to determine whether or not they wish to formally report an incident or incidences of violence.**

- Identify that what happened to the survivor is a crime:
  - “What you’ve described is assault/sexual assault.”
- Identify that the survivor has the right to report what happened to the police, if she wishes.
- Equally important, identify that while some survivors of sexual assault or domestic violence will report to the police, others will never choose to do so:
  - “While some people have experienced sexual assault or domestic violence will report to the police, others will never wish to do so. It is up to you. I am here to support you either way.”
- Support her to understand the process and what to expect:
  - “If you choose to report, here is what will be expected of you...”
  - “If you choose to report, here are some possible outcomes...”
  - “If you choose to report, here is what will/may happen to the person who harmed you...”
  - “Let’s think through what that might be like for you.”
  - “If you are not sure if you want to report, but think you may want to in the future, there may be an opportunity to document/support your experience now, and this could be used at a later date.”
- If you do not know this information, it might be helpful to contact the agency and talk to a frontline worker, police first responder and/or sexual assault centre staff to gain some information.

**Wherever possible, offer criminal and non-criminal reporting options to the survivor.**

- If she chooses not to report, validate her decision and remind her that supports continue to exist.
- If she chooses not to report, offer additional support options, including relevant referrals. These can include:
  - Other reporting systems not related to the criminal justice system (i.e. human rights law, civil law, family law)
  - Other advocacy options

- Safe housing options
- Individual counselling options in the community
- Group counselling
- Health options

**Survivors will be supported as they navigate the criminal justice system.**

- If she chooses to report, check in with the survivor if she wishes to have a support person (family, friend, counsellor, advocate) accompany her.
- Check in with the survivor about any access barriers (i.e. transportation, financial, language interpretation, other) to accessing reporting options. Wherever possible, help to reduce or remove these.
- Offer support and/or to arrange accompaniment while she reports, where possible.
- Follow up with the survivor after she reports – how did it go?
- Offer follow-up support if the survivor was confused, disappointed or has questions about her experience.
- Offer follow-up support for the survivor in the next steps; for example, ensuring she understands the next steps in the process and what will be expected of her.<sup>23</sup>

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<sup>23</sup> Some of the information in this section, thanks to: Guelph-Wellington Action Committee on Sexual Assault & Domestic Violence. 2017. *Guelph-Wellington Action Committee on Sexual Assault & Domestic Violence Protocol*: 17-18

## Services Map: Peel

PCAWA acknowledges that addressing violence against women is a collective responsibility. Each individual, community and organization play an active role in supporting survivors and reducing the prevalence of ongoing violence against women.

The services map below outlines the support options available and most commonly-accessed by survivors of violence.

A detailed **service listing** of service agencies, programs and related contact information is also available in the [Quick Reference Guide on Violence Against Women](#)



This section of the protocol describes the roles of each sector, which includes specific organizations or programs that are mandated to support women and children experiencing violence. Member agencies are listed and represent the following sectors:

### **Health**

Women may experience a variety of health impacts as a result of violence. There are health organizations within Peel that participate in PCAWA that include public health, community based and hospital-based programs. Trillium Health Partners Sexual Assault/Domestic Violence Services (Chantel's Place) is a member of PCAWA and is the regional treatment centre to provide sexual assault and/or domestic violence services. Chantel's Place offers medical, forensic and/or counselling services to support recent sexual assault and/or domestic violence survivors.

### **Justice**

While some women experiencing violence will choose not to report to the police, others will. If an incident is reported to the police, the process that unfolds is directed by the justice system.

The justice organizations that are a part of the PCAWA include the Police, Victim Witness Assistance Program and Community-Based Legal Services.

### **Child Welfare**

The Children's Aid Society has the primary responsibility, under the Child, Youth and Family Services Act, to assess and investigate where required child abuse and child protection allegations and thereafter support children and families when required. Peel Children's Aid aims at promoting safety, well being and permanency for children, in collaboration with families and community agencies. Child welfare organizations and programming are mandated to protect children in our community.

In situations where a child has witnessed domestic violence, the concerns are related to emotional harm, the risk of emotional harm, as well as physical harm and the risks of physical harm. Increasing a woman's safety also increases her children's safety and hence the collaboration between the VAW sector and child welfare sector (as outlined in the CAS/VAW protocol) is important in providing the best service possible to women and children in our community.

### **Community**

The primary function of community services is to support and strengthen communities and individuals. The support can include: crisis support, individual and family counselling, income support (and creating access to it), advocacy, access to practical assistance and connections to specialized services.

Many community services organizations participate in the PCAWA and these include family and individual counselling organizations, settlement services, employment and income support programming, and multi-service agencies.

Community services are comprised of many organizations and programs. These organizations, programs and their frontline workers often have strong relationships with community members. In this, they are often the first place that women disclose experiences of violence. In this, community agencies are an important part of the PCAWA network.

## **Education**

The education sector includes primary, secondary and post-secondary institutions in Peel. Teachers and other school-based professionals may hear sexual and domestic violence disclosures from students, parents or caregivers.

This sector is also important for education and outreach on Violence Against Women and violence prevention strategies.

## **Violence Against Women (VAW) Services**

A number of dedicated Violence Against Women (VAW) Services exist in the Region of Peel. The purpose of these services is to work specifically with women and children experiencing violence or who are at risk of experiencing violence. They offer a range of complimentary services including (1) direct crisis and ongoing support to women experiencing violence, (2) service coordination of supports for women experiencing violence and related advocacy, (3) community-based risk assessment and safety planning, (4) shelter and transitional support and (5) education and outreach to women and their children who are at-risk for continued violence.

## **Services for Equity Seeking/Marginalized Communities**

A number of specialized cultural and ethno-specific community services exist in the Region of Peel to address the specific needs of underserved, isolated or marginalized communities. A marginalized person (or population) is one that is constructed as less-powerful within a larger society. Marginalized populations experience increased barriers to seeking and identifying supports in the community; barriers can be financial, practical (i.e. language barriers or transportation barriers), social and can be multiple and overlapping. Examples of marginalized populations in Peel, include:

- People living in poverty
- Racialized populations
- Immigrant and refugee communities
- Trans<sup>24</sup> women, trans communities
- Youth
- Older people
- People with disabilities
- Indigenous peoples
- 2SLGBTQ+ people
- Under-housed and street-involved people
- People labeled with mental health diagnoses

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<sup>24</sup> Trans/transgender is an umbrella term to describe people with diverse gender identities that do not conform to stereotypical ideas of what it means to be a girl/woman or boy/man in society. “Trans” can mean transcending beyond, existing between, or crossing over the gender spectrum. Trans identities include people whose gender identity is different from the gender associated with their birth-assigned sex. Trans includes, but is not limited to people who identify as: transgender, transsexual, cross-dressers, gender non-conforming, gender variant, gender-queer. Definition derived from The 519 <http://www.the519.org/education-training/glossary>

Being socially marginalized can have an impact on a person's access to resources (for example, housing, income, appropriate and responsive support people). It can also have an impact on one's ability to seek support to escape situations of violence.

The specialized cultural and ethno-specific community services members of the PCAWA support us in responding to the unique needs of all survivors of violence. Services for equity seeking/marginalized communities represented on PCAWA include: immigrant and settlement services, ethno-specific services, service organizations for members of faith communities, Indigenous organizations, 2SLGBTQ+ services and youth and seniors' programming.

## *Section 2: Other Regional Collaborations, Networks and Protocols Addressing Violence*

The following formalized collaborations and protocols exist in the Region of Peel and are seen to compliment and strengthen the region's response to Violence Against Women.

### **CAS/VAW Collaboration Agreement**

The Central West Region CAS/VAW Collaboration Agreement will support organizations in the five communities, that make up the Central Region, to maximize the safety and support of women and children through coordination and collaboration between VAW agencies and CAS.

The Collaboration Agreement will ensure an effective system response that will:

- Set expectations of service delivery based on best practices of working with women and their children;
- Promote accountability in systems, families and individuals and establish processes and forums to engage.

To view the Peel CAS/VAW collaborative agreement, go to: [http://vawforum-cwr.ca/sites/default/files/attachments/collaboration\\_in\\_practice2\\_signatures\\_at\\_back2.pdf](http://vawforum-cwr.ca/sites/default/files/attachments/collaboration_in_practice2_signatures_at_back2.pdf)

### **Peel VAW/French Language Services Referral Agreement**

The purpose of the Peel Violence Against Women (VAW)/French Language Services (FLS) Referral Agreement is to:

- Support the Region of Peel's agencies in the VAW sectors to work collaboratively
- Fulfill the requirement of active offer as outlined in Ontario Regulation 284/11 under the French Language Services Act (FLSA)
- This agreement partners with OASIS Centre Des Femmes and La Maison D'hébergement Pour Femmes Francophone, who are funded by Ontario's Ministry of Community and Social Services (MCSS) which provide services exclusively in French for women and children who have experienced violence
- 12 Peel MCSS-VAW service providers that are partners to this agreement, recognize and respect the rights of all French-speaking women who are survivors of violence and their children who witness violence against women to receive services in their own language

## Enhanced Violence Against Women Protocol for The Region of Peel 2018

- The agreement was created to ensure and enhance the capacity of all MCSS funded VAW services in Peel to address the needs of francophone women and their children.

To view the FLS agreement, go to: <https://www.pcawa.net/vawfls-referral-agreement.html>

### **Transitional and Housing Support Program / VAW Social Housing Referral Agreement**

The purpose of the Transitional and Housing Support Program/VAW Social Housing Referral Agreement is to:

- Outline the collaborative processes that the Region of Peel, Human Services Department, and the agencies providing Transitional Housing Support Services and/or related Violence Against Women (VAW) services within the Region of Peel will abide by as they help women survivors of violence to connect with community supports
- Help women to find and maintain housing through the Special Priority Housing Program.

### **Peel Region Human Trafficking Protocol and Care Path**

The Peel Human Trafficking Service Providers Committee is a collaboration between agency partners across health, criminal justice and social services.

The Peel Region Human Trafficking Protocol is available to service providers as a resource to support survivors and victims of sexual exploitation based on their needs.

### **The Safe Centre of Peel**

The Safe Centre of Peel (SCOP) is a hub where many agencies work together at one location to offer safety, support and compassionate care to adults, children and youth affected by abuse and violence in Peel. The collaboration consists of 7 onsite agencies, 8 offsite partners, and a multitude of community partners.

SCOP aims to provide efficient wraparound services including support with housing, legal services, parenting, counselling, and others. Their multidisciplinary team works together in order to reduce re-traumatization from the retelling of stories and further victimization. All services at the Safe Centre of Peel are free of charge and childminding is offered to those seeking services.

### **Other Networks**

To support PCAWA's capacity to network and remain connected to other community-based work related to Violence Against Women, PCAWA currently participates at the following community tables:

- [Peel Institute Violence Prevention: Seamless Counselling and Community Partnerships](#)
- [Peel Elder Abuse Prevention Network \(PEAPN\)](#)
- [HEAL \(Helping End Abuse for Life\) Network](#)
- [Peel Alliance to End Homelessness](#)
- [Regional Diversity Roundtable](#)

## Evaluation

PCAWA signatories agree that their organizations must have an ongoing commitment to improving the response to violence against women in the Region of Peel. Evaluation is essential to test the effectiveness of the protocol and specifically the experiences of women in the region who have experienced VAW and are currently or have previously accessed services and support. Signatories commit to contributing to the ongoing evaluation of the Enhanced VAW Protocol and how women experience the system in the Region of Peel.

The Systems Integration Workgroup of PCAWA will lead the creation of an evaluation framework and engage in an ongoing review and evaluation of the protocol.

## Signatories

The following are direct service signatories to the Enhanced Violence Against Women Protocol for the Region of Peel:

STARON FLOYD

(Name)

Sautjel

(Signature)

INTERIM PLACE

(Organization)

Mikki Clark

(Name)

[Signature]

(Signature)

UACS

(Organization)

Michael Raymond

(Name)

[Signature]

(Signature)

Catholic Crosscultural Services

(Organization)

Jacquie Lewis

(Name)

[Signature]

(Signature)

Milton Neighborhood

(Organization)

Services

Rubina Leahy

(Name)

R. Leahy

(Signature)

Victim Services of Peel

(Organization)

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(Name)

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(Signature)

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(Organization)

LAURA GUERRERO

(Name)

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(Signature)

WELLFOOT CAS

(Organization)

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(Name)

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(Signature)

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(Organization)

Daria Allan-Ebron

(Name)

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Peel CAS

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(Signature)

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(Organization)

Sharon Mayne-Dewine

(Name)

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(Signature)

Catholic Family Services

(Organization) Peel-Dufferin

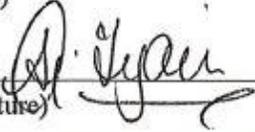
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(Organization)

SALIMA TEJANI

(Name)



(Signature)

Muslim Community Services (MCS)  
(Organization)

Dawn Scarlett

(Name)

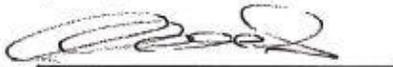


(Signature)

Peel HIV/AIDS Network  
(Organization)

Angela Carter

(Name)



(Signature)

UNITED ACHIEVERS' COMMUNITY SERVICES  
(Organization)

KELLY BAKER

(Name)

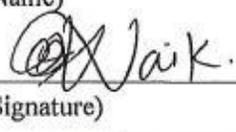


(Signature)

INDUS COMMUNITY SERVICES  
(Organization)

VARSHA NAIK.

(Name)

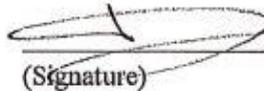


(Signature)

The Regional Diversity Roundtable (RDR)  
(Organization)

TAUFIC SALIBA

(Name)

 INSP #1796

(Signature)

PEEL REGIONAL POLICE  
(Organization)

Kynn Ward

(Name)



(Signature)

Armagh  
(Organization)

Jennifer Speziale

(Name)



(Signature)

William Hawththortons  
(Organization)

## **Enhanced Violence Against Women Protocol for The Region of Peel 2018**

We the above commit to supporting the implementation of the Enhanced Violence Against Women Protocol for the Region of Peel. We further commit to:

- Receiving ongoing training on the protocol
- Providing services to women and children that meets objectives of the protocol
- Ensure the meaningful inclusion of survivors in any organizational strategy pertaining to supports and services for women survivors of violence
- Share sectoral knowledge and relevant information to increase the capacity of organizations in the Region of Peel to better respond to Violence Against Women.

This agreement is intended in the spirit of collaboration and building relationships rather than as a legally binding protocol. All legal requirements and mandates of each organization will continue and supersede this collaboration agreement if they come into conflict.

## Appendix 1: Understanding Violence Against Women

An integrated feminist, anti-racism, anti-oppression framework on violence against women acknowledges that:

Patterns of violence against women are different from those against men. Globally, men are more likely to die as a result of armed conflict, interpersonal violence by strangers and suicide, while women are more likely to die at the hands of someone close to them, including spouses and other intimate partners. Thus, women are often emotionally involved with, and economically dependent upon, their aggressors<sup>25</sup>. Statistics show globally that women experience violence at the hands of men at disproportionate rates as do men by women.

The *2009 Family Violence in Canada, A Statistical Profile* (Statistics Canada) showed that women and men experienced different types of spousal violence and that the impact of the violence is more serious for women than men. For instance, the data showed that:

- The majority of victims of spousal violence continue to be females, accounting for 83% of victims
- Girls under the age of 18 reported higher rates of both physical and sexual assault by a family member than boys
- In 2007, the rate of family-perpetrated sexual assault was more than 4 times higher for girls than for boys
- Male family members were identified as the accused in a sizable majority of family-related sexual (96%) and physical assaults (71%) against children and youth
- Women were three times more likely to take time off from their everyday activities because of the violence
- Women were sexually assaulted in intimate relationships, whereas men were not

Furthermore, additional research demonstrates that:

- Women and young women from marginalized/vulnerable groups (racial, sexual, socioeconomic, ability) are more vulnerable to being targeted for sexual violence<sup>26</sup>
- The threat of violence continues to be a reality in the lives of all Canadian girls and women<sup>27</sup>: however, violence affecting Indigenous girls and women in Canada is even worse. On average, Indigenous women aged 25 to 44 are *five times more likely* than other Canadian women of the same age to die as a result of violence<sup>28</sup>
- Indigenous women also experience sexual violence at a higher rate than other populations

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<sup>25</sup> World Health Organization. *Understanding and addressing violence against women*. Online: [http://apps.who.int/iris/bitstream/10665/77433/1/WHO\\_RHR\\_12.35\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/77433/1/WHO_RHR_12.35_eng.pdf)

<sup>26</sup> Wolfe and Chiodo, CAMH, 2008

<sup>27</sup> METRAC.

<sup>28</sup> 2004 Amnesty International report: *Stolen Sisters: A Human Rights Response to Discrimination and Violence Against Indigenous Women in Canada*.

- According to Amnesty International, many Indigenous women have been reported missing or murdered in Canada, with their cases remaining unsolved<sup>29</sup>
- Over 75% of incidences of sexual assault of women with mental disabilities involved recurring episodes<sup>30</sup>
- Sex workers are over-policed but under-protected. As a result, they are hyper-vulnerable to violence and predators target them with virtual impunity<sup>31</sup>
- Research also suggests that trans-individuals (both trans women and trans men) are at higher risk of sexual violence than non-trans men - that is, the trans population's risk is comparable with that of non-trans women<sup>32</sup>
- Statistics about intimate partner violence in 2SLGBTQ+ (two-spirit, lesbian, gay, bisexual, trans, queer, plus) communities are very challenging to identify for complex reasons – most related to systemic barriers and oppression impacting this population. However, after reviewing the current literature, Barrett (2015) concludes that IPV against LGBT persons “may occur at rates comparable to those reported in the heterosexual IPV literature”<sup>33</sup>
- The pervasive myth that violence in same sex or transgender relationships is “mutual violence” gets in the way of recognizing and addressing the risks posed by some abusive individuals to their partners<sup>34</sup>
- Women who experienced violence during a relationship stated that the violence increased in severity or frequency after separation, whereas men did not experience this. This data supports our understanding that violence against women is often an issue of power and control<sup>35</sup>
- Violence can reproduce social inequities between men and women by reducing women's opportunities to access resources, social connections, income, independence or health

While **sexual violence** crosses all social boundaries and is experienced by women, girls, men and boys of every age and culture<sup>36</sup>, some populations experience sexual violence differently. For example, the World Health Organization (WHO) notes that many prevailing societal attitudes justify, tolerate, normalize and

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<sup>29</sup> Amnesty International. No More Stolen Sisters. Online: <https://www.amnesty.ca/our-work/campaigns/no-more-stolen-sisters>

<sup>30</sup> See <http://link.springer.com/article/10.1007%2FBF01102395>

<sup>31</sup> Maggie's Toronto Sex Workers Action Project. 2012. *10 Reasons To Fight For The Decriminalization of Sex Work*. Online: <http://maggiestoronto.ca/uploads/File/10reasons.pdf>

<sup>32</sup> Factor & Rothblum, (2007)

<sup>33</sup> See: The Learning Network. November 2014. *Intimate Partner Violence in Rainbow Communities A Discussion Paper Informed by the Learning Network Knowledge Exchange*. Online: [http://www.vawlearningnetwork.ca/sites/vawlearningnetwork.ca/files/IPV\\_Knowledge-Exchange\\_Final\\_Report.pdf](http://www.vawlearningnetwork.ca/sites/vawlearningnetwork.ca/files/IPV_Knowledge-Exchange_Final_Report.pdf), 8

<sup>34</sup> The Learning Network. April 2015. *Issue 12: Intimate Partner Violence in Rainbow Communities*. Online: <http://www.vawlearningnetwork.ca/issue-12-intimate-partner-violence-rainbow-communities>

<sup>35</sup> Statistics Canada. 2005. *Family violence in Canada: A statistical profile*. Online: <https://www.statcan.gc.ca/daily-quotidien/050714/dq050714a-eng.htm>

<sup>36</sup> Office of the Premier. March 8, 2015. *It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment*. Online: <http://www.news.ontario.ca/opo/en/2015/03/concrete-measures-to-end-sexual-violence-and-harassment.html>

minimize sexual violence against women and girls<sup>37</sup>. As a consequence, prevalence and common misconceptions of sexualized violence reflects these patterns, and it remains a crime clearly differentiated by gender and other elements of social location<sup>38</sup>:

- A 2011 summary on police reported crime, which found that sexual crimes were by far the most common offence committed against girls<sup>39</sup>
- In a 2004 report, males made up 29% of child victims and 12% of youth victims<sup>40</sup>. For males, being under 12 years old heightens their vulnerability to being targeted for sexual offences<sup>41</sup>
- Women and young women from marginalized racial, sexual and socioeconomic groups are more vulnerable to being targeted for sexual violence<sup>42</sup>.

In Canada, patterns of **human trafficking for the purpose of sexual exploitation** also reflect ways in which certain populations are more vulnerable to this form of violence:

- Women and girls represent the majority of victims identified in Canada as a whole
- Young women under the age of 20 represent a significant amount of victims
- Most domestic cases include young women trafficked within cities, provincially and inter-provincially as sex workers
- Young Indigenous women are commonly trafficked from rural reserves and into cities for sexual exploitation<sup>43</sup>.

The threat of **domestic violence** continues to be a reality in the lives of all Canadian girls and women<sup>44</sup>. About 20% of women experiencing spousal violence reported at least one incident of sexual assault<sup>45</sup> as well. However, some populations are most vulnerable to specific safety issues or barriers to reaching supports. For example:

- On average, Indigenous women aged 25 to 44 are *five times more likely* than other Canadian women of the same age to die as a result of violence<sup>46</sup>. According to Amnesty International, many Indigenous women have been reported missing or murdered in Canada, with their cases remaining unsolved

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<sup>37</sup> World Health Organization. *Understanding and addressing violence against women*. Online: [http://apps.who.int/iris/bitstream/10665/77433/1/WHO\\_RHR\\_12.35\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/77433/1/WHO_RHR_12.35_eng.pdf)

<sup>38</sup> While gender differences are significant, this author notes that men and boys can also be the target of sexualized violence. For males, being under 12 years old heightens their vulnerability to sexual offences (see: *Measuring Violence Against Women: Statistical Trends 2006*, Statistics Canada).

<sup>39</sup> Canadian Centre for Justice Statistics. Released on February 25, 2013. *Measuring violence against women: Statistical trends*. p. 15

<sup>40</sup> Juristat Canadian Centre for Justice Statistics. *Sexual Offenses in Canada*. 2004: 1

<sup>41</sup> *Measuring Violence Against Women: Statistical Trends 2006*, Statistics Canada

<sup>42</sup> Wolfe and Chiodo, CAMH, 2008, p. 3.

<sup>43</sup> These facts from: Public Safety Canada. 2013. *Local Safety Audit Guide: To Prevent Trafficking In Persons And Related Exploitation*, 4

<sup>44</sup> METRAC.

<sup>45</sup> See Statistics Canada. <http://www.statcan.gc.ca/pub/85-002-x/85-002-x2003006-eng.pdf>

<sup>46</sup> 2004 Amnesty International report: *Stolen Sisters: A Human Rights Response to Discrimination and Violence Against Indigenous Women in Canada*.

## Enhanced Violence Against Women Protocol for The Region of Peel 2018

- Despite overall low-reporting rates of partner violence, recent immigrant women have been found to be among those most likely to come to the attention of law enforcement agencies, whether by self-reports<sup>47</sup> or through reports made by others<sup>48</sup>
- Fear of the unknown, such as outcomes around custody, financial security, immigration status often renders legal intervention a frightening prospect for immigrant women.

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<sup>47</sup> Hyman, I., Forte, T., Du Mont, J., Romans, S., & Cohen, M. (2006). Help-seeking rates for intimate partner violence (IPV) among Canadian immigrant women. *Health Care for Women International*, 27(8), 682-694a.

<sup>48</sup> Barrett, B., St. Pierre, M., & Vaillancourt, N. (2011). Police response to intimate partner violence in Canada: Do victim characteristics matter? *Women & Criminal Justice*, 21(1), 38-62..

## Definitions

**Age of consent for sexual activity** – The age at which a person can legally consent to sexual activity. In Canada, 16 is the legal age of consent for sexual acts, and children under 12 can never legally consent to sexual acts. However, there are caveats on the age of consent for adolescents who are close in age between 12 and 16 years old. 12 and 13-year olds can consent to sexual involvement with a person who is less than two years older than themselves. 14 and 15-year olds can consent to sexual involvement with a person who is less than five years older. Youth who are 16 or older can consent to sexual involvement with a person who is not in a position of trust or authority.<sup>49</sup> The age of consent for photography/sharing images is 18 years.

**Child** – Is a person under the age of 18 years old.

**Confidentiality** – Is the obligation of an individual, service entity or organization to safeguard entrusted information. The practice of confidentiality includes obligations to protect information from unauthorized access, use, disclosure, modification, loss or theft.<sup>50</sup>

**Coercion** – In the context of sexual violence, coercion is unreasonable and persistent pressure for sexual activity. Coercion is the use of emotional manipulation, extortion, threats to family or friends, or the promise of rewards or special treatment, to persuade someone to do something they do not want to do, such as being sexual or performing sexual acts.<sup>51</sup>

**Consent**<sup>52</sup> – Is voluntary approval, willingly, and knowingly by each participant in a desired sexual involvement. It must be given through ongoing communication by words and actions. It occurs continuously and moment to moment. Consent cannot be assumed or implied. Consent cannot be given if a person's ability to resist or consent is substantially impaired. Examples where consent cannot be given include, but are not limited to being: frightened, physically or psychologically coerced, intimidated, substantially impaired because of intoxication whether voluntary or involuntary (the deceptive administering of any drug, intoxicant or substance), unconscious.

**Disclosure** – This occurs when a survivor shares information about their experience of Violence Against Women.

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<sup>49</sup> Georgian. *Sexual Violence Procedure and Protocol*. 2016

<sup>50</sup> Adapted from McMaster University. *Sexual Violence Response Protocol: Responding to Disclosures of Sexual Violence, Intimate and Family Violence*. 2014

<sup>51</sup> Georgian. *Sexual Violence Procedure and Protocol*. 2016

<sup>52</sup> Adapted from McMaster University. *Sexual Violence Response Protocol: Responding to Disclosures of Sexual Violence, Intimate and Family Violence*. 2014, Sexual Assault Emergency Response Protocol Committee. *Sexual Assault Protocol for The City of Kingston & Frontenac County: Best Practice Guidelines for a Collaborative Response to Victim/Survivors of Sexual Assault*. 2014

**Violence against women** - Violence against women<sup>53</sup> can take many forms. Other commonly used terms for violence against women include: domestic violence, sexual violence, sexual abuse, woman abuse or intimate partner violence. Abuse can be categorized as:

- Physical (for example: hitting, pushing, choking, confining, or grabbing)
- Psychological or emotional (for example: put-downs, name-calling, manipulative or frightening actions)
- Sexual abuse or violence (for example: sexual assault, sexual coercion, forcing her to engage in degrading or harmful sexual activity, making her watch or engage in sexual acts that she does not agree to)
- Economic (for example: taking or withholding her income, or not letting her take part in financial decisions; keeping her from taking on paid work or disrupting her paid work)
- Spiritual (for example: belittling or limiting her ability to take part in spiritual activities)<sup>54</sup>.
- Stalking/harassment (for example: following someone, showing up uninvited to work, constant emails/phone calls)
- Cyber (for example: posting demeaning messages, sharing explicit photos without permission, spreading gossip/rumours online)

The term ‘violence against women’ highlights that violence against women is rooted in gender inequality. Women may get trapped in abusive situations due to limited practical and support options.

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.

**Harm reduction**—Is a range of practical strategies and ideas focused on reducing negative health, social and economic impacts of substance use and other activities that have been socially constructed as harmful. Harm reduction approaches are grounded in social justice, emphasize respecting individuals’ rights to choice and address the systemic inequalities faced by substance using, sex-working, criminalized and other marginalized communities. Harm reduction strategies recognize that abstaining from a certain action/behavior may not be realistic or even desirable for everyone. Harm reduction strategies are community-based, user-driven, non-judgmental and address systems that isolate and marginalize individuals<sup>55</sup>. See more at: Women-Centred Harm Reduction: Gendering the National Framework (2009).

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<sup>53</sup> The terms ‘woman’ and ‘women’ are often used throughout the protocol as an umbrella term, meant to encompass a wide range of identities including but not limited to cis gender women, transwomen and folks on the transfeminine spectrum.

<sup>54</sup> See: METRAC. End the Silence on Violence at Home. Online: [http://www.metrac.org/wp-content/uploads/woocommerce\\_uploads/2014/07/end.the\\_silence.on\\_family.violence.zine.pdf](http://www.metrac.org/wp-content/uploads/woocommerce_uploads/2014/07/end.the_silence.on_family.violence.zine.pdf)

<sup>55</sup> Ontario Harm Reduction Distribution Program (OHRDP). Harm Reduction. Online: <http://www.ohrdp.ca/about-us/harm-reduction/>

Online:[http://bccewh.bc.ca/wpcontent/uploads/2012/05/2010\\_GenderingNatFrameworkWomencentredHarmReduction.pdf](http://bccewh.bc.ca/wpcontent/uploads/2012/05/2010_GenderingNatFrameworkWomencentredHarmReduction.pdf) .

**Intersectionality** – Is a term coined by American Legal Professor and Civil Rights Advocate Kimberle Crenshaw to describe overlapping or *intersecting* social identities and related systems of oppression, domination or discrimination. Intersectionality is the idea that multiple identities intersect to create a whole that is different from the component identities. These identities that can intersect include gender, race, social class, ethnicity, nationality, physical disability, mental health and physical as well as other forms of identity<sup>56</sup>. The theory proposes that individuals think of each element or trait of a person as inextricably linked with all of the other elements in order to fully understand one's identity.<sup>57</sup>

This framework, it is argued, can be used to understand how systemic injustice and social inequality occur on a multidimensional basis. Intersectionality holds that the classical conceptualizations of oppression within society—such as racism, sexism, classism, ableism, homophobia, transphobia, xenophobia and belief-based bigotry - do not act independently of each other. Instead, these forms of oppression interrelate, creating a system of oppression that reflects the "intersection" of social location and multiple forms of discrimination.<sup>58</sup>

Intersectionality is a pivotal framework in the Violence Against Women sector, as it draws attention to how different forms of oppression (e.g. homophobia, racism, classism, sexism, ableism, transphobia) interact. Different sets of social identities (e.g. sexual orientation, race, ethnicity, gender, age) impact experiences of violence, and one's experiences with systems and services. Social location – the confluence of one's social identities has concrete impacts on one's experience of Violence Against Women<sup>59</sup>.

**Sexual assault** – Is a crime of violence rooted in power and control. It is any non-consensual sexual activity, including but not limited to touching, grabbing, kissing, fondling, and oral, anal or vaginal penetration or intercourse.

**Sexual violence**<sup>60</sup> – Is a broad term that describes any violence carried out through sexual means or by targeting sexuality. This violence takes different forms including sexual abuse, sexual assault, rape,

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<sup>56</sup> Collins, Patricia H. (2015). *Annual Review of Sociology*. **41**: 1–20. doi:10.1146/annurev-soc-073014-112142 – via ProQuest.

<sup>57</sup> DeFrancisco, Victoria P.; Palczewski, Catherine H. (2014). *Gender in Communication*. Thousand Oaks, California: Sage. p. 9. ISBN 978-1-4522-2009-3.

<sup>58</sup> Crenshaw, Kimberlé (1989). "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics". University of Chicago Legal Forum. **140**: 139–167 – via PhilPapers.

<sup>59</sup> Adapted from The Centre for Research & Education on Violence Against Women & Children. Exploring the Intersections of Domestic Violence and Sexual Violence: A Discussion Paper Informed by the February 2016 Knowledge Exchange. 2016.

<sup>60</sup> Adapted from McMaster University. *Sexual Violence Response Protocol: Responding to Disclosures of Sexual Violence, Intimate and Family Violence*. 2014, Sexual Assault Emergency Response Protocol Committee. *Sexual*

incest, childhood sexual abuse, and rape during armed conflict or as an act of war. It also includes sexual harassment, stalking, indecent or sexualized exposure, degrading sexual imagery, voyeurism, cyber harassment, trafficking and sexual exploitation.

**Stalking**<sup>61</sup> – A form of criminal harassment prohibited by the Criminal Code of Canada. It involves conduct that usually occurs on more than one occasion, which collectively instills fear in the victim or threatens the victim’s safety or mental health. Stalking can also include threats of harm to the victim’s friends and or loved ones. Stalking for a sexual purpose is a type of sexual violence. This type of conduct may include, but is not limited to:

- Non-consensual communications (face to face, phone, email, social media)
- Threatening or obscene gestures
- Surveillance
- Sending unsolicited gifts
- “Creeping” via social media/cyber stalking
- Uttering threats

**Survivor-centred** - This approach is one that places survivors needs at the centre of all decision making, endorses policies and programs that empower survivors to make their own choices for reparations and recovery and emphasizes survivors’ rights to confidentiality. In a survivor-centred approach, survivors have the fundamental right to be treated with respect, to be heard, to be free of attitudes or policies that blame them for the violence and abuse they have suffered and have the autonomy to choose whether and how they will engage with systems of response. A survivor-centered approach also recognizes that individuals are unique. Their gender identity, race, ethnicity, sexual orientation, ability, socioeconomic class, and legal status, among other factors, shape the experiences of survivors and consequently a survivor-centered approach uses an intersectional lens to understand and respond to victimization. Finally, not all survivors respond to trauma in the same way, and policies and institutional practices must be trauma-informed to account for the diverse responses of survivors. In short, a survivor-centered approach means that regardless of which institutional role we may serve in relation to preventing or responding to Violence Against Women, the needs of survivors are understood and prioritized.<sup>62</sup>

**Trauma-informed** – Practices that are trauma-informed enable service providers to appreciate the context in which a woman who has experienced trauma is living her life. Trauma-informed practices have, at their core, six guiding principles: 1) acknowledgment 2) safety 3) trustworthiness 4) choice and control 5) relational and collaborative approaches 6) strengths-based empowerment modalities<sup>63</sup>.

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*Assault Protocol for The City of Kingston & Frontenac County: Best Practice Guidelines for a Collaborative Response to Victim/Survivors of Sexual Assault.* 2014

<sup>61</sup> Georgian. *Sexual Violence Procedure and Protocol.* 2016

<sup>62</sup> Campus Technical Assistance and Resource Project. *Addressing Violence Against Women on College Campuses: Guide to a Comprehensive Model.*

<sup>63</sup> Jean Tweed Centre. March 2013. TRAUMA MATTERS: Guidelines for Trauma-Informed Practices in Women’s Substance Use Services. Online: <http://jeantweed.com/wp-content/themes/JTC/pdfs/Trauma%20Matters%20online%20version%20August%202013.pdf>: 13.

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- “Trauma informed practice is about creating an environment where every person feels safe and supported and where staff understanding how trauma affects behaviour and emotions” - Alberta Education
- A “trauma informed organization...realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in people, families, staff, and others involved in/with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization” - Substance Abuse and Mental Health Services Administration

**Trauma specific** – Trauma-specific organizations operate as trauma-informed organizations but do the specific work of trauma therapy with individuals who have a diagnosis of PTS/PTSD/C-PTSD. They are based on evidence-based and empirically validated therapeutic models to facilitate recovery from trauma (Alison Peck, Cedar Centre).

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