

**PICTOU COUNTY SEXUAL RESPONSE TEAM PROTOCOL
AGENCY REPRESENTATIVES**

Pictou County Women's Resource & Sexual Assault Centre

503 South Frederick Street,
New Glasgow, Nova Scotia
B2H 3P3

Phone: 902-755-4647

Fax: 902-752-2233

Website: www.womenscentre.ca

General inquires: pcwc@womenscentre.ca

Executive Director: ed@womenscentre.ca

Representative: Executive Director

**Antigonish Women's Resource Centre & Sexual Assault Services Association
Sexual Assault Nurse Examiner (SANE) Program**

219 Main St. Suite 204
Antigonish, Nova Scotia
B2G 2C1

Phone: 902-863-6221

Fax: 902-863-0140

Representative: SANE Program Coordinator

Pictou County Crown Attorney's Office

West Side Plaza
47 Lavinia Street,
New Glasgow, Nova Scotia
B2H 1N5

Phone: 902-752-2020

Fax: 902-755-7101

Representative: Senior Crown Counsel

Victim Services Program

115 MacLean Street, 2nd floor
New Glasgow, Nova Scotia
B2H 4M5

Phone: 902-755-7110

1-800-565-7912

Fax: 902-755-7190

Representative: Victim Services Officer

Tearmann Society for Abused Women

PO Box 153
New Glasgow, Nova Scotia
Phone: 902-752-1633
Fax: 902-928-0168
Crisis Line: 902-752-0132
Toll Free:
Representative: Executive Director

Pictou County Centre for Sexual Health

279 Foord Street
P.O. Box 1803
Stellarton, Nova Scotia
B0K 1S0
Phone: 902-695-3366
Email: pcsexualhealth@hotmail.com
Representative: Executive Director

RCMP – Pictou County Detachment

38 Caladh Ave
P.O. Box 100
Pictou, Nova Scotia
B0K 1H0
Phone: 902-755-4141
Fax: 902-755-2691
Representative: Operational Sergeant

New Glasgow Police Department

Park Street,
New Glasgow, NS
Phone: 902-755-8353
Fax: 902-755-6882
Representative: Chief of Police

Stellarton Police Services

Foord Street,
Stellarton, NS
Phone: 902-752-6160
Fax: 902-752-4101
Representative: Chief of Police

Westville Police Services

2020 Queen Street
Westville, NS
Phone: 902-396-4911
Fax: 902-396-2779
Representative: Chief of Police

Nova Scotia Community College- Pictou Campus

NSCC - Pictou Campus
39 Acadia Avenue, P.O. Box 820,
Stellarton Nova Scotia
B0K 1S0
Phone: 902-755-7211
Fax: 902-755-7295
Representative: Team Leader or the Principal

**Emergency Department, Aberdeen Regional Hospital,
Pictou County Health Authority**

835 East River Road
New Glasgow, Nova Scotia
B2H 3S6
Phone: 902-752-8311 (switchboard)
Fax: 902-755-2358
Representative: Emergency Department Lead Physician & Emergency Department Health Service Manager

Department of Mental Health Services

Pictou County Health Authority
835 East River Road
New Glasgow, Nova Scotia
B2H 3S6
Phone: 902-755-1137
Fax: 902-928-0297
Representative: Manager of Community Initiatives

INTRODUCTION

In 1994, the Antigonish County Women's Resource Centre with project funding from the Nova Scotia Department of Justice, documented the experiences of victims/survivors with the justice system and with using services for survivors of sexual violence. The project report identified the need for a more connected approach to providing services to victims/survivors of sexual violence in the community. In response to the report, individuals and key service providers from the police, prosecution services, government agencies and community-based service and advocacy organizations met over an eighteen month period. Working through four committees – the Crisis Intervention Services Committee, the Therapy and Counselling Services Committee, the Criminal Justice Intervention Services Committee, and the Child and Adolescent Services Committee – they developed *A Community Model: Working Together to Address Sexual Violence in Antigonish County*. The model was designed as a starting point for agencies and organizations to develop better, more cooperative and more collaborative ways of responding to and increasing awareness about sexual violence. It recognized that supporting survivors and preventing sexual violence required an inter-weaving of service provision, community education and social action. It mapped out procedures, roles, responsibilities and improvements for each agency. It laid the foundation for working together in an intentional way to support survivors who choose to proceed through the justice system and for improving legal, medical, university, and community advocacy organization services.

In the spring of 2004 key agencies working with survivors/victims of sexual violence in Antigonish County formed the Antigonish County Coordinated Sexual Assault Response Initiative (ACSARI) with the intention of developing a Sexual Assault Response Team. In October 2004, ACSARI joined with Halifax to send a team to the Making a Difference Conference in Ottawa. The Conference was an opportunity to learn more effective ways to work together to improve prosecution outcomes and support for survivors, as well as to formalize our response process, procedures and protocols.

In 2005 ACSARI created the Antigonish County Sexual Assault Response Team (ASART). In 2008 ASART expanded to include the ACWC Sexual Assault Nurse Examiner Program along with the original members, namely the RCMP – Antigonish County Detachment, Antigonish County Crown Attorney's Office, the Antigonish County Women's Resource Centre, Nova Scotia Department of Justice Victim Services, St. Francis Xavier University Health and Counselling Centre and Dean of Students, and the Emergency Department of St. Martha's Regional Hospital.

In 2009 the Pictou County Women's Centre researched the workings of the Antigonish County Sexual Assault Response Team (ASART). A committee was struck and adopted the principles of the Antigonish County Sexual Assault Response Team (ASART) on 2010-03-10.

INTENT OF PSART PROTOCOL

INTENT OF PSART PROTOCOL

The Pictou County Sexual Assault Response Team (PSART) Protocol is a community driven document that outlines how our community will respond to victims/survivors of sexual assault who are 16 years of age and over and who choose to report the assault and to proceed through the criminal justice system. In addition to presenting clearly defined roles and responsibilities for all service providers, the protocol delineates the approach and agreed upon principles of responding to victims/survivors of sexual assault. This results in a consistent, comprehensive and knowledgeable response from the above mentioned services within our community. This protocol represents a “best practice approach”, in responding to all victims/survivors.

LIMITATIONS OF THE PSART PROTOCOL

The PSART Protocol is used only with the informed consent of the victim/survivor. It is limited to responding to victims/survivors 16 years of age and older who choose to proceed through the criminal justice system. Should a victim/survivor of sexual assault choose not to proceed through the criminal justice system, the Pictou County Sexual Assault Response Team will not be engaged. The individual will be provided with service and referrals at their point of disclosure according to the policies and practices of the agency/organization/institution they contact.

Each member of PSART is responsible for carrying out their mandate as defined in the PSART protocol. It is imperative, therefore, that the PSART Protocol become part of each team organization’s Standard Operating Procedure and that all staff be trained in using the Protocol.

DEFINITION OF SEXUAL ASSAULT

For the purpose of this protocol, a victim/survivor refers to a person who has experienced sexual assault. The Criminal Code of Canada characterizes sexual assault as an assault that is sexual in nature. Sexual assault offences include: simple sexual assault; sexual assault with a weapon, threats to a third party or causing bodily harm; and aggravated sexual assault. Although statistics show that in the majority of sexual assaults, the victim/survivor is female and the perpetrator is male, PSART recognizes that sexual assault may be perpetrated by both genders on both genders.

SEXUAL ASSAULT

Sexual assault is any form of sexual contact without the voluntary consent of both parties. Kissing, fondling, and sexual intercourse are all examples of sexual assault if they are done without voluntary *consent*, which is described below.

SEXUAL ASSAULT WITH A WEAPON, THREATS TO A THIRD PARTY OR CAUSING BODILY HARM

Every person commits an offence who, in committing a sexual assault,

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

AGGRAVATED SEXUAL ASSAULT

Every one commits an aggravated sexual assault who, in committing a sexual assault, wounds, maims, disfigures or endangers the life of the complainant.

MEANING OF CONSENT

“Consent” is defined within the Criminal Code of Canada as the voluntary agreement of the complainant to engage in the sexual activity in question.

NO CONSENT IS OBTAINED WHERE

- a) The agreement is expressed by the words or conduct of a person other than the complainant;
- b) The complainant is incapable of consenting to the activity;
- c) The accused induces the complainant to engage in the activity by abusing a position of trust, power or authority;
- d) The complainant expresses, by words or conduct, a lack of agreement to engage in the activity; or
- e) The complainant, having consented to engage in sexual activity, expresses, by words or conduct, a lack of agreement to continue to engage in the activity.

BELIEF IN CONSENT NOT A DEFENCE WHERE

- a) The accused’s belief arose from the accused’s
 - a. Self-induced intoxication, or
 - b. Recklessness or wilful blindness; or
- b) The accused did not take reasonable steps, in the circumstances known to the accused at the time, to ascertain that the complainant was consenting.

PSART STATEMENT OF PRINCIPLES AND BELIEFS

Whereas an effective and humane response to sexual assault requires common principles and a co-ordinated strategy among those agencies empowered to act on behalf of the community, we are agreed that:

- Everyone has a right to live their life free from violence and abuse;
- All persons who have experienced sexual assault are entitled to receive sensitive, respectful, immediate and appropriate care;
- Sexual assault is an act of aggression using power and control to dominate and violate an individual. It is not an act of intimacy;
- Sexual assault is NEVER the fault or the responsibility of the victim/survivor. Offenders must be held accountable for their behaviour;
- Co-ordination in handling sexual assault cases will be best served through joint training of members of our services;
- Other organizations in the community have an important role with respect to sexual assault (ie., awareness education, first point of disclosure, referral source). Our services will be accessible as a resource to these organizations wherever possible;
- A coordinated community approach to service delivery is essential to providing choices and meeting the many unique needs of victims/survivors who have experienced sexual assault;
- Information will be provided to victims/survivors at every step of the process so that they can make their own decisions about how to proceed;
- There is no “typical” response to sexual assault.

**PSART PARTNERS
COMMITMENTS/RESPONSIBILITIES**

PSART PARTNERS COMMITMENTS/RESPONSIBILITIES

COMMITMENTS:

We will, within the mandate of our services:

Be inclusive and equitable to all people accessing our services, while being sensitive to the issues related to race, ethnicity, gender, age, sexual orientation, religion, socio-economic status, citizenship, and/or physical and mental abilities of individuals.

It is understood and acknowledged that all services have different responsibilities in responding to a sexual assault. It is imperative that each agency has a working understanding of other agencies' policies. In order to clarify the respective service positions and to avoid misunderstanding, the following responsibilities are acknowledged.

RESPONSIBILITIES:

Pictou County Women's Resource & Sexual Assault Centre:

Responsible to:

- Provide crisis support and advocacy to female victims/survivors of sexual violence;
- Ensure that victims/survivors are aware of legal and medical procedures and options in order to make informed decisions about how they would like to proceed;
- Respect confidentiality of the victim/survivor, within the limits of the law;

With the consent of the victim/survivor the PCWRSAC is responsible to:

- Provide support and crisis counselling to female victims/survivors of sexual violence;
- Provide client advocacy and accompaniment as requested;
- Refer to community resources.

AWARC-SASA Sexual Assault Nurse Examiner (SANE) Program

Responsible to:

- Provide on-call, 24 hour emergency services to any victim/survivor of sexual assault who are 13 years of age and older within 120 hours of the assault;
- Provide victims/survivors with information about medical and forensic procedures and options as well as legal procedures and options in order for them to make informed decisions about how they would like to proceed;
- Respect confidentiality of the victims/survivors, within the limits of the law;
- Testify to the forensic evidence in court as required.

With the consent of the victim/survivor, the SANE Program is responsible to:

- Provide medical and forensic care;
- Refer to appropriate community resources for advocacy and ongoing support;
- Provide follow-up care 2 weeks post assault;
- Inform RCMP / Local Police Services and/or freeze forensic evidence for up to six months.

Pictou County Crown Attorney's Office:

Responsible to:

- Prosecute charges where there is a reasonable prospect of conviction in accordance with sexual assault prosecution best practices;
- Assist or direct victims/survivors to the appropriate service.

Victim Services Program:

With the consent of the victim/survivor is responsible to:

- Offer support to the victim/survivor of sexual violence after criminal charges are laid. Support can extend to the final disposition of the case;.
- Offer general information on the criminal justice system;
- Provide case specific information (tracking court dates; bail and probation conditions etc.);
- Provide courtroom orientation and arrange accompaniment as needed;
- Liaise with police, Crown Attorney, court and Correctional Services;
- Assist in completing Victim Impact Statements;
- Assist with applications to Criminal Injuries Counselling;
- Assist with applying for restitution;
- Refer to other agencies as needed.

Pictou County Police Services

Responsible to:

- Pro-actively and reactively enforce the law;
- Conduct a co-ordinated response to and comprehensive investigation of reported cases of sexual assault;
- Lay criminal charges;
- Work with the office of the Crown Attorney during prosecution of offences.

Pictou County Centre for Sexual Health (PCCSH):

Responsible to:

- Provide on-call, 24 hour crisis support and advocacy to female, male, or LGBTQI2SAP (lesbian, gay, bi, trans*, queer, questioning, intersex, two-spirited, asexual, pan/polysexual) victims/survivors of sexual violence;
- Ensure that victims/survivors are aware of legal and medical procedures and options in order to make informed decisions about how they would like to proceed;
- Respect confidentiality of the victim/survivor, within the limits of the law;

With the consent of the victim/survivor the PCCSH is responsible to:

- Provide support and crisis consultation to victims/survivors of sexual violence;
- Provide client advocacy and accompaniment as requested;
- Refer to community resources.

Department of Mental Health Services

Responsible to:

- Direct victims of recent sexual assault to the Emergency Room for medical clearance or to the SANE program for services if medical stability is not an issue;
- Provide immediate crisis risk assessment as requested upon consultation from the ER in cases of sexual assault victims with suicidal or homicidal risk (where the request is received during coverage hours of the crisis service or the next business day if received after coverage hours).
- Provide for mental health follow up as indicated for post traumatic responses related to the sexual assault and/or treatment of underlying mental health conditions exacerbated by the assault where identified at crisis risk assessment or upon referral by the SANE nurse.
- Arrange for other services and supports as indicated.

Nova Scotia Community College

Responsible to:

- Pro-actively and reactively enforce the NSCC code of conduct;
- Conduct a co-ordinated response to and comprehensive investigation of reported cases of sexual assault;
- Impose sanctions;
- Work with the office of the Pictou County Police Services/Crown Attorney during prosecution of offences;

With the consent of the victim/survivor is responsible to:

- Ensure that victims/survivors are aware of all options in order to make informed decisions;

- Initiate the prosecution of offences.
- Inform victims/survivors about the criminal justice process and, to enable them to make informed decisions about how to proceed;
- Support victims/survivors in their decisions about how to proceed;
- Thoroughly investigate all reports of sexual offences;
- Assist and support all victims/survivors of sexual assault in a sensitive manner;
- Recognize that sexual assault is a crime that can have serious traumatic effects on victims/survivors, and make every effort to minimize additional trauma;
- Keep victims/survivors informed of the progress of their investigation;
- At all times treat victims/survivors with compassion, courtesy and respect for their personal dignity and privacy.

PSART PARTNERS PROCEDURES

ACCOUNTABILITY:

Each PSART partner is responsible for providing a high quality of service in accordance with their respective policies and procedures. The process for addressing concerns regarding the services of each PSART partner is outlined by each agency in the Procedures Section.

GENERAL INTERVENTION PRINCIPLES

The underlying goal of any general intervention is to empower victims/survivors by providing them with support, services and information which optimize their choices and allow them to regain some control over the situation. Each agency will work in a cooperative and coordinated manner to ensure that an effective response and accessible support network is available to victims/survivors and their families.

When appropriate and with the informed consent of the victim/survivor, information may be shared among PSART Partners. This sharing of information is on a need-to-know basis only and is relevant for the effective coordination and delivery of services, providing support for victims/survivors, and effective prosecution. It does not include sharing counselling records.

CONFIDENTIALITY:

As required by law, the confidentiality of victims/survivors will not be kept (1) where an individual discloses intention to harm self or others (see appendix A); (2) where an individual discloses child or elder abuse – physical, emotional, sexual or neglect; (3) where an individual's records are subpoenaed by the courts.

While respecting the above limitations, all PSART partners are bound to protect the confidentiality of victims/survivors according to the confidentiality policy of their respective agency/organization/institution. It is up to each service provider to be aware of their own procedures for confidentiality and disclosure obligations, and to inform victim/survivors of these practices, policies and procedures.

To this end each PSART Partner will:

- Discuss with the victim/survivor what is meant by the word “confidentiality” and its limitations.
- Ensure efforts to maintain confidentiality are guided by the utmost respect for the victims/survivors, their wishes and applicable legal principles.

RESPONSE TO CHILD SEXUAL ASSAULT

In dealing with children as defined in this protocol, the parties will be guided by the requirements of the “Child and Family Services Act of Nova Scotia” (see appendix B). All agencies will be guided by their respective policies and procedures, when reporting to Family and Children’s Services.

COMMUNITY SUPPORT SERVICES REFERRALS

All service providers have an obligation to stay informed about and inform victims/survivors about community support services and how they can access them.

Department of Mental Health Services

Sexual Assault (within 120 hours of an assault):

Direct victims of sexual assault to the ER for medical clearance or to the SANE program if medical stability is not an issue.

Respond to requests for crisis risk assessment from the ER in cases of sexual assault victims with suicidal or homicidal risk or acute mental health symptoms impacting community functioning (this may include any or all of the following- consultation with the Emergency Physician, GP or treating psychiatrist if involved, assessment of the victim, consultation with collateral information sources as appropriate, presentation of recommendations to the Emergency Room Physician and the victim, arranging for crisis supports as indicated and documentation of assessment and recommendations for the medical file).

Provide for mental health follow up as indicated for post traumatic responses related to the sexual assault and/or treatment of underlying mental health conditions exacerbated by the assault where identified by crisis risk assessment or upon referral by the SANE nurse. Where the need is identified by crisis risk assessment, the crisis clinician will present the case to the appropriate Mental Health Outpatient Service team for review and recommendations. Where the referral is made by the SANE nurse, and intake appointment will be set with the victim to assess needs and the Intake Coordinator will present the case to the appropriate Mental Health Outpatient Service team for review and recommendations. Arrange for other services and supports as indicated where relevant to the treatment goals and with the consent of the victim.

Recent or Historical Sexual Assault (After 120 hours of an assault):

With the victim/s consent, refer to the Pictou County Women's Resource & Sexual Assault Centre Crisis Support Worker and/or Victim Services.

Where the victim requests Mental Health Services, conduct an Intake Assessment and make recommendations as appropriate.

Arrange for other services and supports as indicated where relevant to the treatment goals and with the consent of the victim.

Accountability:

Concerns with regard to the services of the Department of Mental Health Services, Pictou County Health Authority, can be addressed to the Senior Director of Mental Health Services. All complaints will be responded to in accordance with Pictou County Health Authority Policy.

Print

Sign

Title

Date

Pictou County Women's Resource and Sexual Assault – PCWRSAC

Immediate Sexual Assault (within 120 hours of an assault)

With the consent of the victim/survivor the PCWRSAC Support Worker will:

- Be contacted by the attending SANEs when a victim /survivor reports to the a SANE exam site;
- Be contacted by the Pictou County Policing Services or other community agency upon presentation of a victim/survivor to their service/ agency;
- Offer emotional support, crisis intervention and practical assistance;
- Provide information about support options available through PCWRSAC including community support network programming;
- Ensure victims /survivors have accurate information about the criminal justice process;
- Offer to stay with the victim/ survivor during the SANE procedure;
- At the request of the victim/survivor be present during questioning by police, without speaking, adding to or changing the statement in any manner;
- Ensure victims/ survivors have a safe place to go, provide them with the PCWRSAC contact information.
- Provide support and information to secondary non-offending victims/survivors (children, spouses, parents);
- Provide information about and provide referrals to other agencies/organizations;
- Provide ongoing support which means providing advocacy and support to the victim/survivor throughout and after the conclusion of the criminal justice process, accompanying them to interviews with the police and Crown as well as to court.

Recent or Historical Sexual Abuse/Assault (after 120 hours of an assault)

With the consent of the victim/survivor the PCWRSAC Support Worker will:

- Be contacted by the Pictou County Policing Services, Aberdeen Regional Hospital Emergency Department, or other community agency upon presentation of a victim/survivor;
- Provide information about legal processes, medical options and support services;
- Call the Policing Service of jurisdiction, if requested by the victim/survivor;
- At the request of the victim/survivor be present during questioning by police, without speaking, adding to or changing the statement in any manner;
- Make the PCWRSAC office available to the Police to take a statement whether or not a PCWRSAC worker is involved;
- Offer emotional support, crisis intervention and practical assistance;

- Provide information about support options available through PCWRSAC including community support network programming;
- Ensure victims /survivors have accurate information about the criminal justice process;
- Ensure victims/ survivors have a safe place to go, provide them with the PCWRSAC contact information.
- Provide support and information to secondary non-offending victims/survivors (children, spouses, parents);
- Provide information about and provide referrals to other agencies/organizations;
- Provide ongoing support which means providing advocacy and support to the victim/survivor throughout and after the conclusion of the criminal justice process, accompanying them to interviews with the police and Crown as well as to court.

Accountability

Concerns regarding PCWRSAC services can be addressed to the Executive Director of PCWRSAC. All complaints will be responded to in accordance with PCWRSAC policy.

Print

Sign

Title

Date

AWRC-SASA Sexual Assault Nurse Examiner (SANE) Program

Immediate Sexual Assault (within 120 hours of an assault)

With the consent of the victim/survivor, the SANE will:

- Respond, where possible, within 1.5 hours to victims of sexual assault at any one of the identified exam sites;
- Provide all options around care (medical and forensic) to victims and ensure they are able to provide an informed consent regarding the care with which they would like to proceed;
- Provide medical care;
- Provide information about and the option to call PCWRSAC to provide support during and following the examination;
- Provide information around legal options;
- Collect forensic evidence;
- Contact police if the victim wishes to proceed with charges;
- Freeze forensic evidence for the victim (up to 6 months) if the victim does not want to involve police at that time;
- Provide information about and referrals to community agencies (PCWRSAC, Outpatient Mental Health ARH) for support and counselling;
- Maintain records according to SANE protocol manual.

Should the victim/survivor consent to the collection of forensic evidence, the SANEs will:

- Explain the process of the evidence collection and obtain consent prior to starting the Sexual Assault Evidence Kit;
- Inform victims/survivors that they may stop the collection of evidence at any time during the exam or may decline any part of it;
- Ensure that specimens or the SAEK are not left unattended after the seal on the Kit has been broken;
- Ensure accurate separation and distribution of the SAEK's documents;
- Complete standard emergency notes and emergency chart according to the victim/survivor's presentation and physical assessment;
- Provide the victim/survivor with clothing, if clothing was taken for evidence purposes;
- Give the victim/survivor verbal and written information about common trauma reactions and provide the initial support;
- Provide instructions regarding medical follow-up;
- Give information about advocacy and support services;
- Arrange for follow-up phone call with the victim/survivor's permission
- Ensure that the victim/survivor has a safe place to stay after s/he leaves the exam site;
- Provide follow-up testing two weeks post assault.

Recent or Historical Sexual Abuse/Assault (after 120 hours of an assault)

The Sexual Assault Nurse Examiner may be contacted for victims of sexual assault after 120 hours, however the options of care will be determined on a case by case basis.

Accountability

Concerns regarding AWRC-SASA SANE services can be addressed to the Executive Director of the AWRC-SASA. All complaints will be responded to in accordance with AWRC-SASA policies.

Print

Sign

Title

Date

Pictou County Crown Attorney's Office

There will be, within the Pictou County Crown Attorney's Office a designated Crown to act as liaison between their office and interested parties in the area of sexual assault.

Whenever possible, a specific Crown Attorney will be assigned to handle the prosecution as soon as practical.

The assigned Crown Attorney will:

- Once criminal charges are laid, consider all appropriate bail conditions. The protection of the victim through this process is one of the important considerations;
- Be responsible to contact the investigating officer and or the victim/survivor, when a guilty plea is entered, prior to sentence in order to ensure all relevant information is placed before the court;
- Contact the police investigator and/or Victim Services in arranging an appointment(s) with the victim/survivor and other interested parties where appropriate for trial preparation;
- Advise the investigating officer and the victim/survivor of plea discussions where appropriate;
- Advise the victims/survivors or the investigating officer of all dates set for sentencing.

Accountability

Concerns regarding the services of the Crown Attorney can be addressed to the Senior Crown Attorney.

Print

Sign

Title

Date

Victim Services Program (VS)

Accountability

Concerns regarding the agency services can be addressed to the Regional Supervisor of the Provincial Victim Services Program Office. All complaints will be responded to in accordance with Court Services Division policies.

Department of Justice Victim Services

The Department of Justice Victim Services aims to reduce the effects of crime on the people of Nova Scotia.

The Provincial Victim Services Program accepts referrals from individuals or agencies at any stage of the criminal justice process. Referrals are also accepted if no charge is laid or complaint made to the police.

Referrals are accepted by mail, fax, email, telephone or in person. A secure voicemail option is available 24 hours a day to receive referral information.

A letter will be sent describing services available, on receipt of the referral. Where possible, direct contact will also be made within 5 working days to offer services.

If a Records Production Application has been made at any time during the pre-trial or trial process, the Department of Justice provides representation to complainants in sexual offences where defence counsel is seeking production of medical, counselling or therapeutic records.

Roles and Responsibilities

With the consent of the victim/survivor, the Provincial Victim Services Program assigns a Victim Services Officer who provides the victim/survivor with details of the services available, his or her rights under the Canadian Victims Bill of Rights and information on the criminal justice system.

Services include:

- Case specific information (tracking court dates; interim release and probation conditions, etc.) and ensure the victim/survivor has access to applicable documents;
- Needs assessment with the victim/survivor in order to make community referrals, including referral to the Sexual Assault Nurse Examiner (SANE) Program if appropriate;
- Emotional support and assistance in relation to the criminal justice process, as needed;
- Assist with safety planning (taking steps to increase safety if there is a risk of future violence)

- Courtroom preparation for the victim/survivor and, on request, his or her support person(s);
- Ensure availability of appropriate support person(s) for the victim/survivor and arrange for court accompaniment in cooperation with Tearmann house, Mi’kmaq Legal Support Network, Pictou County Women’s Resource and Sexual Assault Centre;
- Provide information about Department of Justice programs and services and facilitate access to programs;
- Help with application for Criminal Injuries Counselling;
- Help with Victim Impact Statement and submission of the Victim Impact Statement with the Court or the Criminal Code Review Board;
- Help for victims/survivors who have special needs to access all available resources including making an application for testimonial aids;
- Liaison with the police, court officials and the Crown Attorney on behalf of the victim;
- Enrolment of the victim/survivor, if requested, to receive information from Provincial institutions, Correctional Services or the National Parole Board regarding the offender location, release dates, parole hearings dates, etc.

Confidentiality

The Provincial Victim Services Program is bound to protect the confidentiality of victims/survivors. Any disclosure to a third party, including partner agencies will be only be done within our policies and procedures regarding confidentiality.

Print

Sign

Title

Date

RCMP – Pictou County District

Initial Response

RCMP Telecoms Centre Personnel

Upon receiving a call for a sexual offence, RCMP Telecoms Centre Personnel will:

- Assess the nature of the complaint; ascertain when the incident occurred, the immediate condition of the victim/survivor and, if known, the location of the offender;
- When an emergency situation exists or the victim/survivor is at risk, immediately dispatch an officer to respond. If medical attention is required, dispatch an ambulance as well;
- Follow the Child Abuse General Order when the sexual assault involves a child under the age of 16 years;
- Try to obtain as much information from the victim/survivor as possible including suspect information that may assist responding officers;
- Advise the victim/survivor if the incident has just occurred of precautions necessary to preserve physical evidence, such as:
 - Not to shower or bathe
 - Not to clean up the crime scene
 - Not to wash or destroy clothing
 - Not to eat, drink or rinse mouth

Uniformed Officers/First Respondents

Once dispatched to a complaint of a recent sexual assault, the officer will:

- Upon arriving at the location of the victim/survivor, assess their physical and emotional condition and request attendance of ambulance personnel if required;
- Advise the victim/survivor of the option of having someone present for support such as a representative of the Pictou County Women's Resource & Sexual Assault Centre, and/or a family member, friend or another support person of their choice;
- Not make a determination as to whether the complaint is unfounded, without first consulting with his/her supervisor;
- Secure the crime scene and preserve and protect all physical evidence, until relieved or advised otherwise by his/her supervisor;
- Conduct a brief interview with the victim/survivor to ascertain basic details about the incident;
- Ensure a supervisor is provided with all details so that a decision can be made in regards to calling out additional personnel;
- If the suspect is present and grounds exist to arrest, the officer shall arrest the suspect and ensure the clothing that suspect is wearing is seized for possible evidence (ie. DNA);

- Discourage the victim/survivor from destroying physical evidence by showering, bathing, cleaning up the crime scene or washing clothing worn at the time of the assault. Provide the victim/survivor with information about the Sexual Assault Examination Kit (SAEK), as to its importance in the investigation, as well as receiving medical attention;
- Provide the victim/survivor with information about the SANE Program;
- Transport the victim/survivor to the Aberdeen Hospital or local SANE Office for a Sexual Assault Examination Kit, if the victim/survivor volunteers to attend;
- Not be present in the examination room. Officers will await the arrival of other personnel outside of the examination room;
- Respond to a sexual assault reported by someone other than the victim/survivor. Upon arriving at the location, if the officer is advised that the victim/survivor does not wish to have a police report taken or an investigation commenced, the officer will advise the Pictou County Women's Resource & Sexual Assault Centre of the incident. The officer will document all action taken on an investigation file.

RCMP Identification Services

When receiving information of a sexual assault, the RCMP Identification Services will:

- Liaise with the investigating RCMP Officer to determine what evidence may be present or necessary to obtain and, where necessary, attend the scene and collect evidence;
- Attend and photograph any visible injuries of the victim/survivor.

Lead Investigator

When assigned, the Sexual Assault Investigator will:

- Be the officer in charge for the duration of the case;
- Investigate the incident fully;
- Lay charges when appropriate as per Provincial Policing Standards;
- Ensure that any medical needs of the victim/survivor are met;
- Support the collection of evidence through a SAEK with the consent of the victim/survivor;
- Assess and discuss with the victim/survivor where and when an in-depth interview will take place;
- Advise the victim/survivor of the procedure for supplying a police version statement;
- Advise the victim/survivor of their right to have a support person of their choice present throughout the investigation;
- Keep the victim/survivor informed of the progress of the investigation;
- If charges are laid, allow the victim/survivor input as to possible conditions of release at a bail hearing;

- Advise victim/survivor that Victim Services will be contacting them to assist them with preparation with filling out Criminal Injuries Counselling Forms, court preparation and to keep them informed of the court progress of the accused;
- Forward all relevant information to the Victim Services Office, immediately after an arrest is complete;
- Advise his/her immediate supervisor if there is any potential risk to members of the community so that appropriate action can be taken;
- At all times treat the victim/survivor with respect, compassion and be supportive throughout the entire process.

Accountability

Any concerns in regards to an investigation or the conduct of an officer, can be directed to the on-scene supervisor or to the Operations NCO at the RCMP Pictou County Detachment.

Print

Sign

Title

Date

New Glasgow Police Department

The New Glasgow Police Department will:

- Investigate complaints promptly, thoroughly and sensitively
- At all times treat victims/survivors with compassion, courtesy and respect for their personal dignity and privacy
- Give priority to the needs of the victim and offer medical and support services in all cases
- Offer the assistance of Victim Services
- Provide the victim/survivor with information the SANE program and make available the Sexual Assault Examination Kit (SAEK) to gather forensic evidence
- Use the current New Glasgow Police Department policy in relation to DNA evidence; use appropriate interviewing techniques and follow established video and audio taping procedures
- Lay criminal charges when appropriate
- Liaise with the office of the Crown Attorney during the prosecution of sexual offences; inform victims/survivors, when no charges are laid, of the reason for the decision and document the reasons on the investigative file

Initial Response

New Glasgow Police Department Dispatch Personnel

Upon receiving a call for a sexual offence, New Glasgow Police Department Dispatch Personnel will:

- Assess the nature of the complaint, ascertain when the incident occurred, the immediate condition of the victim/survivor and, if known, the location of the offender
- When an emergency situation exists or the victim/survivor is at risk, immediately dispatch an officer to respond. If medical attention is required, dispatch an ambulance as well
- Follow the Child Abuse General Order when the sexual assault involves a child under the age of 16 years
- Try to obtain as much information from the victim/survivor as possible including suspect information that may assist responding officers
- Advise the victim/survivor if the incident has just occurred of precautions necessary to preserve physical evidence, such as:
 - Not to shower or bathe
 - Not to clean up the crime scene
 - Not to wash or destroy clothing
 - Not to eat, drink or rinse mouth

Uniformed Officers/First Respondents

Once dispatched to a complaint of a recent sexual assault, the officer will:

- Upon arriving at the location of the victim/survivor, assess their physical and emotional condition and request attendance of ambulance personnel if required;
- Advise the victim/survivor of the option of having someone present for support such as a representative of the Pictou County Women's Resource & Sexual Assault Centre, and/or a family member, friend or another support person of their choice;
- Not make a determination as to whether the complaint is unfounded, without first consulting with his/her supervisor;
- Secure the crime scene and preserve and protect all physical evidence, until relieved or advised otherwise by his/her supervisor;
- Conduct a brief interview with the victim/survivor to ascertain basic details about the incident;
- Ensure a supervisor is provided with all details so that a decision can be made in regards to calling out additional personnel;
- If the suspect is present and grounds exist to arrest, the officer shall arrest the suspect and ensure the clothing that suspect is wearing is seized for possible evidence (i.e. DNA);
- Discourage the victim/survivor from destroying physical evidence by showering, bathing, cleaning up the crime scene or washing clothing worn at the time of the assault. Provide the victim/survivor with information about the Sexual Assault Examination Kit (SAEK), as to its importance in the investigation, as well as receiving medical attention;
- Provide the victim/survivor with information about the SANE Program;
- Transport the victim/survivor to the Aberdeen Hospital or local SANE Office for a Sexual Assault Examination Kit, if the victim/survivor volunteers to attend;
- Not be present in the examination room. Officers will await the arrival of other personnel outside of the examination room;
- Respond to a sexual assault reported by someone other than the victim/survivor. Upon arriving at the location, if the officer is advised that the victim/survivor does not wish to have a police report taken or an investigation commenced, the officer will advise the Pictou County Women's Centre of the incident. The officer will document all action taken on an investigation file.

New Glasgow Police Department Identification Services

When receiving information of a sexual assault, the New Glasgow Police Department Identification Services will:

- Liaise with the investigating officer to determine what evidence may be present of necessary to obtain and, where necessary, attend the scene and collect evidence;
- Attend and photograph any visible injuries of the victim/survivor

Lead Investigator

When assigned, the Sexual assault Investigator will:

- Be the officer in charge for the duration of the case;
- Investigate the incident fully;
- Lay charges when appropriate as per Provincial Policing Standards;
- Ensure that any medical needs of the victim/survivor are met;
- Support the collection of evidence through a SAEK with the consent of the victim/survivor
- Assess and discuss with the victim/survivor where and when an in-depth interview will take place;
- Advise the victim/survivor of the procedure for supplying a pure vision statement;
- Advise the victim/survivor of their right to have a support person of their choice present throughout the investigation;
- Keep the victim/survivor informed of the progress of the investigation;
- If charges are laid allow the victim/survivor input as to possible conditions of release of a bail hearing;
- Advise victim/survivor that Victim Services will be contacting them to assist them with preparation with filling out Criminal Injuries Counselling Forms, court preparation and to keep them informed of the court progress of the accused;
- Forward all relevant information to the Victim Services Office, immediately after an arrest is complete;
- Advise his/her immediate supervisor if there is any potential risk to members of the community so that appropriate actions can be taken;
- At all times treat the victim/survivor with respect, compassion and be supportive throughout the entire process.

Accountability

Any concerns in regards to an investigation or the conduct of an officer, can be directed to the on-scene supervisor or to the Chief or Deputy Chief of the New Glasgow Police Department.

Print

Sign

Title

Date

Stellarton Police Service

The Stellarton Police Service will:

- Investigate complaints promptly, thoroughly and sensitively
- At all times treat victims/survivors with compassion, courtesy and respect for their personal dignity and privacy
- Give priority to the needs of the victim and offer medical and support services in all cases
- Offer the assistance of Victim Services
- Provide the victim/survivor with information the SANE program and make available the Sexual Assault Examination Kit (SAEK) to gather forensic evidence
- Use the current Stellarton Police Service policy in relation to DNA evidence; use appropriate interviewing techniques and follow established video and audio taping procedures
- Lay criminal charges when appropriate
- Liaise with the office of the Crown Attorney during the prosecution of sexual offences; inform victims/survivors, when no charges are laid, of the reason for the decision and document the reasons on the investigative file

Initial Response

Stellarton Police Service Dispatch Personnel

Upon receiving a call for a sexual offence, Stellarton Police Service Dispatch Personnel will:

- Assess the nature of the complaint, ascertain when the incident occurred, the immediate condition of the victim/survivor and, if known, the location of the offender
- When an emergency situation exists or the victim/survivor is at risk, immediately dispatch an officer to respond. If medical attention is required, dispatch an ambulance as well
- Follow the Child Abuse General Order when the sexual assault involves a child under the age of 16 years
- Try to obtain as much information from the victim/survivor as possible including suspect information that may assist responding officers
- Advise the victim/survivor if the incident has just occurred of precautions necessary to preserve physical evidence, such as:
 - Not to shower or bathe
 - Not to clean up the crime scene
 - Not to wash or destroy clothing
 - Not to eat, drink or rinse mouth

Uniformed Officers/First Respondents

Once dispatched to a complaint of a recent sexual assault, the officer will:

- Upon arriving at the location of the victim/survivor, assess their physical and emotional condition and request attendance of ambulance personnel if required;
- Advise the victim/survivor of the option of having someone present for support such as a representative of the Pictou County Women's Resource & Sexual Assault Centre, and/or a family member, friend or another support person of their choice;
- Not make a determination as to whether the complaint is unfounded, without first consulting with his/her supervisor;
- Secure the crime scene and preserve and protect all physical evidence, until relieved or advised otherwise by his/her supervisor;
- Conduct a brief interview with the victim/survivor to ascertain basic details about the incident;
- Ensure a supervisor is provided with all details so that a decision can be made in regards to calling out additional personnel;
- If the suspect is present and grounds exist to arrest, the officer shall arrest the suspect and ensure the clothing that suspect is wearing is seized for possible evidence (i.e. DNA);
- Discourage the victim/survivor from destroying physical evidence by showering, bathing, cleaning up the crime scene or washing clothing worn at the time of the assault. Provide the victim/survivor with information about the Sexual Assault Examination Kit (SAEK), as to its importance in the investigation, as well as receiving medical attention;
- Provide the victim/survivor with information about the SANE Program;
- Transport the victim/survivor to the Aberdeen Hospital or local SANE Office for a Sexual Assault Examination Kit, if the victim/survivor volunteers to attend;
- Not be present in the examination room. Officers will await the arrival of other personnel outside of the examination room;
- Respond to a sexual assault reported by someone other than the victim/survivor. Upon arriving at the location, if the officer is advised that the victim/survivor does not wish to have a police report taken or an investigation commenced, the officer will advise the Pictou County Women's Resource & Sexual Assault Centre of the incident. The officer will document all action taken on an investigation file.

Stellarton Police Service Identification Services

When receiving information of a sexual assault, the Stellarton Police Service Identification Services will:

- Liaise with the investigating officer to determine what evidence may be present or necessary to obtain and, where necessary, attend the scene and collect evidence;
- Attend and photograph any visible injuries of the victim/survivor

Lead Investigator

When assigned, the Sexual assault Investigator will:

- Be the officer in charge for the duration of the case;
- Investigate the incident fully;
- Lay charges when appropriate as per Provincial Policing Standards;
- Ensure that any medical needs of the victim/survivor are met;
- Support the collection of evidence through a SAEK with the consent
- Advise his/her immediate supervisor if there is any potential risk to members of the community so that appropriate actions can be taken;
- At all times treat the victim/survivor with respect, compassion and be supportive throughout the entire process.

Accountability

Any concerns in regards to an investigation or the conduct of an officer, can be directed to the on-scene supervisor or to the Chief of the Stellarton Police Service.

Print

Sign

Title

Date

Westville Police Service

The Westville Police Service will:

- Investigate complaints promptly, thoroughly and sensitively
- At all times treat victims/survivors with compassion, courtesy and respect for their personal dignity and privacy
- Give priority to the needs of the victim and offer medical and support services in all cases
- Offer the assistance of Victim Services
- Provide the victim/survivor with information the SANE program and make available the Sexual Assault Examination Kit (SAEK) to gather forensic evidence
- Use the current Westville Police Service policy in relation to DNA evidence; use appropriate interviewing techniques and follow established video and audio taping procedures
- Lay criminal charges when appropriate
- Liaise with the office of the Crown Attorney during the prosecution of sexual offences; inform victims/survivors, when no charges are laid, of the reason for the decision and document the reasons on the investigative file

Initial Response

Westville Police Service Dispatch Personnel

Upon receiving a call for a sexual offence, Westville Police Service Dispatch Personnel will:

- Assess the nature of the complaint, ascertain when the incident occurred, the immediate condition of the victim/survivor and, if known, the location of the offender
- When an emergency situation exists or the victim/survivor is at risk, immediately dispatch an officer to respond. If medical attention is required, dispatch an ambulance as well
- Follow the Child Abuse General Order when the sexual assault involves a child under the age of 16 years
- Try to obtain as much information from the victim/survivor as possible including suspect information that may assist responding officers
- Advise the victim/survivor if the incident has just occurred of precautions necessary to preserve physical evidence, such as:
 - Not to shower or bathe
 - Not to clean up the crime scene
 - Not to wash or destroy clothing
 - Not to eat, drink or rinse mouth

Uniformed Officers/First Respondents

Once dispatched to a complaint of a recent sexual assault, the officer will:

- Upon arriving at the location of the victim/survivor, assess their physical and emotional condition and request attendance of ambulance personnel if required;
- Advise the victim/survivor of the option of having someone present for support such as a representative of the Pictou County Women's Resource & Sexual Assault Centre, and/or a family member, friend or another support person of their choice;
- Not make a determination as to whether the complaint is unfounded, without first consulting with his/her supervisor;
- Secure the crime scene and preserve and protect all physical evidence, until relieved or advised otherwise by his/her supervisor;
- Conduct a brief interview with the victim/survivor to ascertain basic details about the incident;
- Ensure a supervisor is provided with all details so that a decision can be made in regards to calling out additional personnel;
- If the suspect is present and grounds exist to arrest, the officer shall arrest the suspect and ensure the clothing that suspect is wearing is seized for possible evidence (i.e. DNA);
- Discourage the victim/survivor from destroying physical evidence by showering, bathing, cleaning up the crime scene or washing clothing worn at the time of the assault. Provide the victim/survivor with information about the Sexual Assault Examination Kit (SAEK), as to its importance in the investigation, as well as receiving medical attention;
- Provide the victim/survivor with information about the SANE Program;
- Transport the victim/survivor to the Aberdeen Hospital or local SANE Office for a Sexual Assault Examination Kit, if the victim/survivor volunteers to attend;
- Not be present in the examination room. Officers will await the arrival of other personnel outside of the examination room;
- Respond to a sexual assault reported by someone other than the victim/survivor. Upon arriving at the location, if the officer is advised that the victim/survivor does not wish to have a police report taken or an investigation commenced, the officer will advise the Pictou County Women's Resource & Sexual Assault Centre of the incident. The officer will document all action taken on an investigation file.

Westville Police Service Identification Services

When receiving information of a sexual assault, the Westville Police Service Identification Services will:

- Liaise with the investigating officer to determine what evidence may be present or necessary to obtain and, where necessary, attend the scene and collect evidence;
- Attend and photograph any visible injuries of the victim/survivor

Lead Investigator

When assigned, the Sexual Assault Investigator will:

- Be the officer in charge for the duration of the case;
- Investigate the incident fully;
- Lay charges when appropriate as per Provincial Policing Standards;
- Ensure that any medical needs of the victim/survivor are met;
- Support the collection of evidence through a SAEK with the consent
- Advise his/her immediate supervisor if there is any potential risk to members of the community so that appropriate actions can be taken;
- At all times treat the victim/survivor with respect, compassion and be supportive throughout the entire process.

Accountability

Any concerns in regards to an investigation or the conduct of an officer, can be directed to the on-scene supervisor or to the Chief of the Westville Police Service.

Print

Sign

Title

Date

Nova Scotia Community College (NSCC) – Pictou Campus:

Recent or historical sexual abuse/assault

The NSCC will:

- Call the Police of jurisdiction, if requested by the victim/survivor;
- Offer the victim/survivor the option of having a crisis support worker from the PCWRSAC.
- Be present during questioning by police, if requested by the victim/survivor, without speaking, adding to or changing the statement in any manner;
- Inform the victim/survivor of support services through which they can access for court preparation prior to court dates, court attendance/support, and ongoing support whether or not charges are laid. Such services include Victim Services and the Pictou County Women’s Resource & Sexual Assault Centre.

Accountability

Concerns regarding the services of the Counselling staff can be addressed to the Team Leader or the Principal of the Pictou Campus, Nova Scotia Community College

Print

Sign

Title

Date

Aberdeen Regional Hospital (ARH) Emergency Department

The ARH Emergency Department Staff will:

- Provide immediate medical attention to victims/survivors requiring treatment in accordance with standard Emergency Department policies and procedures;
- Contact the on-call SANE nurses;
- Accompany the victim/survivor to a quiet room to wait for the SANEs to arrive.

The Physician will:

- Provide a medical examination;
- Be available to consult with the SANEs as needed.

Accountability

Concerns regarding the quality of the services can be directed to the Emergency Department lead physician and Emergency Department health service manager. Complaints will be responded to in accordance with ARH Policies and Procedures.

Print

Sign

Title

Date

Tearmann Society for Abused Women

Responsible to:

- Provide information on available services to survivors of sexual assault
- With the victim/survivors written consent make referrals to the AWRC-SASA SANE program, police, mental health and other appropriate helping agencies.
- Respect the victim/survivors confidentiality
- Provide shelter, information, counselling, support and advocacy to women who have been physically and/or sexually assaulted by an intimate partner and/or household member. This also includes women who have left the partner within the last year and there are continuing safety concerns

Print

Sign

Title

Date

Pictou County Centre for Sexual Health (PCCSH)

Immediate Sexual Assault (within 120 hours of an assault)

With the consent of the victim/survivor the PCCSH will:

- Be contacted by the attending SANEs when a female, male or LGBTQI2SAP (lesbian, gay, bi, trans*, queer, questioning, intersex, two-spirited, asexual, pan/polysexual) victim/survivor reports to a SANE exam site;
- Be contacted by the Pictou County Policing Services or other community agency upon presentation of a male or LGBTQI2SAP victim/survivor to their service/agency;
- Offer emotional support and practical assistance;
- Provide information about support options available through the PCCSH;
- Ensure victims/survivors have accurate information about the criminal justice process;
- Offer to stay with the victim/survivor during the SANE procedure;
- At the request of the victim/survivor be present during questioning by police, without speaking, adding to or changing the statement in any manner;
- Ensure victims/survivors have a safe place to go, provide them with the PCCSH contact information and encourage them to call for ongoing support, advocacy and accompaniment;
- Provide support and information to secondary victims/survivors (children, spouses, parents);
- Provide information about and provide referrals to other agencies/organizations;
- Provide ongoing support which means providing advocacy and support to the victim/survivor throughout and after the conclusion of the criminal justice process, accompanying them to interviews with the police and Crown as well as to court.

Recent or Historical Sexual Abuse/Assault (after 120 hours of an assault)

With the consent of the victim/survivor the PCCSH will:

- Be contacted by the Pictou County Policing Services, Aberdeen Regional Hospital Emergency Department, or other community agency upon presentation of a victim/survivor;
- Provide information about legal processes, medical options and support services;
- Call the Policing Service of jurisdiction, if requested by the victim/survivor;
- At the request of the victim/survivor be present during questioning by police, without speaking, adding to or changing the statement in any manner;
- Make the PCCSH office available to the Police to take a statement whether or not a PCCSH worker is involved;
- Provide ongoing support to victims/survivors throughout the criminal justice process which means providing advocacy, crisis and follow-up support, and accompaniment to

interviews with the police and Crown as well as to court appearances, and it means providing ongoing support after the conclusion of the criminal justice process;

- Provide support and information to secondary victims/survivors (children, spouses, parents);
- Provide information about and provide referrals to other agencies/organizations.

Accountability

Concerns regarding PCCSH services can be addressed to the Executive Director of the PCCSH. All complaints will be responded to in accordance with PCCSH policy.

Print

Sign

Title

Date

CONCLUSION

With the completion of this document the members of the Pictou County Sexual Assault Response Team agree that their organizations have an ongoing commitment to improving response services to victims/survivors of sexual assault in the Pictou County area.

It remains the responsibility of the individual services to monitor and evaluate their performance in regards to the commitments agreed to as part of this document.

This protocol was revised and approved by all members of the present PSART on March 10, 2010 at New Glasgow, Nova Scotia.

The original copy and computer disk of this document will be kept with the Pictou County Women's Resource & Sexual Assault Centre.

SIGNING PARTIES TO THE PROTOCOL

Pictou County Women's Resource & Sexual Assault Centre (PCWRSAC)

**Antigonish Women's Resource Centre & Sexual Assault Services
Association (AWRC-SASA) – SANE Program**

Pictou County Crown Attorney's Office

Victim Services Program (VS)

Tearmann Society for Abused Women

Pictou County Centre for Sexual Health (PCCSH)

RCMP – Pictou County Detachment

Glasgow Police Services

Stellarton Police Services

Westville Police Service

Nova Scotia Community College (NSCC) – Pictou Campus

**Emergency Department, Aberdeen Regional Hospital,
Pictou County Health Authority**

**Department of Mental Health Services
Pictou County Health Authority**

APPENDIX

APPENDIX “A”

Hospitals Act

CHAPTER 208

OF THE

REVISED STATUTES, 1989

amended 1992, c. 16, s. 5; 1994-95, c. 7, ss. 29-37, 150;
2000, c. 6, s. 102; 2000, c. 29, ss. 15, 16; 2001, c. 5, s. 4;
2005, c. 42, s. 86; 2007, c. 39; 2008, c. 58

NOTE - This electronic version of this statute is provided by the Office of the Legislative Counsel for your convenience and personal use only and may not be copied for the purpose of resale in this or any other form. Formatting of this electronic version may differ from the official, printed version. Where accuracy is critical, please consult official sources.

An Act Relating to Hospitals

Factors in determining capacity or competence

52 (1) Every adult person in a hospital or a psychiatric facility is presumed to have capacity to make all treatment decisions with respect to the person's health care and to be competent to administer the person's estate.

(2) A person in a hospital or a psychiatric facility may be found, after examination by a psychiatrist, not to be capable of consenting to treatment or competent to administer the person's estate.

(2A) In determining whether or not a person in a hospital or a psychiatric facility is capable of consenting to treatment, the examining psychiatrist shall consider

(a) whether the person understands the condition for which the specific treatment is proposed;

(b) the nature and purpose of the specific treatment;

(c) the risks and benefits involved in undergoing the specific treatment; and

(d) the risks and benefits involved in not undergoing the specific treatment.

(2B) In determining a patient's capacity to make a treatment decision, the psychiatrist shall also consider whether the patient's mental disorder affects the patient's ability to appreciate the consequences of making the treatment decision.

(3) In determining whether or not a person is competent to administer his estate, the psychiatrist examining the person shall consider

- (a) the nature and degree of the person's condition;*
- (b) the complexity of the estate;*
- (c) the effect of the condition of the person upon his conduct in administering his estate; and*
- (d) any other circumstances the psychiatrist considers relevant to the estate and the person and his condition. R.S., c. 208, s. 52; 2005, c. 42, s. 86.*

Declaration of capacity or competency

53 (1) A psychiatrist, after having examined a person in a hospital or a psychiatric facility to determine his capacity to consent to treatment, shall complete a declaration of capacity in respect of that person.

(2) The declaration of capacity shall state whether or not in the opinion of the examining psychiatrist the person examined is capable of consenting to treatment or not.

(3) When a psychiatrist has completed the examination of a person in a hospital or in a psychiatric facility to determine that person's competency to administer his estate he shall complete a declaration of competency in respect of that person.

(4) A declaration of competency shall be signed by the examining psychiatrist and shall state whether or not in his opinion the person examined is competent to administer his estate.

(5) A declaration of capacity and a declaration of competency shall be in such form and contain such information as may be determined by the Governor in Council by regulation. R.S., c. 208, s. 53; 2005, c. 42, s. 86.

Consent to hospital treatment

54 (1) No person admitted to a hospital or a psychiatric facility shall receive treatment unless he consents to such treatment.

(2) Where a patient in a hospital or a psychiatric facility is found by declaration of capacity to be incapable of consenting to treatment, consent may be given or refused on behalf of the patient by a substitute decision-maker who has capacity and is willing to make the decision to give or refuse the consent from the following in descending order:

- (a) a person who has been authorized to give consent under the Medical Consent Act;*
- (b) the patient's guardian appointed by a court of competent jurisdiction;*
- (c) the spouse or common-law partner, if the spouse or common-law partner is cohabitating with the patient in a conjugal relationship;*
- (d) an adult child of the patient;*

(e) a parent of the patient or a person who stands in loco parentis;

(f) an adult brother or sister of the patient;

(g) any other adult next of kin of the patient; or

(h) the Public Trustee.

(3) Where a person in a category in subsection (2) fulfils the criteria for a substitute decision-maker as outlined in subsection (5) but refuses to consent to treatment on the patient's behalf, the consent of a person in a subsequent category is not valid.

(4) Where two or more persons who are not described in the same clause of subsection (2) claim the authority to give or refuse consent under that subsection, the one under the clause occurring first in that subsection prevails.

(5) A person referred to in clauses (c) to (g) of subsection (2) shall not exercise the authority given by that subsection unless the person

(a) has been in personal contact with the patient over the preceding twelve-month period;

(b) is willing to assume the responsibility for consenting or refusing consent;

(c) knows of no person of a higher category who is able and willing to make the decision; and

(d) makes a statement in writing certifying the person's relationship to the patient and the facts and beliefs set out in clauses (a) to (c).

(6) The attending physician is responsible for obtaining consent from the appropriate person referred to in subsection (2). R.S., c. 208, s. 54; 2000, c. 29, s. 16; 2001, c. 5, s. 4; 2005, c. 42, s. 86.

Duty of substitute decision-maker

54A The substitute decision-maker shall make the decision in relation to specified medical treatment

(a) in accordance with the patient's prior capable informed expressed wishes; or

(b) in the absence of awareness of a prior capable informed expressed wish, in accordance with what the substitute decision-maker believes to be in the patient's best interest. 2005, c. 42, s. 86.

Determination of best interest of patient

54B In order to determine the best interest of the patient for the purpose of clause (b) of Section 54A, regard shall be had to

(a) whether the condition of the patient will be or is likely to be improved by the specified medical treatment;

(b) whether the condition of the patient will improve or is likely to improve without the specified medical treatment;

(c) whether the anticipated benefit to the patient from the specified medical treatment outweighs the risk of harm to the patient; and

(d) whether the specified medical treatment is the least restrictive and least intrusive treatment that meets the requirements of clauses (a), (b) and (c). 2005, c. 42, s. 86.

Reliance on statement in writing

54C Whoever seeks a person's consent on a patient's behalf is entitled to rely on that person's statement in writing as to the person's relationship with the patient and as to the facts and beliefs mentioned in clauses (a) to (c) of sub-section (5) of Section 54, unless it is not reasonable to believe the statement. 2005, c. 42, s. 86.

Review by court

54D (1) Where a substitute decision-maker approves or refuses treatment on behalf of a patient pursuant to subsection (2) of Section 54, the Supreme Court of Nova Scotia (Family Division) or the Family Court where there is no Supreme Court (Family Division) may review the provision or refusal of consent when requested to do so by the psychiatrist or the patient to determine whether the substitute decision-maker has rendered a capable informed consent.

(2) Where the court finds that a substitute decision-maker has not rendered a capable informed consent, the next suitable decision-maker in the hierarchy in sub-section (2) of Section 54 becomes the substitute decision-maker. 2005, c. 42, s. 86.

Examination for competency

55 (1) The examination of a person in a hospital or a patient in a psychiatric facility by a psychiatrist to determine whether that person is competent to administer that person's estate may be performed at any time as the need arises.

(2) Subsection (1) applies to an examination of a patient in a hospital or a psychiatric facility for the purpose of determining whether or not that person is capable of consenting to treatment. R.S., c. 208, s. 55.

Presumption of competency and capacity

56 If an examination is not performed within the periods set out in Section 55, the person shall be presumed to be competent or capable of consenting until a psychiatrist determines that the person is not competent or capable of consenting. R.S., c. 208, s. 56.

APPENDIX “B”

Children and Family Services Act

CHAPTER 5

OF THE

ACTS OF 1990

amended amended 1994-95, c. 7, ss. 11-15, 150; 1996, c. 10; 1996, c. 3, ss. 37, 38; 2001, c. 3, s. 4; 2002, c. 5, ss. 2, 3; 2005, c. 15; 2008, c. 12;

NOTE - This electronic version of this statute is provided by the Office of the Legislative Counsel for your convenience and personal use only and may not be copied for the purpose of resale in this or any other form. Formatting of this electronic version may differ from the official, printed version. Where accuracy is critical, please consult official sources.

An Act Respecting Services to Children and their Families, the Protection of Children and Adoption

Special-needs agreement with child 16 to 18

19 (1) A child who is sixteen years of age or more but under the age of nineteen years, is not in the care of the child's parent or guardian and has a special need as prescribed by the regulations may enter into a written agreement with an agency or the Minister for the provision of services to meet the child's special needs.

(2) A special-needs agreement made pursuant to this Section shall be made for a period not exceeding one year, but may be extended for further periods each not exceeding one year, with the approval of the Minister.

(3) A special-needs agreement made pursuant to this Section shall be in the form prescribed by the regulations. 1990, c. 5, s. 19.

Placement considerations

20 Where the Minister or an agency enters into an agreement pursuant to Section 17, 18 or 19, the Minister or the agency shall, where practicable, in order to ensure the child's best interests are served, take into account

- (a) the maintenance of regular contact between the child and the parent or guardian;
- (b) the desirability of keeping brothers and sisters in the same family unit;
- (c) the child's need to maintain contact with the child's relatives and friends;
- (d) the preservation of the child's cultural, racial and linguistic heritage; and

(e) the continuity of the child's education and religion. 1990, c. 5, s. 20.

Mediator

21 (1) An agency and a parent or guardian of a child may, at any time, agree to the appointment of a mediator to attempt to resolve matters relating to the child who is or may become a child in need of protective services.

(2) Where a mediator is appointed pursuant to subsection (1) after proceedings to determine whether the child is in need of protective services have been commenced, the court, on the application of the parties, may grant a stay of the proceedings for a period not exceeding three months.

(3) While a stay of proceedings pursuant to subsection (2) is in effect, any time limits applicable to the proceedings are extended accordingly. 1990, c. 5, s. 21.

Child is in need of protective services

22 (1) In this Section, "substantial risk" means a real chance of danger that is apparent on the evidence.

(2) A child is in need of protective services where

(a) the child has suffered physical harm, inflicted by a parent or guardian of the child or caused by the failure of a parent or guardian to supervise and protect the child adequately;

(b) there is a substantial risk that the child will suffer physical harm inflicted or caused as described in clause (a);

(c) the child has been sexually abused by a parent or guardian of the child, or by another person where a parent or guardian of the child knows or should know of the possibility of sexual abuse and fails to protect the child;

(d) there is a substantial risk that the child will be sexually abused as described in clause (c);

(e) a child requires medical treatment to cure, prevent or alleviate physical harm or suffering, and the child's parent or guardian does not provide, or refuses or is unavailable or is unable to consent to, the treatment;

(f) the child has suffered emotional harm, demonstrated by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour and the child's parent or guardian 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 substantial risk that the child will suffer emotional harm of the kind described in clause (f), and the parent or guardian does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate 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 guardian does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the condition;

(i) the child has suffered physical or emotional harm caused by being exposed to repeated domestic violence by or towards a parent or guardian of the child, and the child's parent or guardian fails or refuses to obtain services or treatment to remedy or alleviate the violence;

(j) the child has suffered physical harm caused by chronic and serious neglect by a parent or guardian of the child, and the parent or guardian does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

(ja) there is a substantial risk that the child will suffer physical harm inflicted or caused as described in clause (j);

(k) the child has been abandoned, the child's only parent or guardian has died or is unavailable to exercise custodial rights over the child and has not made adequate provisions for the child's care and custody, or the child is in the care of an agency or another person and the parent or guardian of the child refuses or is unable or unwilling to resume the child's care and custody;

(l) the child is under twelve years of age and has killed or seriously injured another person or caused serious damage to another person's property, and services or treatment are necessary to prevent a recurrence and a parent or guardian of the child does not provide, or refuses or is unavailable or unable to consent to, the necessary services or treatment;

(m) the child is under twelve years of age and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of a parent or guardian of the child or because of the parent or guardian's failure or inability to supervise the child adequately. 1990, c. 5, s. 22; 1996, c. 10, s. 1.

Duty to report

23 (1) Every person who has information, whether or not it is confidential or privileged, indicating that a child is in need of protective services shall forthwith report that information to an agency.

(2) No action lies against a person by reason of that person reporting information pursuant to subsection (1), unless the reporting of that information is done falsely and maliciously.

(3) Every person who contravenes subsection (1) is guilty of an offence and upon summary conviction is liable to a fine of not more than two thousand dollars or to imprisonment for a period not exceeding six months or to both.

(4) No proceedings shall be instituted pursuant to subsection (3) more than two years after the contravention occurred.

(5) Every person who falsely and maliciously reports information to an agency indicating that a child is in need of protective services is guilty of an offence and upon summary conviction is liable to a fine of not more than two thousand dollars or to imprisonment for a period not exceeding six months or to both. 1990, c. 5, s. 23; 1996, c. 10, s. 2.

Duty of professionals and officials to report

24 (1) In this Section, "suffer abuse", when used in reference to a child, means be in need of protective services within the meaning of clause (a), (c), (e), (f), (h), (i) or (j) of subsection (2) of Section 22.

(2) Notwithstanding any other Act, every person who performs professional or official duties with respect to a child, including

(a) a health care professional, including a physician, nurse, dentist, pharmacist or psychologist;

(b) a teacher, school principal, social worker, family counsellor, member of the clergy, operator or employee of a day-care facility;

(c) a peace officer or a medical examiner;

(d) an operator or employee of a child-caring facility or child-care service;

(e) a youth or recreation worker,

who, in the course of that person's professional or official duties, has reasonable grounds to suspect that a child is or may be suffering or may have suffered abuse shall forthwith report the suspicion and the information upon which it is based to an agency.

(3) This Section applies whether or not the information reported is confidential or privileged.

(4) Nothing in this Section affects the obligation of a person referred to in subsection (2) to report information pursuant to Section 23.

(5) No action lies against a person by reason of that person reporting information pursuant to subsection (2), unless the reporting is done falsely and maliciously.

(6) Every person who contravenes subsection (2) is guilty of an offence and upon summary conviction is liable to a fine of not more than five thousand dollars or to imprisonment for a period not exceeding one year or to both.

(7) No proceedings shall be instituted pursuant to subsection (6) more than two years after the contravention occurred.

(8) Every person who falsely and maliciously reports information to an agency indicating that a child is or may be suffering or may have suffered abuse is guilty of an offence and upon summary conviction is liable to a fine of not more than two thousand dollars or to

imprisonment for a period not exceeding six months or to both. 1990, c. 5, s. 24; 1996, c. 10, s. 3.

Duty to report third-party abuse

25 (1) In this Section, "abuse by a person other than a parent or guardian" means that a child

(a) has suffered physical harm, inflicted by a person other than a parent or guardian of the child or caused by the failure of a person other than a parent or guardian of the child to supervise and protect the child adequately;

(b) has been sexually abused by a person other than a parent or guardian or by another person where the person, not being a parent or guardian, with the care of the child knows or should know of the possibility of sexual abuse and fails to protect the child;

(c) has suffered serious emotional harm, demonstrated by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour, caused by the intentional conduct of a person other than a parent or guardian.

(2) Every person who has information, whether or not it is confidential or privileged, indicating that a child is or may be suffering or may have suffered abuse by a person other than a parent or guardian shall forthwith report the information to an agency.

(3) Every person who contravenes subsection (2) is guilty of an offence and upon summary conviction is liable to a fine of not more than two thousand dollars or to imprisonment for a period not exceeding six months or to both.

(4) No proceedings shall be instituted pursuant to subsection (3) more than two years after the contravention occurred.

(5) No action lies against a person by reason of that person reporting information pursuant to subsection (2) unless the reporting of that information is done falsely and maliciously.

(6) Every person who falsely and maliciously reports information to an agency indicating that a child is or may be suffering or may have suffered abuse by a person other than a parent or guardian is guilty of an offence and upon summary conviction is liable to a fine or not more than two thousand dollars or to imprisonment for a period not exceeding six months or to both. 1990, c. 5, s. 25; 1996, c. 10, s. 4.