

Services and Resources

Whitehorse Sexualized Assault Response Team (SART)



December 2022

Services and Resources

Whitehorse Sexualized Assault Response
Team (SART)

Please see *Protocol: Whitehorse Sexualized Assault Response Team (SART)* for more information on SART's core principles, commitments and training framework.

For more information: <https://yukon.ca/en/sartyukon/home>

Cette publication est également disponible en français.

Contents



| | | |
|--------------------|--|----|
| Section One | Description of Whitehorse SART services | 1 |
| | A victim-centred approach | 1 |
| | Mission statement | 2 |
| | Core principles | 2 |
| | SART agencies and service providers | 2 |
| 1.1 | Sexualized Assault Support (SAS) Line | 3 |
| 1.2 | Women's Transition Home (WTH) | 5 |
| 1.3 | Victim Services (VS) | 7 |
| 1.4 | Community and Primary Care (CPC) | 11 |
| 1.5 | Yukon Hospital Corporation (YHC) | 14 |
| 1.6 | Mental Wellness and Substance Use Services (MWSUS) | 18 |
| 1.7 | Yukon RCMP M Division | 21 |
| 1.8 | Public Prosecution Service of Canada (PPSC) | 26 |



| | | |
|--------------------|--|----|
| Section Two | Whitehorse SART services for children and youth | 30 |
| 2.1 | Sexualized Assault Support (SAS) Line | 30 |
| 2.2 | Victim Services – Child and Youth Victim and Witness Program | 31 |
| 2.3 | Yukon Hospital Corporation (YHC) | 31 |
| 2.4 | Mental Wellness and Substance Use Services (MWSUS) | 33 |
| 2.5 | Yukon RCMP M Division | 33 |
| 2.6 | Public Prosecution Service of Canada (PPSC) | 34 |
| 2.7 | Training and education | 35 |

| | |
|-----------|----|
| Reference | 36 |
|-----------|----|

List of tables

| | | |
|----------|--|----|
| Table 1. | How services collaborate: Sexualized Assault Support (SAS) Line | 4 |
| Table 2. | How services collaborate: Women's Transition Home (WTH) | 6 |
| Table 3. | How services collaborate: Victim Services (VS) | 10 |
| Table 4. | How services collaborate: Community and Primary Care (CPC) | 13 |
| Table 5. | How services collaborate: Mental Wellness and Substance Use Services (MWSUS) | 20 |
| Table 6. | How services collaborate: Yukon RCMP | 25 |
| Table 7. | How services collaborate: Public Prosecution Service of Canada (PPSC) | 29 |

Section One



Description of Whitehorse SART services

A victim-centred approach

The Whitehorse SART approach recognizes that victims' needs, concerns and rights are the foundation of response, and that any process to help victims must be designed around them and must deliver services in a sensitive, compassionate and non-judgmental manner. This approach ensures that victims are made aware of all the medical, support and legal options available to them at every step of the process, so they can make informed decisions.

More specifically, the approach ensures that victims are made aware that accessing one system area, such as medical care, does not automatically trigger other systems if that is not what they want. For example, victims can choose to access the hospital, but choose not to report to the RCMP. Victims who are over 19 can choose an option such as Kits on Ice and/or third-party reporting, which gives them more time to consider what to do next. Victims can also access priority counselling without involving the RCMP or the medical system, if that is their choice. The essential component is making victims aware of their options and choices, and letting them know that they can change their mind about these options.

This approach also ensures that if victims choose to engage in the criminal justice process, they are kept informed about the investigation and court proceedings, they know what to expect, and they know that their rights are outlined in the *Canadian Victim Bill of Rights* and the *Yukon Victims' Bill of Rights*.

Mission statement

Whitehorse SART agencies are committed to providing a coordinated and collaborative response for all people victimized by sexualized violence, and to supporting them along whichever path they choose.

Core principles

The SART approach has five core principles:

- Choice;
- Dignity and respect;
- Preventing retraumatization;
- Cultural safety; and
- Access, equity and inclusion.

Whitehorse SART agencies and services

The Whitehorse SART is made up of several agencies and services that support victims of sexualized assault:

- Sexualized Assault Support (SAS) Line;
- Women's Transition Home (WTH);
- Victim Services, Department of Justice, Government of Yukon;
- Community and Primary Care, Department of Health and Social Services, Government of Yukon;
- Yukon Hospital Corporation (YHC);
- Mental Wellness and Substance Use Services (MWSUS), Department of Health and Social Services, Government of Yukon;
- Yukon RCMP M Division; and
- Public Prosecution Service of Canada (PPSC).

Specially trained support workers with these agencies help victims access and understand their options, including emotional support, medical exams and legal advice.

This section describes the services available to victims, the SART roles within the agencies, limits to confidentiality, and how agencies collaborate with each other.

Section 2 describes Whitehorse SART services for children and youth.

1.1 Sexualized Assault Support (SAS) Line

The Sexualized Assault Support (SAS) Line operates 24 hours a day, seven days a week (24/7) and provides immediate, confidential and non-judgmental emotional support, information and referrals. It is available to individuals of all ages and genders who are victims of sexualized violence and/or friends or family members of victims.

The SAS Line provides the following services:

- crisis intervention including assessing need for medical attention and immediate safety;
- emotional support;
- safety planning;
- transportation within city limits to get to a safe place or to access another Whitehorse SART agency;
- support to access appropriate health care;
- referrals to Victim Services and SART support workers for accompaniment to health services, Mental Wellness and Substance Use Services, Yukon RCMP, and legal services;
- referrals to Yukon RCMP, Whitehorse General Hospital, and Mental Wellness and Substance Use Services;
- referrals to services such as emergency housing; and
- referrals to third-party reporting and Kits on Ice.

Roles

All SAS Line workers are trained to provide support to victims of sexualized violence.

Confidentiality

All services are voluntary and confidential. However, there are some limits to confidentiality, including these:

- to comply with a subpoena or other court order;
- if a threat is made about harming oneself or another;
- if information suggests that a child may be in need of protective intervention; and
- if a victim signs a release to share information with another agency.

Collaboration with other Whitehorse SART agencies (see Table 1)

Sexualized Assault Support (SAS) Line workers provide information to victims about the medical and legal options available and about the supports for victims. This includes the following:

- offering a SART support worker for accompaniment to Whitehorse General Hospital, Mental Wellness and Substance Use Services (MWSUS), and/or the Yukon RCMP;
- taking relevant information and connecting with a SART support worker to meet with victims at an agreed location; and
- working collaboratively with Whitehorse SART agencies to ensure that referral processes are established and implemented:
 - Victim Services and SART support workers;
 - Whitehorse General Hospital (WGH)-Yukon Hospital Corporation (YHC) and First Nations Health Programs (FNHP);
 - Mental Wellness and Substance Use Services (MWSUS);
 - the Yukon RCMP; and
 - Public Prosecution Service of Canada (PPSC) and Crown Witness Coordinators (CWCs).

Table 1. How services collaborate: Sexualized Assault Support (SAS) Line

| Health Services | MWSUS | Women’s Transition Home | Victim Services | Yukon RCMP | PPSC Crown/CWC |
|--|---|---|---|---|---|
| SAS Line provides information to the victim about medical care options | SAS Line provides information to the victim about MWSUS options | SAS Line provides information about the Women’s Transition Home | SAS Line connects the victim to SART support workers if the victim consents | SAS Line provides information to the victim about reporting options; connects victim to the RCMP if the victim requests | SAS Line provides information to the victim about legal procedures/ options |
| SAS Line informs the victim of First Nations Health Programs at WGH if the victim identifies as Indigenous | | SAS may refer the victim to the Women’s Transition Home if needed | SAS Line refers the victim to services that Victim Services can provide | If there are concerns about the victim’s safety, the SAS Line may call the RCMP | |

Notes: CWC = Crown Witness Coordinator; Health Services combines Yukon Hospital Corporation and Community and Primary Care programs.

1.2 Women's Transition Home

The Women's Transition Home operates Kaushee's Place and Betty's Haven, offering 24/7 shelter, crisis line and outreach support to individuals who identify as women (and their children of any gender who are 18 or younger), and who are experiencing violence, including sexualized violence. Women can stay up to 30 days free of charge at Kaushee's Place. Extensions beyond 30 days are also available on a needs basis. Residents of the transition home may apply for second-stage apartments at Betty's Haven; these are available for up to 18 months.

The Women's Transition Home provides the following services:

- crisis line 24/7;
- shelter, food and basic necessities, free of charge;
- third-party reporting for adult victims of sexualized violence;
- support for safety planning and to navigate services, including housing, income support and legal services;
- drop-in services to explore options for safety and discuss supports in the community;
- advocacy and accompaniment offered to residents and non-residents of the shelter, to ensure their safety when accessing other services;
- transportation within city limits, provided by taxi; and
- second-stage housing.

Women can self-refer or be referred by another agency to the Transition Home. Women under the influence of substances will be met with a harm-reduction approach. Staff will assess if they can safely access the Transition Home or if they need to be referred elsewhere.

Third-party reporting

Third-party reporting is a joint initiative between the Women's Transition Home and the Yukon RCMP. Developed in the Yukon in 2014, it gives victims the option to document the offence without having to make a formal report to the RCMP. The Women's Transition Home and Victim Services staff work with victims of sexualized assault to document information about the assault. Information about the assault is provided to the RCMP without any identifying information about the victim. After receiving a third-party report, the RCMP create a record about the assault. If another assault takes place that involves the same perpetrator or similar circumstances, the RCMP will reach out to the Women's Transition Home to connect with the victim and provide the opportunity to speak with them. It will always remain the victims' choice whether they want their name identified and whether they want to press charges.

For more information, please visit <https://www.womenstransitionhome.ca/3rd-party-reporting>.

Roles

All Women's Transition Home workers are trained to provide support to victims of sexualized violence.

Confidentiality

All services are voluntary and confidential. However, there are limits to confidentiality:

- to comply with a subpoena or other court order;
- if a threat is made about harming oneself or another;
- if information suggests that a child may be in need of protective intervention; and
- if a victim signs a release to share information with another agency.

Collaboration with other Whitehorse SART agencies (see Table 2)

Many of the women who access services are self-referred. All frontline care providers should consider referring women and their children to the services offered by the Women’s Transition Home if they fit the criteria. All staff of the Whitehorse SART agencies should be aware of the services provided by the Women’s Transition Home in order to make referrals when appropriate.

At the same time, Transition Home workers refer their clients to legal, medical, housing, income assistance, daycare, education and other services and resources in and outside the community. If appropriate, Transition Home workers will also refer clients to Victim Services, SART support workers, First Nations Health Programs (FNHP), medical staff and the Whitehorse General Hospital, Public Prosecution Service of Canada and Crown Witness Coordinators (CWCs), civil lawyers, Mental Wellness and Substance Use Services (MWSUS) and other services as requested.

Soft rooms are available for the RCMP to take statements from victims at Kaushee’s Place, if the victim consents to making a statement. This ensures a safe, welcoming place for victims if they choose to report to the RCMP and enables them to avoid the RCMP detachment.

Table 2. How services collaborate: Women’s Transition Home (WTH)

| Health Services | MWSUS | Victim Services | SAS Line | Yukon RCMP | PPSC Crown/ CWC |
|---|---|---|--|---|--|
| Informs the victim of First Nations Health Programs at WGH, if the victim identifies as Indigenous | Refers the victim to WTH if the victim meets criteria | Refers the victim to WTH if the victim meets criteria | Provides information and options to the victim about the WTH | Refers the victim to WTH if the victim meets criteria | Refers the victim to WTH if the victim meets criteria |
| Refers the victim to medical care (and First Nations Health Programs, if the victim identifies as Indigenous) | WTH may refer the victim to MWSUS | WTH may refer the victim to Victim Services | Refers the victim to WTH if the victim meets criteria | Provides comfortable room where RCMP can take victim’s statement, if the victim chooses to report | Provides information to the victim about legal procedures/ options |
| | | | | Provides third-party reporting option | |

Notes: CWC = Crown Witness Coordinator; Health Services combines Yukon Hospital Corporation and Community and Primary Care programs. Third-party reporting allows victims to give information about the offence to the Women’s Transition Home or Victim Services. The RCMP will receive the report without any information that would identify the victim.

1.3 Victim Services

Victim Services is part of the Department of Justice, Government of Yukon. It provides voluntary, free and confidential services for victims of all ages and all genders. Victim Services provides services for victims whether the crime has been reported to police or not, and whether the crime occurred recently or historically. Victims can access services through a referral from another agency, or by self-referral.

Victim Services, as a member of the Whitehorse SART, offers support, service and referrals for victims of sexualized assault and their family members. Victim Services provides confidential, victim-centred support, information and accompaniment for victims of sexualized assault seeking clinical, legal, and/or wellness care. Victim Services uses a victim-centred, culturally responsive, trauma-informed and response-based approach in responses to and services for victims.

Victim Services has committed to improving services and responses for victims of sexualized violence by building and maintaining collaborative working relationships with partner agencies, developing and sharing specialized training, and providing both daytime and weekend services for its diverse group of service users.

Roles

During weekday business hours, Victim Services workers provide services for victims of sexualized assault. On weekends, a team made up of SART support workers and SART team leads provides these services.

Victim Services provides in-person support at the Whitehorse General Hospital, Women's Transition Home, RCMP detachment, Whitehorse Emergency Shelter and Mental Wellness and Substance Use Services. Although accompaniment and support at other locations may be possible, it must be approved in advance by a supervisor at Victim Services. Victim Services will obtain consent from the victim to provide support services and will clearly outline limits to confidentiality.

Whitehorse SART agencies can call the Victim Services SART phone number to request in-person support, accompaniment and advocacy for a victim of sexualized violence during business hours and on weekends. Partner agencies can also refer a victim to Victim Services for follow-up support, information and referrals if the victim does not want immediate in-person support.

On weekdays during business hours, Victim Services workers can do the following:

- respond to calls or referrals for support, information or accompaniment for victims of sexualized violence;
- provide victims with information on the Whitehorse SART and the role of Victim Services;
- provide crisis-intervention, safety planning, information, advocacy and support for victims of sexualized violence based on victims' rights and individual needs and choice; and
- provide the victim with information about the hospital, the criminal justice system, and Mental Wellness and Substance Use Services.

The SART Victim Support Coordinator provides the following:

- ongoing development of Victim Services' SART policies and procedures;
- follow-up support, information, referrals and advocacy;
- support and information for community service providers;
- liaison with the SART Clinical Coordinator;
- information sessions on SART for community agencies;
- working with other Whitehorse SART agencies to discuss program updates and feedback on service delivery and training; and
- co-chairing (with the SART Clinical Coordinator) the SART Protocol and Training Committee meetings.

Confidentiality

Victim Services is a voluntary, free and confidential service that is provided only with the consent of the victim. Victims choose whether to work with Victim Services. Victim Services is committed to victims' privacy and confidentiality; however, there are limits. These include:

- to comply with a subpoena or other court order;
- if victims threaten to harm themselves or someone else;
- if a child or youth is at risk; and
- if the victim signs a release to share information with another agency.

Collaboration with other Whitehorse SART agencies *(see Table 3)*

Victim Services has committed to working collaboratively with other Whitehorse SART agencies to provide weekday and weekend supports for victims of sexualized violence:

- receive calls and referrals from Whitehorse SART agencies to provide support, accompaniment, information and referrals;
- help find a suitable setting for victims to provide statements, such as the Women's Transition Home, Victim Services, or the soft room at the RCMP detachment;
- coordinate follow-up discussions or check-ins (when victims consent to this);
- help victims complete third-party reports;
- connect victims with other agencies when the victim asks them to do so;
- collaborate with other agencies to determine and coordinate inter-agency training and feedback on best practices in relation to the core principles of SART;
- share internally developed training that can be provided to all service provider members of SART as appropriate;
- assist with funding for inter-agency training for Whitehorse SART agencies; and
- participate in the overall development, implementation and ongoing assessment of SART services by identifying successes, barriers and trends.

Sexualized Assault Support (SAS) Line

- liaise with SAS Line workers to help provide services to victims; and
- refer victims to the SAS Line for follow-up support.

Women's Transition Home

- refer and accompany victims to the Women's Transition Home if the victim requests this;
- liaise with Women's Transition Home staff on third-party reports; and
- liaise with Women's Transition Home about using the soft room for support and/or reporting to the Yukon RCMP.

Health Services

- meet victims at the hospital to provide support, information and options about medical processes (whether to solely seek medical care, or go ahead with a sexual assault evidence kit, including information about Kits on Ice;
- be present during forensic sexualized assault exams or at any stage of the medical process if the victim requests this;
- help victims get support from First Nations Health Programs (FNHP), either immediately or in the future, if the victim requests this; and
- assist victims with medical follow-up appointments and help coordinate follow-up with the SART Clinical Coordinator if the victim requests this.

Mental Wellness and Substance Use Services (MWSUS)

- refer or assist victims with priority counselling through Mental Wellness and Substance Use Services (MWSUS);
- assist victims in making appointments with MWSUS; and
- accompany victims to sessions with MWSUS if the victim requests this.

Yukon RCMP

Victim Services SART program staff work with the Yukon RCMP in the following ways:

- receive calls and referrals from Yukon RCMP members to provide accompaniment, information and support;
- meet victims at the Yukon RCMP detachment or another agreed location to provide information and support during the reporting and/or statement process;
- meet the victim at the hospital with the Yukon RCMP;
- work with the Yukon RCMP on follow-up referrals, support and information for the victim during the investigation and afterwards; and
- receive or seek information from the Yukon RCMP regarding the investigation on behalf of the victim.

Public Prosecution Service of Canada (PPSC)

- attend meetings with Crown prosecutors and victims if the victim requests this;
- share victim input with Crown prosecutors about bail conditions, safety concerns, testimonial aids, victim’s availability for court, sentence recommendations, etc.;
- provide information to victims from the Crown’s office about court requirements, adjournment applications, other legal issues, etc.; and
- liaise with Crown Witness Coordinators (CWCs) at PPSC to ensure that support is being provided to victims, and work with CWCs to reduce any duplication in services.

Table 3. How services collaborate: Victim Services (VS)

| Health Services | MWSUS | Women’s Transition Home | SAS Line | Yukon RCMP | PPSC Crown/CWC |
|---|--|---|--|---|---|
| VS calls hospital ahead of time to inform them of incoming victim | VS refers the victim to MWSUS as needed; can assist in making appointments | VS refers and accompanies the victim to WTH if the victim requests this | Refers the victim to VS | VS meets the victim at RCMP to provide initial support and information | VS attends Crown prosecutor meetings with the victim, if the victim requests this |
| Meets the victim at hospital to provide support and information about the medical process | Accompanies the victim to sessions if the victim requests this | Liaises for and coordinates the victim’s supports and services | Has access to the SART support worker | VS helps RCMP find a suitable setting/room for the victim to provide a statement, if the victim chooses to report | VS provides victim input to Crown prosecutor |
| Is present during exam or at any stage of the medical process if the victim requests | | | Liaises for and coordinates the victim’s supports and services | VS attends or meets the victim at hospital with RCMP | VS provides information from Crown prosecutor to the victim |
| Assists with support for the victim from FNHP, either immediately or in future | | | | VS is present to provide support when the RCMP takes statement, if requested by the victim | Liaises with CWC to ensure victim support and prevent duplication of services |
| Assists victim with follow-up for appointments and with SART Clinical Coordinator | | | | RCMP helps with follow-up referrals and provides information to the victim during and after investigation | VS provides support to the victim throughout the court process |
| | | | | | Provides information about sentence/parole |

Notes: CWC = Crown Witness Coordinator; Health Services combines Yukon Hospital Corporation and Community Health programs.

1.4 Community and Primary Care (CPC)

Community and Primary Care (CPC) is part of the Department of Health and Social Services, Government of Yukon. A SART Clinical Coordinator oversees SART operations at the hospital and liaises with the Yukon Hospital Corporation.

The SART Clinical Coordinator will do the following:

- be responsible for the overall operations of the Whitehorse SART at Whitehorse General Hospital;
- identify program needs, develop SART program goals and objectives, and implement strategies to meet these goals and objectives in the context of the hospital and health care;
- develop, update and implement medical and medical forensic policies in Whitehorse in conjunction with physicians, the Medical Advisory Committee and other key groups as required;
- train all sexualized assault examiners (SAEs) and emergency room staff in new practices;
- coordinate SAE meetings;
- seek learning and training opportunities for the clinical team;
- maintain proper storage of all forensic documentation and ensure that all forensic records are kept confidential and secure;
- oversee the storage, release and destruction (when appropriate) of Kits on Ice;
- develop and maintain patient resources and any information material;
- review and provide feedback to SAEs on their forensic reports, documentation and hospital charts;
- ensure that the emergency department SART Cart is fully stocked and ready at all times for forensic exams;
- maintain a clinical SART database (about the number of sexualized assault victims seen by SAEs, number of sexualized assault evidence kits collected, etc.), including information on court outcomes for sexualized assault victims who used SART health care resources; and
- conduct ongoing evaluations of the clinical SART program.

Confidentiality

Confidentiality and adhering to privacy legislation (*Health Information Privacy and Management Act*, or HIPMA) is vital to SART. Stringent safeguards are in place. Community and Primary Care makes every effort to keep detailed forensic reports and documentation separate from the victim's medical file. SART documentation is stored separately in a locked filing cabinet in the SART Clinical Coordinator's office or in a separate, audited and secure portion of the victim's electronic health record if appropriate.

Collaboration with other Whitehorse SART agencies (see Table 4)

Care of sexualized assault victims needs to be both collaborative and holistic. A key component of the SART Clinical Coordinator's role is collaboration with other key stakeholders. The SART Clinical Coordinator works with the SART Implementation Committee and other partners to implement initiatives, policies and procedures for improving sexualized assault health services in Whitehorse.

These are some critical ways in which the SART Clinical Coordinator collaborates with other agencies:

- liaises with Whitehorse General Hospital Emergency Department Manager, pharmacy staff, hospital social workers, lab risk manager, First Nations Health Programs (FNHP) and other hospital departments regarding patient care and the SART program;
- liaises with Yukon Communicable Disease Control regarding medications, treatment and follow-up for victims of sexualized assault as required;
- liaises with the RCMP and Crown prosecutors on transferring and maintaining evidence and Court witness follow-up. This includes maintaining proper storage of SART documentation, ensuring record systems are secure, and managing forensic reports and storage of forensic samples;
- liaises with other SART practitioners at the national and international level on best practices;
- liaises with the SART medical lead to orient and mentor new SAEs, and provide training, debriefing and support for all SAEs;
- liaises with community health/non-health partners and agencies such as Emergency Medical Services, ER nurses, ER physicians, SART support workers, Victim Services, First Nations Health Programs, Whitehorse Emergency Shelter, Kwanlin Dün First Nation, Mental Wellness and Substance Use Services and the Women's Transition Home to promote ongoing education in the SART process from a medical/hospital perspective;
- oversees and maintains the 24/7 on-call roster for SAEs;
- accompanies SAEs to court to testify, when required; and
- liaises with all stakeholders to promote partnerships and provide training as required.

Table 4. How services collaborate: Community and Primary Care (CPC)

| First Nations Health Programs | MWSUS | Victim Services | SAS Line | Yukon RCMP | PPSC Crown/ CWC | Women's Transition Home |
|---|---|---|---|--|---|--|
| CPC calls FNHP if the victim consents, and identifies as Indigenous | CPC can refer the victim to MWSUS if the victim requests this | CPC calls VS if the victim consents (at any point before, during or after medical exam) | May refer the victim to hospital (if so, calls ahead) | May bring the victim to hospital (if so, calls ahead) | May call medical personnel as witnesses in trials; if so, meets with them before-hand to prepare them | May arrange transportation to hospital for the victim (if so, calls ahead) |
| Can accompany the victim during a medical examination | | May arrange to meet the victim at the hospital (if so, calls ahead) | May inform the victim of options of care | If the victim chooses to report, CPC calls RCMP after medical examination to pick up kit/ evidence | Liaises with SART Clinical Coordinator to set up meetings to prepare for trial | CPC can refer the victim to WTH as needed |
| Can arrange transportation for the victim | | Accompanies the victim during medical examination if the victim requests this | | May transport the victim after the victim is discharged from hospital | | |
| Can provide follow-up support (including the healing lodge) | | Can meet with the victim after the hospital with RCMP or MWSUS or WTH | | May pick up an evidence kit at a later date if the victim consents | | |
| | | Helps arrange transportation for the victim | | | | |

Notes: CWC = Crown Witness Coordinator

1.5 Yukon Hospital Corporation (YHC)

Yukon Hospital Corporation (YHC) works to meet the needs of sexualized assault patients and to fulfill the medical community's responsibilities for the collection and preservation of evidence in cases of sexualized assault.

Victims of sexualized assault can reach clinical members of SART through the Emergency Department (ED) of Whitehorse General Hospital (WGH) 24/7, 365 days a year.

Registration

The most important element of the medical response to sexualized violence is informed and compassionate health care. This compassionate care needs to start from the moment the victim walks through the door and speaks to the clerk at the registration desk. When victims come to the WGH Emergency Department (ED), the registration clerk is likely the first person who they have contact with. The clerk will ask limited questions once patients disclose that they are a victim of sexualized assault. During registration processes the clerk will do the following:

- liaise with the triage nurse and/or charge nurse to have the patient moved into a private exam room as soon as possible for triage and registration (triage assesses the severity and priority of a patient's injuries);
- offer the victim a referral to a SART support worker if a worker is not already present; and
- call First Nations Health Programs (FNHP) if the victim identifies as Indigenous, Inuit or Métis, and gives consent to make this call.

Triage

As required by Yukon Hospital Corporation (YHC) Emergency Department policies, all patients who come to the ED will be assessed following the Canadian Triage Assessment Scale. During the triage process, the triage nurse at the ED will do the following:

- liaise with the registration clerk and/or charge nurse to try to ensure that triage and registration can be completed in a private room;
- conduct a brief medical assessment;
- not ask about or record any specifics about the assault except about the time that it occurred, and any relevant medical information for the purposes of assigning a triage score and providing essential medical intervention or treatment if required;
- determine whether any language translators or ASL interpreters are needed; and
- contact (or delegate another member of the Emergency Department team to contact) the on-call sexualized assault examiner (SAE) and notify the SAE if the patient meets SART criteria.

Emergency Department (ED) care

The Emergency Department (ED) physician is responsible for the patient's care until the SAE arrives and care is transferred to the SAE, or if the examiner transfers the patient back to the ED physician to provide care that is outside of the SAE's scope of practice. The ED physician will do the following:

- be responsible for the patient's medical care outside the scope of the SAE, including for other injuries present as a result of the sexualized assault; and
- not ask questions or perform physical assessments related to the assault before the SAE arrives, unless medically necessary.

As required by Yukon Hospital Corporation ED policies, all patients in the ED will be assigned an ED nurse to be responsible for their nursing care after they have been triaged. The choice of nurse assigned will depend on the room in the ED that is available. The ED nurse will do the following:

- not ask about or record any specifics about the assault unless such information is required to provide immediate medical or nursing interventions;
- provide nursing and comfort care to the patient until the SAE arrives;
- assist the SAE with blood sample collection, urine sample collection, and administration of medications as appropriate;
- provide nursing care to the patient as ordered by the ED physician if care of the patient is outside of the scope of the SAE; and
- document the reason for any delay in SART involvement (such as the patient being intoxicated and unable to provide consent) on the patient's medical record.

Like other Whitehorse SART agencies, the SART clinical team that provides care at Whitehorse General Hospital (WGH) and hospital staff are required by section 22 of the Yukon's *Child and Family Services Act* to report if they have reason to believe that a child needs protective intervention.

Team members and staff pay particular attention to the needs and comfort of the victim throughout the emergency department.

SART care

The SAE team is comprised of medical and nursing personnel who are trained in forensic sexualized assault medical examinations. This includes physicians, nurse practitioners and registered nurses who are designated as sexualized assault nurse examiners. The SAE team members will do the following:

- be available 24/7 on a rotating, on-call basis;
- attend the ED within 30 to 60 minutes of being called, or as soon as is practicable. Circumstances such as medical stability, capacity of the patient to give consent, intoxication, the emotional needs of the victim and other variables may affect the start time of SART care. The reasons for any delay should be documented by the ED nurse (if applicable) and by the sexualized assault examiner (SAE);
- explain, in detail, the three medical and forensic options available to victims:
 - health care only, with no forensic exam or police report at time of care;
 - health care, forensic exam, collection of a sexual assault evidence kit and direct transfer of the kit to the Yukon RCMP at time of care;

- health care, forensic exam, collection of a sexual assault evidence kit and storage of the kit for up to one year (Kits on Ice) – victims also have the choice of third-party reporting in combination with Kits on Ice, where they choose to have a forensic exam and have the samples stored. They can give details of the offence, including the name of the offender, to the Women’s Transition Home or Victim Services. The information will be given by those organizations to the Yukon RCMP, but without identifying the victim. It is important to note that Kits on Ice and third-party reporting are not available to individuals under the age of 19, where there is a duty to report the assault to the Yukon RCMP and/or Government of Yukon, Family and Children’s Services as mandated by territorial legislation.
- obtain informed, written consent from a victim before proceeding with a forensic exam;
- explain all care options and respect patient decisions – victims are free to consent to or decline any treatment or procedures, and can change their mind or ask to stop care at any time (team members need to make this clear to victims through the duration of the examination);
- provide appropriate health and forensic care according to their scope of practice as SAEs;
- commit to ongoing training to understand the impacts of sexualized violence and empower patients by providing individualized, non-judgmental care; and
- commit to keeping current with SART clinical practices, policies and procedures through available training and regular contact with the SART Clinical Coordinator.

First Nations Health Programs

The office of the First Nations Health Programs (FNHP) is situated at the main entrance of Whitehorse General Hospital, next to the Volunteer desk. Staff of FNHP are available in the office from 8 a.m. to 4 p.m., and on site until midnight, Monday to Friday. Staff are on site from 10 to 12 a.m. on Saturday and Sunday, and from 10 a.m. to midnight on statutory holidays. They also provide 24/7 on-call coverage.

FNHP provides and supports compassionate care for Indigenous, Inuit and Métis people based on Indigenous culture and values. It is not a referral program; if individuals identify as Indigenous, Inuit or Métis when they arrive at Whitehorse General Hospital, FNHP liaison workers will follow up to see if they would like support through any part of their health care journey.

FNHP is guided by the First Nations Health Committee (a subcommittee of the Yukon Hospital Corporation Board of Directors), and by Yukon Elders. Its goal is to ensure a smooth and culturally safe health journey for Indigenous patients. The program recognizes and understands the impacts of residential schools and other historic events and takes a trauma-informed approach when supporting patients. The program is staffed with liaison workers and social workers who Whitehorse SART members may consult if required.

Related to SART services, First Nations Health Programs can do the following:

- be called to the ED and provide emotional support while the patient is awaiting a sexualized assault examiner;
- provide a comfortable waiting environment before the patient sees a doctor. This could include time to gather oneself, become present and rest. FNHP provides care and support in conjunction with the Emergency Department staff;
- keep family members informed and supported, with the patient's guidance and if the patient consents;
- provide basic personal care items when patients come into the hospital in crisis or emergency;
- provide access to traditional food and medicine while the patient is in the hospital;
- offer healing and restful spaces, including the Nā Kū Healing Room for family, friends and community;
- arrange for transportation;
- help facilitate interactions between Family and Children's Services and children, family and other care providers as required; and
- work with other Whitehorse SART agencies and other partner agencies to provide services and supplies – this includes the Women's Transition Home, Victim Services, Mental Wellness and Substance Use Services and the Yukon RCMP, as well as other services in the community.

Confidentiality

Confidentiality and adherence to appropriate privacy legislation is at the core of all Yukon Hospital Corporation (YHC) services.

Collaboration with other Whitehorse SART agencies

Yukon Hospital Corporation works collaboratively with other Whitehorse SART agencies in order to support and provide the best care possible to victims of sexualized violence.

Table 4 (page 13) summarizes the collaboration of Health Services – which includes YHC and Community and Primary Care – with other Whitehorse SART agencies.

1.6 Mental Wellness and Substance Use Services (MWSUS)

Mental Wellness and Substance Use Services (MWSUS) is part of Community and Primary Care, Department of Health and Social Services, Government of Yukon. MWSUS provides individual, family and group counselling, programming and support.

Services and roles

MWSUS uses a trauma-informed approach in all its program areas. MWSUS operates within a client-centred, harm-reduction framework to help identify the negative impacts of trauma on clients and increase their resilience.

Victims of sexualized violence may want to receive counselling and treatment for the trauma they have experienced, not only for the incident itself, but also for other issues they are dealing with. These services can be offered through MWSUS.

MWSUS recognizes that victims of recent sexualized violence need to be given priority access to counselling in order to support their healing.

Services are available to people of all ages and genders.

MWSUS also recognizes that victims of sexualized assault may respond to the trauma in different ways. It therefore provides a range of services, including single-session support, shorter-term goal focused therapy, outpatient group programs, live-in programs and in some situations longer-term individual counselling. The length of time that these services are provided for will be determined within the therapeutic relationship between the client and the counsellor. The number of sessions will vary and will be determined on a case-by-case basis, depending on the needs and readiness of the victim.

To address the complexity of trauma associated with sexualized assaults, MWSUS has specially trained clinical counsellors who are able to respond professionally and skillfully to SART referrals. MWSUS recognizes the importance of ongoing training to help victims deal with Post-traumatic Stress Disorder (PTSD) and complex trauma. Counselling is victim-centred and needs-based. As a result, counselling may shift as the sessions progress.

MWSUS recognizes that victims may feel comfortable talking at a different place than at the MWSUS building. Counsellors are available for phone and video-based sessions and when necessary, can meet with victims at other confidential locations. This can be coordinated between the counsellor and supervisor.

SART referral procedure

Individuals can be referred to Mental Wellness and Substance Use Service (MWSUS) by staff of the SAS Line, Women's Transition Home workers, SART support workers and Victim Services workers, the Yukon RCMP, sexualized assault examiners and First Nations Health Programs staff, community health centres, and other supports. Self-referrals are also welcome.

MWSUS has a specific SART referral form and process for victims of sexualized assault. The information needed for the referral is kept to a minimum to reduce barriers for victims and for those who make the referral. The information requested is needed to allow MWSUS to respond to requests in a timely manner.

This is some of the information required:

- the name of the individual being referred, home community, phone number and age;
- the organization making the referral, name of the referral source and phone number (to allow for follow up); and
- the date when the sexualized assault occurred (to allow for triage of the referral by MWSUS).

MWSUS is committed to responding within 48 hours of receiving a referral, between Monday to Friday. It offers an appointment within 72 hours of the initial referral.

Once a SART referral is received, the information is given to the Supervisor for Counselling Services in Whitehorse. Individuals are then assigned to one of the counsellors on the team (for people 19 years and older and living in Whitehorse); or the information is forwarded to one of the community supervisors (for people living in the communities); or the Child Youth and Family Treatment Team supervisor (for people in Whitehorse 18 years and younger).

MWSUS SART procedures

For victims of recent sexualized violence (where the assault occurred within the previous six months), MWSUS will fast-track them for counselling. This avoids the MWSUS intake process, which is not deemed appropriate in these cases.

MWSUS recognizes the need for continuity. Victims are referred to a counsellor at the point of referral so they don't have to meet with different members of the treatment team.

When the assault occurred more than six months previously

MWSUS recognizes that not all victims of sexualized violence seek counselling immediately after an assault, and that even those who did seek counselling after the assault may need further counselling supports later.

If people self-refer or are referred and are not a victim of a recent sexualized assault, or have not disclosed that they were, they go through a different process. They would begin with Rapid Access Counselling (RAC) and then be triaged based on need, level of distress, current functioning, and desire for treatment, and referred to programming that best matches their needs. Priority service is still provided and they would see a counsellor for an RAC appointment within 72 hours. Individuals can access this type of counselling 52 weeks a year, but they may not necessarily get the same counsellor each time. The intake process in these situations is a valuable step in assessing the most appropriate type of programming to fit the needs of the individual. Individuals may then be waitlisted for a

counsellor, a group or live-in treatment; in certain situations, they may go directly to a counsellor for priority individual longer-term counselling. Some clients remain in RAC and continue to receive services through it.

Confidentiality

Mental Wellness and Substance Use Services collects, stores and releases client information in accordance with the Yukon’s *Health Information Privacy and Management Act (HIPMA)*. MWSUS makes every effort to obtain informed consent from all clients and to explain the limits of confidentiality to them.

Collaboration with other Whitehorse SART agencies (see Table 5)

MWSUS works collaboratively with other Whitehorse SART agencies in order to support and provide the best care possible to individuals following sexualized violence. This includes working with other SART agencies to support victims following an assault, sharing resources, telling clients about the services that other Whitehorse SART agencies provide, referring clients to other Whitehorse SART agencies and working with other Whitehorse SART agencies to share statistical, programming and other information to improve services to victims of sexualized violence.

Table 5. How services collaborate: Mental Wellness and Substance Use Services (MWSUS)

| Health Services | First Nations Health Programs | Victim Services | SAS Line | Women’s Transition Home | Yukon RCMP | PPSC Crown/ CWC |
|--|---|---|--|---|--|--|
| May refer the victim to MWSUS for services | May refer the victim to MWSUS for services | May refer the victim to MWSUS for services | May refer the victim to MWSUS for services | May refer the victim to MWSUS for services | May refer the victim to MWSUS for services | May refer the victim to MWSUS for services |
| | May accompany the victim to MWSUS for services | May accompany the victim to MWSUS counselling if the victim requests this | | May accompany the victim to MWSUS counselling if the victim requests this | May use MWSUS as location for taking a statement from the victim | |
| | May tell the victim about Elders and traditional supports | | | | | |

Notes: CWC = Crown Witness Coordinator; Health Services combines Yukon Hospital Corporation and Community and Primary Care programs.

1.7 Yukon RCMP M Division

The Royal Canadian Mounted Police (RCMP) in the Yukon is dedicated to investigating complaints of sexualized violence promptly, thoroughly, with sensitivity and without bias. The RCMP detachment in Whitehorse is headquarters for M Division.

There are a number of different ways to report a sexualized assault to the Yukon RCMP:

- in all communities, people can call 911 for emergencies;
- outside of Whitehorse people call 5555 preceded by the community's three-digit prefix and the area code; for example, in Carmacks, they call 1-867-863-5555 and in Watson Lake, they call 1-867-536-5555;
- reports can be made in person to any RCMP detachment. If the incident took place in another jurisdiction, the file will be forwarded to the applicable police force and/or RCMP detachment;
- another person can report on behalf of a victim of sexualized assault – an investigation will commence and the RCMP will interview the victim to gather further details; and
- reports can come in through other services or agencies such as the SAS Line, Victim Services, and Family and Children's Services. Unless otherwise mandated by legislation, the victim's consent is required before the incident is reported to the police.

An investigation will commence regardless of how the initial report is made. The Yukon RCMP will notify Family and Children's Services if the report involves a child or youth under 19 who experienced sexualized violence.

Initially, the telecoms operator or a Yukon RCMP officer determines what type of response is required to investigate the offence. This determination will be based on the information received. The RCMP will then meet with the victim. Although the Yukon RCMP wants to minimize retraumatizing the victim by having to repeatedly tell different people about the incident, some questions are essential to allow the Yukon RCMP to determine these factors:

- the current and ongoing risk to the victim and the public;
- the necessity to immediately gather witness evidence or physical evidence, including through a sexual assault evidence kit; and
- the need to arrest a suspect.

Roles

The primary role of the Yukon RCMP in dealing with allegations of sexualized violence is to ensure that a thorough, unbiased and professional investigation is conducted.

The Yukon RCMP recognizes that the nature of its response to the initial disclosure by the victim could directly affect three critical components:

- the victim's ability to heal and recover;
- the overall investigation; and
- the court proceedings that result from investigation.

The Yukon RCMP is committed to working collaboratively with partner agencies to help minimize further trauma to victims during investigations, with the following objectives, adapted from *The Way Forward: The RCMP's Sexual Assault Review and Victim Support Action Plan* (RCMP, 2017):

- treating victims of sexualized assault with compassion, care and respect, informed by established, evidence-based best practices;
- conducting sexualized assault investigations across the Yukon consistently and to the highest professional standards, with established oversight practices to ensure the greatest level of accountability and stewardship; and
- increasing public awareness of and trust in Yukon RCMP investigations of sexualized assault, and encouraging greater levels of reporting.

Role of the responding RCMP officer

- determine whether the victim is safe and if medical attention is needed, while treating the victim with respect and compassion;
- in cases where the victim's first point of contact is another agency, and if the victim chooses to report the assault to the police, work collaboratively, with the victim's consent;
- consider using interview rooms outside of the Whitehorse RCMP detachment to accommodate the victim's needs and comfort;
- preserve evidence, which could include recommending that specially trained sexualized assault examiners at Whitehorse General Hospital conduct a sexual assault evidence kit, as well as examining the scene for corroborating physical evidence;
- take other actions necessary to identify and apprehend the accused;
- identify other possible witnesses and additional evidence such as video surveillance;
- notify the victim of the services available through Victim Services – with the victim's consent, the Yukon RCMP may provide referrals to other services as well; and
- compile evidence into disclosure packages to send to the Public Prosecution Service of Canada.

Role of the Specialized Response Unit (SRU)

The Yukon RCMP's Specialized Response Unit (SRU) provides investigative support to ensure that the police respond appropriately to incidents of domestic violence, sexualized assault, and child abuse. The unit provides supports to victims of sexualized violence and is the primary investigative unit for serious sexualized crimes.

Serious sexualized crimes can include the following:

- investigations involving unknown perpetrators or strangers;
- investigations involving perpetrators who cause a heightened concern for public safety, such as dangerous offenders;
- investigations where the victim is under the age of 12;
- historical sexualized violence investigations;
- third-party reports; and
- other complex investigations.

Recognizing the need for a specialized response to and additional supports for victims of sexualized assault, an SRU dedicated member is available in Whitehorse, either on duty or on call 24/7 to respond to or assist other RCMP officers with sexualized violence investigations. The SRU assists responding members by providing operational guidance and support related to subsequent investigative steps, such as drafting judicial authorizations, conducting interviews with witnesses, victims and suspects, ongoing collaboration and support for victims through other Whitehorse SART agencies, and device analysis/ technological crime requests. SRU members receive specialized training, particularly in forensic interviewing; they also engage in multi-agency training, and facilitate training for external partner agencies.

Confidentiality

The RCMP is legislated under the federal *Privacy Act* and the release of RCMP records is not permitted if it will infringe on the rights of any person, or jeopardize an investigation, prosecution or trial. The exception to the legislation is when there are statutory or judicial requirements, such as rules of court or court orders.

Access to RCMP records may be provided in the following situations:

- RCMP employees in the course of their duties;
- Crown prosecutors assigned to cases (they receive all reports, interviews and forensic evidence gathered during the investigation);
- counsel appointed to act on behalf of the RCMP or the Crown;
- parties entitled under policing agreements;
- law enforcement and intelligence agencies and specified government department and agencies, for legitimate purposes under their mandate;
- Family and Children's Services when a report is made about a child or youth being harmed or in need of protective intervention; and
- cases where the RCMP is obligated by law to ensure public safety and may thereby disclose information to the public when necessary (e.g., serial rapist/dangerous offender notifications).
In these cases, only the information necessary to ensure the public's safety will be disseminated.

Collaboration with other Whitehorse SART agencies (see Table 6)

The Yukon RCMP collaborates on cases of sexualized assault with Whitehorse SART agencies and other partners in many ways, including providing information about Victim Services, referrals to other services, the collection of sexual assault evidence kits, and in the prosecution of cases.

Sexualized Assault Support (SAS) Line

The Yukon RCMP will work with SAS Line workers to gather information if the victim requests interaction with the police.

Women's Transition Home

The Yukon RCMP will work collaboratively with the Women's Transition Home in these ways:

- providing a referral to the victim and children that are experiencing violence;
- using the Women's Transition Home's space to meet with the victim and conduct the interview, if requested by the victim; and
- accepting third-party reports.

Victim Services and SART support workers

RCMP officers work collaboratively with Victim Services and SART support workers in these ways:

- assisting victims who request Victim Services by completing a referral on their behalf;
- arranging for Victim Services and SART support workers to provide support services throughout the police investigation, including the prosecution and sentencing stages; and
- working with Victim Services to provide information on behalf of the victim's requests (such as court appearances).

Health Services (Community and Primary Care programs, and Whitehorse General Hospital – Yukon Hospital Corporation)

Yukon RCMP officers work collaboratively with hospital staff in these ways:

- calling the hospital ahead of time to let them know to prepare a private area and avoid lengthy waits for the victim in a public area;
- retrieving evidence kits and other evidence such as clothing or footwear;
- ensuring that interactions within the hospital are conducted as privately and sensitively as possible;
- assisting with transportation for victims and/or their family; and
- making referrals to First Nations Health Programs (FNHP) when appropriate and when victims consent.

Mental Wellness and Substance Use Services (MWSUS)

The Yukon RCMP works closely with Mental Wellness and Substance Use Services (MWSUS) in these ways:

- referring victims to MWSUS, if they consent; and
- using MWSUS's soft room for victim statements.

Public Prosecution Service of Canada (PPSC)

The Yukon RCMP works closely with the Public Prosecution Service of Canada (PPSC) in these ways:

- ensuring that the charges laid are appropriate and are supported by evidence;
- conducting a full and thorough investigation and disclosure;
- consulting with Crown prosecutors on more complex legal issues and complex cases of sexualized assault;
- providing notice to Crown prosecutors and Crown Witness Coordinators of any victim and/or witness concerns; and
- working with Crown prosecutors when seeking remand of the accused or release conditions.

Ongoing training

The Yukon RCMP is committed to ongoing and continual training that enhances investigators' ability and sensitivity in sexualized violence investigations. In addition to officers' police academy training, there is specialized training in a number of areas that is built on best practices and relevant research, both nationally and internationally.

Table 6. How services collaborate: Yukon RCMP

| Health Services | MWSUS | Victim Services | SAS Line | Women's Transition Home | PPSC Crown/CWC | First Nations Health Programs |
|---|--|---|---|---|---|--|
| RCMP may bring the victim to the hospital, and if so, calls ahead; RCMP is not present during examination | RCMP can refer the victim to MWSUS as needed | RCMP calls VS if the victim consents; VS proactively offers support at various points | SAS Line may call RCMP on behalf of the victim if there are safety concerns | RCMP may refer the victim to WTH | Collaborates closely to ensure appropriate charges and investigation | Asks if the victim wants to be referred to FNHP for support services |
| Collects kit after exam; may collect clothing or other evidence | May provide a comfortable room for RCMP to take a statement, if the victim chooses to report | VS may accompany the victim during interviews with RCMP | Provides the victim with information about the reporting process | May be able to provide comfortable room for video statements | Consults with Crown counsel on complex legal issues and complex cases of sexualized assault | |
| May investigate further at the hospital | | May assist in finding comfortable room for the victim statement/ interviews if the victim chooses to report | | RCMP accepts third-party reports (which do not identify the victim) from WTH | Provides timely disclosure of all material associated with the case to avoid unnecessary delays | |
| RCMP may transport the victim and family, if the victim consents | | Collaborates to ensure coordinated services for the victim | | Can be intermediary between victim and RCMP in third-party report cases if RCMP needs to contact the victim | Provides information about any victim/witness if concerns arise | |
| May be asked at a later date to collect Kit on Ice | | | | | Meets to prepare for court cases | |

Notes: CWC = Crown Witness Coordinator; Health Services combines Yukon Hospital Corporation and Community and Primary Care programs; Third-party reporting allows victims to give information about the offence to the Women's Transition Home or Victim Services. The RCMP will receive the report without any information that would identify the victim.

1.8 Public Prosecution Service of Canada (PPSC)

Public Prosecution Service of Canada (PPSC) Crown prosecutors have a key role in the criminal justice system. They must act objectively, impartially and dispassionately, since their responsibility is not to one particular client but to the public interest in general. Although victims are often key witnesses in cases of sexualized assaults, they are not the clients of the Crown, and the Crown cannot allow victims to decide how cases will be managed in and out of court. However, Crown prosecutors recognize the importance of keeping victims involved and informed, listening to their questions and hearing their concerns. This is an important part of being victim-centred.

Crown prosecutors conduct all sexualized assault cases in the Yukon and are an important part of the Whitehorse SART. Sexualized assault prosecutions are taken very seriously and require Crown prosecutors to have detailed knowledge and understanding of the many intricacies of these type of cases.

Roles

- provide legal opinions to the Yukon RCMP before charges are sworn;
- review all police files that result in charges, and provide feedback to the Yukon RCMP in written form that may then require further investigation of the case;
- assign cases to specific Crown prosecutors – it is considered best practice to have the same prosecutor work on the file from beginning to end when possible;
- meet with victims and witnesses prior to trials in the presence of Crown Witness Coordinators (CWCs) and/or Victim Services workers or other supports as requested. PPSC recognizes that meeting with victims and witnesses to prepare them as much as possible for court helps build trust and a comfort level for them to participate in the criminal justice system;
- explain to victims and witnesses the limits of confidentiality of the Crown prosecutor in relation to the duty to make full and complete disclosure to the defence of all material relevant to the case – this could include what is said by victims and witnesses during meetings with the Crown prosecutor and the CWCs;
- review each case well ahead of time to screen for possible legal issues such as testimonial aid applications, confidentiality of records in the possession of third parties or the defence, and availability of independent legal counsel for the victim – consider using in court the relevant sections of the *Criminal Code* whenever appropriate and possible to do so to protect the victim's rights;
- act as a strong but impartial advocate in all sexualized assault cases to ensure that all relevant evidence is put before the court;
- object within the confines of the law to any questioning of the victim by defence counsel that improperly relies on the sexual history of the victim or offends the respect and dignity of the individual;
- ensure, either personally or through CWCs and/or Victim Services workers, that victims are offered the opportunity to write a victim impact statement if the perpetrator is found guilty, and to present it or have it presented in court at sentencing;
- ensure either personally or through CWCs and/or Victim Services workers that victims are kept informed about the process from beginning to end if they choose; and

- solicit and consider victims' input along with other relevant considerations in making decisions regarding the management of the case. Explain to victims that the public interest – in having perpetrators held accountable for their actions – means that PPSC is not always able to make decisions that solely reflect the wishes of the victim.

PPSC Crown Witness Coordinators (CWCs)

Crown Witness Coordinators (CWCs) help victims and witnesses understand the court process, their rights and responsibilities in the process, and the roles of the court participants. They provide court updates, accompany witnesses to court, provide support during and after testimony, and assist with trial preparation from the start of the case to its conclusion. CWCs can also act as a liaison between Crown prosecutors, victims and witnesses to ensure that their concerns are considered.

Their work includes identifying the supports that victims need and ensuring that victims are referred to the appropriate agencies to address those needs.

CWCs also help ensure that victims are informed of their rights under the *Canadian Victims Bill of Rights* (2015) and the *Yukon Victims' Bill of Rights*, and that these rights are upheld.

Collaboration with other Whitehorse SART agencies (see Table 7)

Sexualized Assault Support (SAS) Line

- refers victims to the Sexualized Assault Support (SAS) Line; and
- participates in inter-agency training.

Women's Transition Home (WTH)

- refers victims to the Women's Transition Home (WTH); and
- participates in inter-agency training.

Victim Services (VS)

- ensures Crown file is noted, when advised that Victim Services is already providing support to victim and/or other witnesses on file;
- collaborates with Victim Services so as not to duplicate services;
- informs victims about Victim Services if they are not already connected with it;
- ensures as much as possible that a Victim Services representative is present for any meetings and/or interviews with victims – these meetings will take place either in the PPSC witness room or at Victim Services;
- communicates with Victim Services so they can provide updates to victims on court applications, rulings and appearances throughout the trial and sentencing, and other relevant information about the case that is not subject to privacy laws; and
- participates in inter-agency training.

Health Services (Community and Primary Care programs, and Whitehorse General Hospital – Yukon Hospital Corporation)

- participates in inter-agency training with medical personnel about sexual assault evidence kits; and
- meets with and prepares medical personnel for testimony in trials – the SART Clinical Coordinator should stay apprised of any trial requirements for medical staff and help with logistics.

Mental Wellness and Substance Use Services (MWSUS)

- refers victims to Mental Wellness and Substance Use Services (MWSUS); and
- participates in inter-agency training to help understand what services are available at MWSUS for both victims and offenders.

Yukon RCMP

- liaises as early as possible on cases to ensure a more successful prosecution and provides legal opinions when requested prior to charges being laid;
- provides training to the Yukon RCMP on legal issues that arise out of sexualized assault prosecutions, such as taking statements, gathering evidence and giving testimony, and child sexualized assault considerations;
- works with the Yukon RCMP to ensure that disclosures on sexualized assault cases are made as quickly and efficiently as possible so that cases are not unnecessarily delayed; and
- updates the Yukon RCMP on which civilian witnesses are required for trial (RCMP officers in turn will serve witnesses with subpoenas for court).

Table 7. How services collaborate: Public Prosecution Service of Canada (PPSC)

| Health Services | MWSUS | Victim Services | SAS Line | Women's Transition Home | Yukon RCMP |
|---|--|---|---|--|--|
| May be called as witness during trial; meets with Crown prosecutor to prepare for trial | CWCs can refer the victim and witnesses to MWSUS as needed | Coordinates with CWCs to support victim and prevent duplication of services | Crown prosecutor can refer the victim and witnesses to the SAS Line for after-hours support | Crown prosecutor can refer the victim and witnesses to the WTH as needed | Liaises to ensure all aspects of investigation explored and file complete for prosecution |
| SART Clinical Coordinator liaises with CWCs to help prepare witnesses for trial | | May accompany victim to meetings/ interviews/court, if the victim requests this | | | Works to ensure prompt disclosure of all relevant evidence to avoid court delays |
| | | In some cases, liaises directly with Crown prosecutors to keep them informed of victim's concerns | | | PPSC meets with RCMP officers and helps prepare them for testifying in court |
| | | Keeps up-to-date on case details so the victim can be informed | | | RCMP receives updates on which witnesses are needed for trial; provides information about witness availability |

Notes: CWC = Crown Witness Coordinator; Health Services combines Yukon Hospital Corporation and Community and Primary Care programs.

Section Two



SART services for children and youth

All Whitehorse SART agencies are committed to the legislative requirements set out in the *Child and Family Services Act* and to ongoing training to further understand related procedures.

2.1 Sexualized Assault Support (SAS) Line

Staff are available 24/7 days to respond to calls from all victims of sexualized violence and the friends and families of victims. This includes all children and youth under 19 and their friends and families.

SAS Line staff do the following when the caller or the victim may be a child or youth:

- staff will not ask identifying information, including the age of the caller;
- per the *Child and Family Services Act*, support line staff report to Family and Children's Services or a peace officer when they believe a child or youth may need protective intervention;
- staff remain committed to SART principles by informing callers of the duty to report, and by providing information about the process and appropriate supports; and
- support line supervisors and staff commit to participating in ongoing training on receiving disclosures from children and youth, the legal obligations of duty to report, and other SART inter-agency training related to children and youth.

2.2 Victim Services — Child and Youth Victim and Witness Program

Victim Services continues to build a child and youth victim and witness program while working with its partners to implement best practices for child and youth advocacy centres. Best practices include a coordinated, multi-disciplinary approach and a child-friendly, developmentally appropriate and safe physical environment. The program offers services focused on children and youth that are voluntary and referral-based. The services aim to provide wrap-around support for any child or youth victim of crime and their family and to reduce any further trauma from being involved in the criminal justice system.

The Child and Youth Victim and Witness Program and SART work together on all matters in which the harm is related to any form of sexualized abuse of a young person.

The following services and supports are provided by the Child and Youth Victim and Witness Program:

- crisis support (no appointment needed) for children, parents and other affected family members;
- listening to and helping young victims tell their stories and be heard;
- helping children, youth and parents or guardians to develop safety plans if needed;
- supporting joint forensic interviews by the Yukon RCMP and Family and Children's Services, to be conducted in developmentally appropriate spaces;
- working with other members of SART and in the criminal justice process to minimize secondary trauma to children and youth, including through the use of testimonial aids;
- helping victims to obtain supports from other community agencies if that is what they want to do;
- collaborating with partner agencies to develop strategies and case plans to support children/youth and their families; and
- assisting with navigating the justice system and coordination of services.

2.3 Yukon Hospital Corporation (YHC)

There are different considerations for children who come to Yukon Hospital Corporation (YHC) – Whitehorse General Hospital who are under 13 years of age and those who are 13–18 years of age.

Under 13 years of age

The triage nurse will explain that SART support workers, First Nations Health Programs and other supports are available to the victim and accompanying person. A private room will be made available to have these discussions in.

The SART sexualized assault examiner (SAE) is a physician trained in providing medical and forensic services for victims of sexualized assault. The SAE, in consultation with the emergency room medical team, determines whether to ask the on-call pediatrician to assist with the sexual assault evidence kit. The on-call pediatrician can also assist with interview and exam approaches, and can identify normal and abnormal tissue findings according to the child's age during a forensic exam.

If appropriate, the SAE will explain all medical and forensic options to the victim and the parent or guardian. Most of the options that are available to adult victims are also available to children and youth (other than Kits on Ice, or in cases where the perpetrator is younger than 12). In some cases, the written consent of parents or guardians is required. Section 21(1)(g) of the *Child and Family Services Act* states

that “a child who is being deprived of health care that, in the opinion of the health care provider, is necessary to preserve the child’s life, prevent imminent serious physical or mental harm, or alleviate severe pain” is deemed to be in need of protective intervention and a duty to report is triggered.

13–18 years of age

Per Yukon Hospital Corporation (YHC) policy, the triage nurse determines whether there is a duty to report under the Yukon *Child and Family Services Act* and takes appropriate action. The nurse also explains to the victim that SART support workers, First Nations Health Programs (FNHP) and other supports are available. A private room will be made available to have these discussions.

A determination needs to be made as to whether the youth is capable of giving written consent to medical and forensic options. The Yukon *Care Consent Act* allows for youth under 19 to give consent to medical procedures as long as they understand what is being told to them and the consequences of their decisions. The duty to report all circumstances where a child is believed to be in need of protective intervention is set out in the *Child and Family Services Act*. A child’s ability to provide informed consent or refusal for their own medical and/or forensic care does not indicate that they are able to refuse consent for reporting as required by the *Child and Family Services Act*. The duty to report a child in need of protective services is a legal obligation even if the child refuses consent to medical or forensic care or expresses that they do not wish the circumstances to be reported.

Under the *Care Consent Act*, every person, including minors, who is capable (i.e., able to understand relevant information, reasons, nature, risks and benefits) may give or refuse consent to care. Capacity is therefore presumed unless demonstrated otherwise (i.e., a presumption can be rebutted by evidence of a minor’s immaturity).

The triage nurse or delegate will call in the sexualized assault examiner (SAE). It is the responsibility of the SAE to explain the options to the youth and obtain consent from the youth or parent or guardian.

Whitehorse General Hospital: social workers

Whitehorse General Hospital (WGH) has many social workers on staff. They can provide emotional and mental health support to children and youth who are experiencing trauma, and help stabilize a crisis. If children or youth require an extended hospital stay, social workers can assist with discharge plans, connect patients and families to community resources such as Victim Services and Mental Wellness and Substance Use Services, and assist with safety planning. Social workers can provide referrals to programs and services provided by government and community organizations as necessary and appropriate. Both the hospital social workers and First Nations Health Programs social workers and staff have the skills and expertise to support children and families who are affected by sexualized abuse and sexualized assault.

Ensuring that there are no gaps in support between a stay in hospital and returning to the community is essential for positive outcomes for young victims of sexualized abuse and sexualized assault. Whitehorse SART agencies and hospital social workers will commit to liaise and communicate before any victim under 19 who has been hospitalized in relation to sexualized assault is discharged.

First Nations Health Programs (FNHP)

First Nations Health Programs (FNHP) can assist in any cases where victims or their family identify as Indigenous, Inuit or Métis. FNHP employs four social workers and four liaison workers. They act as an advocate for the child or youth in interactions with parents or guardians, Family and Children's Services, health care workers, the Yukon RCMP, or others as needed. They can also facilitate interactions between children, their parents or guardians, and Family and Children's Services.

2.4 Mental Wellness and Substance Use Services (MWSUS)

Mental Wellness and Substance Use Services (MWSUS) recognizes that sexualized assault during the formative years may result in complex responses that require flexible and timely interventions to help children and youth manage the traumatic experience.

MWSUS offers a 24/7, four-bed live-in facility where there is nursing support and a youth support worker to ensure that youth are provided round-the-clock care. The facility is open 365 days a year. A nurse practitioner is available from 8:30 a.m. to 5:00 p.m., Monday to Friday.

Youth do not need to be actively using substances or require acute withdrawal management support to use this live-in facility. If youth need a safe, stable place to go, the Yukon RCMP, SART support workers, hospital social workers, parents or guardians, and any other support person can bring them to the facility at any time.

Youth need to consent to be brought to the facility and cannot be held against their will. MWSUS staff will call the Yukon RCMP if the youth leaves the facility and they have reason to believe that the youth may be in danger and is not yet stabilized. Counsellors at MWSUS will work with youth to identify supports in the community.

The hospital social worker, MWSUS Manager, and the Child Youth and Family Treatment Team (CYFTT) maintain contact when a youth is making the transition from hospital care back into the community. Youth can be provided with outreach support as well as counselling services after being discharged from MWSUS.

As is the case for adult victims, youth can be referred for day programming, counselling and work with a specific SART counsellor.

2.5 Yukon RCMP M Division

The Yukon RCMP understands the complexities and sensitivities of sexualized abuse and assault investigations involving children and youth. Specialized training specific to child interviewing is supplementary to police officer basic training and is offered to Yukon RCMP members at varying times throughout their career. The Specialized Response Unit (SRU) has the mandate to review these complex investigations, and all SRU officers receive training in interviewing children and youth.

Officers take special care when videotaping statements from children and youth in sexualized assault investigations. It is important to conduct the interview in a child-friendly environment where the child or youth is comfortable enough to talk about what happened. Also, officers need to be well trained so that they don't ask leading questions. The law allows for video statements to be played in court as evidence, rather than the young victim having to testify; therefore, it is critical that the video statement is of very good quality.

Like adults, children and youth often need additional support while they are giving their statements. There may be limitations to the child's or youth's ability to provide a statement, depending on age, developmental level and cognitive ability, so it is particularly important that a child or youth have a support person present. The support person for the child must not interrupt or suggest answers to the child or youth before or during the interview, as this could be considered to taint the evidence. The support person should also not be a prospective witness in the court proceeding.

The Yukon RCMP should make referrals to Whitehorse SART agencies such as Victim Services and the Child and Youth Victim and Witness Program before taking the video statement (if they are not already involved); both are consent-based services.

Memorandum of Understanding between the RCMP and the Government of Yukon, Health and Social Services, Family and Children's Services

In the spirit of collaboration and of being child-centred, a Memorandum of Understanding (MOU) was signed in 2015 by the Yukon RCMP and the Government of Yukon, Health and Social Services, Family and Children's Services, outlining specific guidelines for joint investigations of child abuse. The MOU creates a framework that establishes the roles and responsibilities of both the Yukon RCMP and Family and Children's Services workers when investigating allegations of child abuse. The duty to report outlined in the Yukon legislation allows abuse to be reported to either the Yukon RCMP or Family and Children's Services, and the MOU ensures that information is shared between the two agencies.

This MOU is particularly relevant to Whitehorse SART agencies. It outlines that all reports of child sexualized abuse and assault or harm will be investigated jointly by the Yukon RCMP and Family and Children's Services until such time as the facts determine that a joint investigation is no longer required.

The two agencies collaborate at all times in the development of interview plans for children and youth. To support trauma-informed practice, the interview plan involves determining which agency will take the lead, in order to eliminate the necessity of multiple interviews. It is important at the time of the interview that all appropriate referrals are made and support is present as consented to by the child or youth and/or the family members.

The MOU specifically addresses the procedures in medical examinations of children. It outlines that the Yukon RCMP or Family and Children's Services will contact Whitehorse General Hospital and advise that they are bringing in a child or youth for an exam related to a sexualized abuse or sexualized assault investigation. They will request a medical examiner who is trained to conduct this type of assessment. Referrals to SART processes should be made in relation to all medical examinations involving children under 19 years of age.

2.6 Public Prosecution Service of Canada (PPSC)

The Crown office recognizes that sexualized assault cases involving children or youth need specialized attention as they proceed through the criminal justice system.

Even before the RCMP lays charges, there will often be consultations between the Crown prosecutor and the Yukon RCMP about legal issues and the course of the investigation. In the Yukon, it is always up to the RCMP to determine whether a charge should proceed.

These cases are identified early and are assigned to a Crown prosecutor and Crown Witness Coordinator (CWC), who both remain on the case from beginning to end, as much as possible.

Specialization in this area is particularly important when dealing with child sexualized abuse or sexualized assault.

Crown prosecutors and CWCs commit to the continued and increased use of all available testimonial aids and to *Criminal Code* provisions that recognize the potential trauma of testifying in court proceedings. These provisions include the use of videotaped evidence, CCTV, support people and support dogs.

Crowns and CWCs commit to the continued use of appropriate rooms and regular meetings with children and youth witnesses as needed leading up to the court process.

2.7 Training and education

Whitehorse SART agencies recognize and appreciate the complexity of issues surrounding children and youth who are victims of sexualized abuse and sexualized assault. Ongoing training and education is an essential part of being centred on children and youth.

Whitehorse SART agencies commit to receiving training and to providing education on matters related to children and youth to frontline service providers as well as other stakeholders and interested community groups.

Reference

RCMP (Royal Canadian Mounted Police). 2017. *The Way Forward: The RCMP's Sexual Assault Review and Victim Support Action Plan*.
<https://www.rcmp-grc.gc.ca/wam/media/2229/original/b32335a9b522fcf9fe4820d58cbf6348.pdf>.

Please see *Protocol: Whitehorse Sexualized Assault Response Team (SART)* for for more information on SART's core principles, commitments and training framework.