How do you refer an adolescent victim of sexual violence?

Who can refer?

Any professional or caseworker can refer an adolescent.

Before referring, make sure that

- The adolescent wants to come, is motivated to undertake the process and is ready to get involved.
- The adolescent is able to travel to meetings once a week.

Information to provide when requesting services

- The context of the sexual violence (acts, duration, frequency, disclosure, impact of the disclosure, etc.)
- · The state of the medical, social and legal process
- The adolescent's general functioning (strengths and challenges)
- The family context



Referral 514 285-0505

Monday to Friday 8 a.m. to 6 p.m.

marie-vincent.org

How does the Marie-Vincent Foundation meet the needs of adolescents who have been victims of sexual violence?





Services provided to adolescents

1. Psychosocial intervention services for adolescents

These services support the adolescents after they disclose their experience of sexual violence. The approach aims to help the teens face the situation and to accompany them as they go through the various procedures.

Topics that may be addressed

- The social, medical and legal process
- Request for IVAC (compensation for crime victims)
- The services provided at Marie-Vincent
- Possible reactions to sexual violence

Ad hoc support meetings can be organized to cover the interim before a therapist takes on the case.

Teens may be referred to, and accompanied to, other resources as needed.

How meetings work

- As needed
- Individual meetings
- Parent and teen meetings

At all times, the adolescent's parents may receive services for themselves (psychosocial intervention services for parents).

These services may be provided at various points throughout the teen's time with Marie-Vincent:

- For the police interview
- For the medical exam
- When a service request is filled out

2. Needs assessment

The assessment meetings aim to understand the impacts of the sexual violence on the adolescent's ability to function as well as to draw up a profile (strengths, challenges, family context, etc.) in order to establish a therapy plan tailored to the teen's needs.

3-4 meetings

About 2 hours each

Individual meetings with the adolescent

Option to have meetings with the parent when the adolescent consents



The treatment is based on a cognitive-behavioural approach focusing on trauma resolution.

It can also foster communication between the adolescent and their parent (or other significant adult) when the teen wishes to be accompanied in their process.

To benefit from this type of intervention, the adolescent must have a general level of functioning that's strong enough for them to acquire new skills. The treatment is therefore not intended for teens who present certain developmental challenges, such as intellectual disabilities or severe autism-spectrum disorders.

About 14 meetings

1 to 1½ hours each

When the adolescent agrees and the context permits, we encourage parents to get involved in the process.

