

Sexual Assault Coordination Initiatives: Resources, tools and models of successful coordination initiatives

Sexual Assault Coordination

Sexual assault coordination work has existed at the grassroots level in British Columbia for over 50 years. Sexual Assault Centres emerged across BC in the Lower Mainland, Interior, the North and on Vancouver Island in the late 1970s and early 1980s, thanks to dedicated feminists who worked tirelessly to find ways to provide crisis services to survivors of sexual assault. Most centres and services had limited staff and thus, this work has largely been driven forward by the dedication of advocates. Crisis lines, Sexual Assault Response Teams, counselling, grassroots support for survivors as they navigated the justice and healthcare systems, and other coordination efforts were at the heart of community coordination work from the beginning in British Columbia. Although coordination work linked to sexual violence has been in place in some jurisdictions in BC for 50 years, much of the cross sector coordination efforts are still predominantly focused on violence in intimate relationships, supported by the provincial Violence Against Women in Relationships (VAWIR) policy¹. The lack of attention to sexual assault coordination persists despite acknowledgement of the major overlap between sexual assault and violence in relationships in the VAWIR policy:

“For the purposes of this policy, ‘violence against women in relationships’ and alternative terms used when referring to ‘domestic violence’ (including ‘spousal violence’, ‘spousal abuse’, ‘spouse assault’, ‘intimate partner violence’ and ‘relationship violence’) are defined as physical or sexual assault, or the threat of physical or sexual assault against a current or former intimate partner whether or not they are legally married or living together at the time of the assault or threat.

The overlap between sexual assault and violence in relationships cannot be understated. According to the 2014 General Social Survey, over half of the reported sexual assaults were committed by someone the survivor knew and other research has shown that most sexual assaults are committed by someone known to the survivor or by someone with whom the survivor was having an ongoing intimate relationship. Various forms of sexual assault are recognized as a dynamic in many domestic violence relationships and are a risk factor in assessing highest risk domestic violence cases.

¹ Violence Against Women in Relationship Policy BC: <https://www2.gov.bc.ca/assets/gov/law-crime-and-justice/criminal-justice/victims-of-crime/vs-info-for-professionals/info-resources/vawir.pdf>

While It is important to recognize the links between domestic violence and sexual assault it is equally important to be aware that many survivors experience sexual violence in many different contexts outside of the intimate partner relationship. According to the 2019 survey of Safety in Public and Private Spaces by Statistics Canada, 4/10 women who experienced sexual assault in the 12 months prior to the survey indicated that they were sexually assaulted by a stranger or by someone who they knew by sight only, while another four in ten were assaulted by a friend or acquaintance. The diversity of experiences that survivors of sexual assault have highlights the importance of coordination as each individual and system response to the survivor will depend on the unique circumstances of their particular experience (e.g. sexual assault by a co-worker, stranger, landlord, roommate).

Despite the lack of a provincial policy related to sexual assault and ongoing funding for sexual assault coordination, those dedicated to this work have found innovative and effective ways to ensure survivors are heard, believed, supported and are receiving a coordinated response.

Sexual Assault

Sexual assault is an act of violence rooted in power and control. Sexual assault behaviours can range from unwanted touching to rape and forced penetration. Anyone can experience sexualized violence and perpetrators can be of any gender, however, women are most often the victims of sexual assault, with men largely being the perpetrators. Perpetrators often target vulnerable and marginalized individuals, including Indigenous women, young women, racialized women, members of the LGBTQ2S community, individuals with disabilities, individuals involved in sex work, individuals living with mental illness and women living in poverty. Due to colonization, racism, homophobia, transphobia, classism, ableism and victim-blaming, these survivors are often poorly responded to or may be disbelieved by the medical and legal systems, as well as society at large. Despite studies demonstrating that one in three women will be sexually assaulted at some point in her lifetime, sexual assault is the most underreported, violent crime in Canada. Some of the most commonly cited reasons for not reporting include the belief that incident was not serious enough to report; shame and embarrassment; lack of understanding about what constitutes sexual assault; fear of not being believed; victim blaming; cultural beliefs and pressures; the relationship with the perpetrator; mistrust of the system; fear of being re-traumatized by police and criminal justice system processes; the challenges with investigating non-stranger assaults, and many others.

Sexual Assault Coordination: Definitions and Models

What is coordination?

Various terms and definitions are used to describe coordination related to gender based violence. However, an overarching theme reflects that coordination work seeks to

identify and connect the network of supports and professionals involved in responding to sexual assault, with the goal of improving overall response (Lonsway, Archambault, & Little, 2019). Those involved vary between communities, but key players tend to be community-based victim services workers, outreach workers, STV counsellors and other trauma counsellors; health care providers including physicians, emergency department personnel, sexual assault nurse examiners/forensic nurses, and police.

There is often confusion around the terminology that exists for sexual assault coordination initiatives. The term Sexual Assault Response Team or SART is used regularly yet encompasses great diversity. SARTs can be described as “collaborative groups that bring together multidisciplinary sexual assault stakeholders (e.g., {CBVS}, police, prosecutors, medical/forensic examiners, other anti-violence workers) to improve the community response to sexual assault” (Greeson & Campbell, 2013). However, the focus and lens may substantially differ amongst SARTs. For some, a highly formalized approach involving all key players is essential. For others, SART is seen as more community driven and survivor-focused, with crisis response teams providing immediate emotional support, information and advocacy via hospital accompaniment for survivors. For others, SART is used to describe specially trained nurses sexual assault nurse examiners/forensic nurses who provide sexual assault examination, emotional support, medical care and collection of forensic samples for survivors ages 13 and up. In whatever form, most tend to agree that the SART model focuses on coordinating immediate interventions in response to disclosures of sexual assault for the purpose of appropriately supporting survivors and improving their overall experience and outcomes within the medical and legal systems.

Some initiatives go further, using the term Sexual Assault Response and/or Sexual Assault Resource Team to describe teams that involve first responders as well as a wider array of agencies that coordinate services for survivors beyond the immediate response such as mental health, substance abuse treatment, and other social services. Other communities have sexual assault coordination initiatives designed to both provide a cohesive immediate response and other services post-sexual assault, as well as work toward better coordination and collaborative response within the systems and community.

At times, Sexual Assault Coordination (SAC) work is done in British Columbia as a subcommittee of the Violence Against Women in Relationship committee or a Violence Against Women committee. Informal networking amongst supports for survivors that work collaboratively on a case-by-case basis to provide adequate support can also be seen as a form of coordination. Sexual Assault Coordination as a whole has both an individual and systems focus.

Sexual Assault Coordination Initiative Goals

Regardless of terminology or SAC initiative composition, the overarching premise is the same:

Collaboration strengthens the response of individual agencies and unites them into a coordinated team approach. No one agency can successfully handle all aspects of a sexual assault. Each agency is important and has its strengths and limitations. Effective multi-disciplinary teams generate a stronger response and produce more effective outcomes for the victim and the criminal justice system (Lonsway, Archambault & Little, 2019).

Thus, coordinated, collaborative responses have the best chance of meeting the needs of survivors. It cannot be stated enough that a survivor-centred approach must be at the forefront of every SAC initiative, regardless of SAC member mandates. This requires SACs to create capacity for access to immediate care, respecting survivor choice around the process including medical and legal system involvement, a trauma-informed approach, and providing information and easy access to community resources and supports.

SARTs immediate response, depending on community and survivor needs, typically includes at least some of the following:

- initial contact with the survivor
- emotional support and information about sexual assault, medical and forensic procedures, reporting and legal options
- information, referrals and advocacy for community supports and services, justice-related services, etc.
- access to medical care
- documentation and collection of forensic samples and crime scene evidence (if the survivor wishes to involve police)
- potential storage of forensic samples at the hospital for up to one year at the hospital (if this option exists)
- advocacy and support during medical care and/or the forensic exam and with police
- information and referrals to community services
- support and information for the survivor's family and friends

An immediate response that is survivor-centred, trauma-informed, option-oriented, and respectful of survivor choice lends itself to creating an environment where survivors feel safe to reach out to receive dignified, compassionate, survivor-centred service.

A secondary goal of sexual assault coordination is to enhance system responses to sexual assault thereby resulting in increased safety for the survivor and increased offender accountability. This goal can only be achieved within an effective, survivor-centred response. Although survivor and system needs vastly differ, often making it challenging to ensure positive outcomes for both, SARTs are in a unique position to foster both improved services to survivors as well as contribute to offender accountability through consistent protocols for health and police response, the collection of forensic samples and ensuring survivors receive trauma-informed and consistent

information, support and accompaniment should they choose to engage with the health and/or legal systems.

Developing a sexual assault coordination initiative may result in other outcomes, including:

- creating a shared definition of “safety” for survivors of sexual assault
- identification of systemic issues, resource or information gaps or challenges in referral systems that are impeding the desired response to sexual assault
- changes or recommendations for change to structures, systems, procedures and practices to reflect this definition of safety so that sexual assault survivors receive a consistent and sensitive response
- working to ensure that organizational policies, procedures and practices are examined and revised to ensure coordinated safety
- prevention and awareness work

Three Levels of Coordination

When considering the above, it becomes clear that SAC initiatives enhance capacity to focus on individual support and systemic change at three levels:

Individual: Focus and practice is survivor-centred, working to ensure individual survivor’s needs are met. This may include addressing the needs of the survivor’s support system as well.

Local: Focus is on what needs to be done to enhance local level response for both the survivor and the differing mandates of SAC initiative members. This is linked to local level policy and practice but may also include analysis around whether the issue requires influence at a higher level of authority to improve overall quality of response.

Provincial: When gaps in policy, procedures or practice cannot be addressed at the local level, group enquiry can lead to recommendations to a higher level of authority for further analysis and change.

Benefits of Sexual Assault Coordination For Engaged Sectors/Agencies

Sexual assault coordination’s primary goal of meeting survivor needs must never be lost. However, there are significant benefits for individuals and agencies involved in SAC. Some of these benefits include:

- Identifying and connecting a network of stakeholders in SAC work including anti-violence advocates, law enforcement, health care providers, trauma counsellors, etc.

- Identifying the existing work in a community which breaks isolation and mitigates duplication of work.
- Providing opportunities for meaningful partnerships to grow and to increase trust and accountability for each SAC member that enhances response.
- Creating opportunity to broaden the perspectives of all involved beyond the usual professional understanding of one's work. When we work in collaboration, we have the opportunity to see beyond what we are trained to, and therefore expect to see. Understanding other perspectives and other agency's mandates and limitations can help reduce frustration, misunderstanding and promote innovative ideas for filling service gaps.
- Providing ongoing communication between partners which can help decrease overall workload. No one individual or agency is responsible for all the work and follow-up.
- Reducing the burden on individual agencies to provide full support to a survivor. A survivor is best supported by a network of individuals.
- Creating a support network for individuals involved in SAC work. This can help mitigate vicarious and secondary trauma, burnout and other stress-related responses.

Best Practices/Tools for Sexual Assault Coordination Initiatives

Sexual assault coordination initiatives vary greatly based on numerous factors including historical community response to sexual assault; community demographics; existing services; the availability of resources to allocate to coordination work; leadership and many others. However, a number of best practices and tools can enhance the potential for successful coordination. Depending on the type of coordination initiative, these may include:

Policy and Practice Initiatives:

- The development and adoption of policies/protocols and where relevant, memoranda of understanding for each organization/member that delineates their roles and responsibilities within sexual assault response and coordination, including such things as intake; communication protocols between SAC members as well as with the survivor; evidence collection and storage (if an option); available services; referral processes; privacy standards and limitations as well as ongoing survivor support after immediate interventions are provided. Creating a standardized response within a survivor-centred framework should be the goal.
- Ensuring that the members involved in the initiative have the authority to make policy decisions and implementation capacity
- Regular meetings and/or contact between partners
- Accountability and follow through from each partner including ongoing participation, consistent member involvement, appropriate information-sharing, transparency, ongoing communication, respect, and trust. SART

protocols and procedures must clearly outline these responsibilities and expectations for each member, the consequences should members not uphold their responsibilities and the process for removal of a member. SART protocols should also clearly state the impact not adhering to member responsibilities has to both the response and more importantly, to the survivor.

- Ensuring that all members have an operational understanding of the importance of confidentiality, privacy legislation, and other legislation directly linked to sexual assault and SAC members.

Training Initiatives:

- Multi-disciplinary cross-training in which different SART stakeholders train one another in their mandates, roles and limitations in responding to sexual assault.
- Training specific to trauma-informed practice; unconscious bias; anti-oppressive practice; intersectionality, working more effectively with survivors with specific needs.
- Training conducted by non-SART/SAC members to educate members about issues related to sexual assault response and coordination. For example, university policies/protocols that may impact SAC; services in the community that exist which may not be directly linked to SAC but which survivors may access; and training on brain injury, mental illness, substance abuse, and other factors linked to sexual violence.

Survivor-Centered Supports and Services:

- Adopting a survivor-centred lens that ensures the survivor's needs are at the core of sexual assault coordination work.
- Creation of tools and resources for survivors and family and friends of survivors. For example, a tool on how to support someone who has been sexually assaulted; information sheet on sexual assault; tips for how to talk to someone who has been assaulted; information on the trauma response, and many others.
- Creation of checklists, booklets and other written tools for team members to help ensure seamless service.
- Creation of accessible services. For example, wheelchair accessibility, having flags or other identifiers that demonstrate being an ally to groups that may feel marginalized; using pronouns when first meeting individuals; and having pamphlets, brochures and information that outlines accessibility.

The importance of a survivor-centred, trauma-informed, anti-oppressive lens cannot be understated. The initial response a survivor receives upon disclosure and subsequent responses immediately following the disclosure will impact their healing and recovery and willingness to have involvement with systems moving forward.

It is important to recognize that finding common ground and meeting these goals can be challenging, given the differing lenses, mandates, responsibilities and limitations of each partner. Time needs to be taken to work through the differences. CCWS has created specific resources such as *Building Partnerships to End Violence Against Women and Step-by-Step: Tools for Developing a Coordinated Response to Violence Against Women*, both of which provide guidance and on how to work through the various challenges that can arise in coordination work. (see resource list)

As well, a coordinated effort to respond to sexual assault is only realistic if local limitations and gaps in service are recognized. A SAC may want to use CCWS' Mapping Tool and Solutions Management Tool ² to help determine where the gaps exist and what can be done within the SAC's protocols and procedures to mitigate the gaps or barriers to service.

Options for Sexual Assault Survivors

Throughout BC, numerous SAC tools and resources have become integral to enhancing sexual assault response for survivors. Although availability of each resource varies depending on the community, it is important for those working with survivors to have an understanding of these key resources and tools, in part to evaluate whether there is capacity to implement such initiatives locally.

Third Party Reporting

In British Columbia, "Third Party Reporting (TPR) of sexual assault is a process which allows adult survivors (19 and over) to access support and to report details of a sexual assault to police anonymously, through a Community Based Victim Services program (CBVS) or other designated community program" (TPR Guidebook, 2019, p.6). The goal of TPR is to ensure that survivors are receiving necessary information and emotional supports and to provide the option of anonymous reporting. For survivors accessing the hospital or support services such as community-based victim services, TPR gives them an opportunity to report the sexual assault with the support of an anti-violence worker without having to immediately make a decision about fully involving the criminal justice system. Over time, some survivors may choose to make a full report.

Sexual Assault Examiners

A number of hospitals in the province have designated, highly trained Sexual Assault Examiners-these may be Doctors, Nurse Practitioners or Sexual Assault Nurse

² Solutions Management and other coordination tools can be found in "Building Partnerships to End Violence Against Women: A Practical Guide for Rural and Isolated Communities" as well as "Step by Step: Tools for Developing a Coordinated Response to Violence Against Women. The Mapping Tool is available upon request from CCWS.

Examiners/Forensic Nurses. These individuals have specialized training to provide comprehensive, trauma-informed health care for sexual assault survivors including sexual assault examination, gathering and storage of forensic samples provision of medications such as prophylaxis for the prevention of sexually transmitted infections (STIs), as well as report writing and court testimony, if required. Sexual Assault Examiners typically work with other partners involved in SARTs such as sexual assault centres, police and hospital staff. Sexual Assault Examiners can be instrumental in referrals to Community-based Victim Services workers who can help survivors with Third Party Reports; ongoing support and information around the criminal justice system; and other services in the community. Sexual Assault Examiners also may be the initial person to connect with police, should the survivor want to make a report.

Hospital Storage of Forensic Samples:

Certain hospitals within British Columbia, such as BC Women's Hospital, Surrey Memorial Hospital and Victoria General Hospital and others, provide the option of forensic sample storage. Many survivors following a sexual assault are not ready to make a decision or are hesitant to involve the criminal justice system for a variety of reasons. The option of forensic sample storage provides much needed time for survivors to process the assault, learn more about the legal system and what to expect, create trusting relationships with community supports and determine whether involving the legal system is for them. Storage at most hospitals is permitted for one year, with more time potentially being allocated should a survivor contact the hospital requesting additional time. It is important that survivors are aware that hospitals will not follow up with survivors about forensic samples in storage. Hospitals typically dispose of forensic samples after one year, should there be no contact from the survivor.

It should be noted that best practice around hospital involvement is primary medical care. Survivors and community supports often believe that hospital involvement is primarily for collection of forensic samples. However, this is not the case. Primary medical care should be the focus including checking for injuries and preventive treatment for sexually transmitted infections and pregnancy, with forensic sample collection being an option. For hospitals without storage capacity, forensic samples can only be collected with the involvement of police.

Community Resources for Sexual Assault Survivors

There are numerous community resources available to sexual assault survivors, depending on where they live in the province. A few key resources within the anti-violence sector include:

- *Community-Based Victim Services:* 70 CBVS programs provide emotional support, information, referrals, justice system support and liaison services for survivors of sexual assault, violence in relationships and violence against

children and youth. Many SARTs in the province are directly linked with the CBVS program in the area.

- *Stopping the Violence Counselling*: 100 programs provide counselling, information and support to survivors.
- *Stopping the Violence Outreach/Multicultural Outreach*: 66 outreach programs provide support, counselling, information, accompaniment and other services linked to sexual violence.
- *Sexual Abuse Intervention Program (SAIP)* 50 programs providing a range of appropriate, therapeutic and educative treatment and/or support services to children and youth ages 3 -18 (up to their 19th birthday) who have been sexually abused, and to children under the age of 12 with sexual acting out behaviours.
- *Police Based Victim Service Programs*: 90 programs serving all types of crime and trauma located in RCMP detachments and municipal police departments throughout BC. Programs respond to police call-outs and provide critical incident response to victims and their family members in the immediate aftermath of crime or trauma. Victims of family and sexual violence are referred to a local community-based victim service program (where they exist) for further support and assistance.
- *Transition House and Safe Home programs*: over 100 programs provide women and children with a temporary place to stay, support services, referrals and assistance in planning next steps. While most focus on domestic violence, it is possible that where needed and requested, a survivor of sexual assault could be housed in a shelter.
- *Prevention, Education, Advocacy, Counselling and Empowerment*: 86 programs for children and youth aged 3 to 18 who have experienced violence in the home. In 2017, in consultation with existing CWWA programs and the Ministry of Public Safety and Solicitor General the 86 CWWA Programs voted on a new name to reflect the current scope of the CWWA programs across BC.
- *BC Society for Male Survivors of Sexual Abuse*: 4 offices within that province that provide therapeutic services for males who have been sexually abused at some time in their lives.
- *Victim Link BC*: a toll-free, confidential, multilingual telephone service available 24 hours a day, 7 days a week by calling 1-800-563-0808 or sending an email to VictimLinkBC@bc211.ca. It provides information and referral services to all victims of crime and immediate crisis support to victims of family and sexual violence.

Online Resources for Sexual Assault Coordination

EVA BC/CCWS Resources:

CCWS supports the work of communities and coordination initiatives through the creation of numerous Coordination Initiative resources. Many of our resources can be found on our website (www.endingviolence.org) including:

Building Partnerships to End Violence Against Women: A Practical Guide for Rural and Isolated Communities (2006): <http://endingviolence.org/publications/building-partnerships-to-end-violence-against-women/>

Community Safety Planning in Indigenous Communities, March 2018: <http://endingviolence.org/publications/community-safety-planning-in-indigenous-communities-march-2018/>

Sexual Assault Support Worker Handbook: https://endingviolence.org/wp-content/uploads/2016/05/EVA_SexualAssault_Handbook_APRIL-2017.pdf

Step by Step: Tools for Developing a Coordinated Response to Violence Against Women (2011): <http://endingviolence.org/publications/step-step-tools-developing-coordinated-response-violence-women/>

The Importance of Coordination Initiatives as Foundations for Collaboration to Address Gender Based Violence: https://endingviolence.org/wp-content/uploads/2019/05/Coordination-as-Foundations-Information-Bulletin-March-2019_vF.pdf

Third Party Reporting (TPR) information: <http://endingviolence.org/prevention-programs/ccws-program/third-party-reporting-tpr/>

Other Online Resources:

BCIT Forensic Health Science: <https://www.bcit.ca/study/programs/a450grcert>

BC Women's Sexual Assault Service Resources: <http://www.bcwomens.ca/health-professionals/professional-resources/sexual-assault-service-resources>

Minnesota Coalition against Sexual Assault SART Tools and Resources: <https://www.mncasa.org/sexual-violence-justice-institute/sarts-tools-resources/>

National Sexual Violence Resource Centre SART Toolkit: <https://www.nsvrc.org/sarts/toolkit>

Sexual Assault Response Team Protocol for the Waterloo Region: https://www.sascwr.org/files/www/SART_protocol_v2.14.pdf

Status of Women Canada Issue Brief: Sexual Violence in Canada: <https://cfc-swc.gc.ca/svawc-vcsfc/index-en.html>

Sustaining a Coordinated Community Response: Sexual Assault Response and Resource Teams (SARRT): <https://www.evawintl.org/Library/DocumentLibraryHandler.ashx?id=36>

Victoria Sexual Assault Response Team booklet: <https://vsac.ca/wp-content/uploads/2017/06/Info-and-Resources-for-recent-survivors-text-only-version.pdf>

If you are unable to find a resource, or would like to connect with us about the work of CCWS, please contact us at ccws@endingviolence.org or 604-633-2506 ext. 15