

Best Principles and Practices Guideline for Sexual Assault Response for Healthcare Professionals and Anti-Violence Workers

The best principles and practices for sexual assault response outlined in this guideline are based on the information gathered through the Hope2Health project and Changing Perceptions of Sexual Assault research report. See Appendix A for more information.

The goal of this resource is to help inform policies and improve sexual assault healthcare practices in BC.

Sexual Assault and Consent

Many sexual assault survivors do not receive comprehensive healthcare even though they may experience significant short- and long-term health effects.

Inadequate access to information about sexual assault can be a barrier to a survivor's access to healthcare.

A survivor may not recognize that what happened to them was sexual assault because of common misconceptions about or different cultural understandings of sexual assault ([BC Women's Hospital + Health Centre and Ending Violence Association of BC, 2023](#)). Clearly defining sexual assault can support survivors with making decisions about disclosing and seeking care.

Sexual assault is any unwanted, forced, or non-consensual sexual activity involving physical contact ([WAGE Canada, 2021](#)).

A person can be charged with a criminal offence if they touch another person without their consent and the physical contact is sexual in nature or violates the sexual integrity of the survivor ([Criminal Code Help, n.d.](#); [Department of Justice Canada, 2021](#)).

In Canada, a person must be at least 16 years old to legally consent to sexual activity. There are close in age exceptions for people that are 12 to 15 years old ([Department of Justice Canada, 2023](#)).

Consent is the voluntary agreement to engage in sexual activity. Consent must be obtained by both parties prior to and during all sexual activity ([Government of Canada, 2024](#)).

Consent:

- Is not silence or the absence of “no”.
- Cannot be given if the survivor is intoxicated, drugged, unconscious or asleep.
- Can never be obtained through threats or coercion.
- Can be revoked at any time.
- Cannot be obtained if the perpetrator abuses a position of trust, power or authority.

Sexual assault:

- Involves the use of power, force or control; it is **not** about sexual desire.
- Is most commonly committed by someone known – acquaintances, dates, friends, family members, common-law or married partners.
- Can include unwanted groping or kissing.
- Happens most often in private spaces like a residence or private home.
- Doesn't always involve the use of physical force; the survivor may be threatened with words, manipulated or pressured into doing something they do not want to do ([Ontario Women's Directorate, 2013](#)).

Survivor Rights

Survivors have a right to complete medical care whether or not they decide to have forensic samples collected ([Sexual Assault Service, BC Women's Hospital + Health Centre and Women Against Violence Against Women, 2017](#)).

Medical and forensic procedures should only be completed with the survivor's ongoing consent. The survivor can stop or decline any portion of the medical assessment, treatment, and/or forensic exam.

Police cannot direct physicians to complete a forensic exam or direct when to conduct one ([Kafka, 2023](#)).

Police should not be physically present during the medical assessment or forensic exam to maintain survivor privacy and confidentiality ([RCMP, 2016](#)). Healthcare providers are responsible for the integrity of the forensic exam and maintaining and ensuring the chain of custody for the forensic samples.

Survivors have a right to equal and non-discriminatory reproductive healthcare, including contraception, abortion, information to make decisions, and access to services. Affirming a survivor's right to choose and advocating for reproductive self-determination is essential for providing trauma-informed care (Erdman and Cook, 2008; IAFN, 2022; Government of Canada, 2022).

Survivor Privacy and Confidentiality

Survivor perception that healthcare services are unsafe is a significant barrier to seeking care. This perception can be a result of previous negative experiences, systemic discrimination, and victim blaming. Survivors may assume that: accessing a forensic exam automatically leads to police involvement, healthcare services are connected to child protection services, or believe that their health or personal information will be used against them ([Canadian Paediatric Society, 2014](#); [BC Women's Hospital + Health Centre and Ending Violence Association of BC, 2023](#)).

In rural, remote, and isolated communities, survivors face additional complex challenges including:

- Credibility– Survivors may encounter difficulties being believed, especially if the abuser is well-known and respected in the community. This may happen in other types of communities as well.
- Lack of privacy – Survivors may be unable to access healthcare services without being recognized by staff or passers-by. Staff may have a connection with the abuser i.e., be friends with or a relative of (Nonomura and Baker, 2021).

Maintaining a survivor's privacy and confidentiality are key to creating a safe and supportive environment. Survivors often do not disclose their sexual assault history

because they do not want anyone to know and are concerned that their confidentiality may be informally or formally breached, e.g., hospital notifying the survivor's family physician without their knowledge or permission (Baker et al., 2012).

Healthcare providers should inform survivors about their privacy rights and the limits to confidentiality, including healthcare professional legal obligations to report (Baker et al., 2012). If a healthcare provider makes a mandatory report, survivors should be informed about why and who the report was made to. Survivors are not obligated to talk with police if healthcare staff file a report ([Canadian Civil Liberties Association, 2021](#); [RCMP, 2021](#)).

Police do not need to be automatically contacted by healthcare professionals when a survivor accesses healthcare after they have been sexually assaulted.

It is the survivor's choice to decide if, and when, they want to report the sexual assault to the police.

Physicians do **not** have a duty to report a criminal sexual offence involving survivors 19 years of age or older to the police because it is considered a breach of confidentiality unless there was consent from the survivor or the survivor's legal guardian (CMPA, 2021).

Nurses are **not** required to release health information to actively assist police in investigating a crime; police must obtain legal authority to access health information, such as a court order or subpoena (CNPS, 2021).

Reports to police or the Ministry of Children and Family Development (MCFD) should only be made about situations specified by mandatory reporting legislation (i.e., [survivor under the age of 19 has been abused and the parent is unwilling or unable to protect them](#) or the [BC Gunshot and Stab Wound Disclosure Act](#)).

It is particularly important to provide survivors under the age of 19 with age-based information and support because of [close in age exceptions](#) for consent; child/youth survivors may also have [mature minor status](#). There may be negative consequences for the survivor if healthcare providers notify MCFD or contact the

survivor's parent or guardian without having a discussion with the survivor or consulting community support services. For example, the survivor's safety may be at risk if the abuser is a family member and is notified about the survivor accessing healthcare.

Examples of child and youth-based supports include community based victim services, which can be accessed through [VictimLinkBC](#), and [Child and Youth Advocacy Centres](#).

Medical Care and Forensic Exam

Survivors are often not aware of what sexual assault services are available and how to access them. Survivors may be uncertain that they require healthcare, even though the majority of sexual assaults do not result in physical injury. Survivors may also have misconceptions about what to expect when seeking care. For example, survivors may believe that they have no choice about what and how procedures are conducted if they consent to a forensic exam (BC Women's Hospital + Health Centre and Ending Violence Association of BC, 2023).

Providing survivors with accurate information about medical care and forensic exam options can help them access preventative treatments and timely care. A summary of the key differences between medical care and forensic exams are outlined below:

Medical Care	Forensic Exam
Description	
<p>The purpose of medical care is to assess and provide treatment for the physical and mental health of the survivor. It can include:</p> <ul style="list-style-type: none"> • Gathering information on the survivor’s medical history which can include questions about: <ul style="list-style-type: none"> • Current medications • Allergies • Immunizations • Sexual health history (e.g., last menstrual period) • Pregnancy • The sexual assault. • A physical exam to look for injuries. The genital and anal area may be checked for injury if the survivor has health concerns and consents to an exam. • Treatment of injuries. • Testing and preventative treatment for sexually transmitted infections (STIs) and pregnancy (Leduc-Robert et al., 2020; BC Women’s Hospital + Health Centre, 2017). 	<p>The purpose of a forensic exam is to collect and preserve evidence for a criminal investigation. It includes:</p> <ul style="list-style-type: none"> • Documentation of injuries. • An examination of areas related to the sexual assault. • Collection of samples (e.g., blood, urine, swabs, body fluid, clothing) (Population + Global Health, BC Women's Hospital + Health Centre, n.d.; Leduc-Robert et al., 2020).
Medical Care	Forensic Exam

Options	
<p>Survivors can consent to any of the following:</p> <ul style="list-style-type: none"> • Assessment and/or treatment of physical injuries • Testing and/or preventative treatment for: <ul style="list-style-type: none"> ○ STIs ○ Human Immunodeficiency Virus (HIV) ○ Pregnancy (Leduc-Robert et al., 2020; Leduc-Robert and Marsden, 2020). 	<p>The survivor can choose any portion of the forensic exam.</p> <p>Survivors that consent to a forensic exam can choose to:</p> <ul style="list-style-type: none"> • Their samples collected and transferred to police by the Sexual Assault Examiner. • The Sexual Assault Examiner store the samples for up to one year if the survivor decides to report to police at a later time. Not all programs/hospitals have the capacity to store forensic samples (Ludic-Robert et al., 2020).
Access	
<p>Survivors 13 years or older can access medical care at hospital-based emergency departments, urgent care centres, Indigenous health and wellness centres, community health clinics, walk-in clinics, youth clinics, or from a physician or nurse practitioner (BC Women's Hospital + Health Centre, n.d.; Population + Global Health, BC Women's Hospital + Health Centre, n.d.)</p>	<p>Access is dependent on what specialized sexual assault healthcare services are in your area and if they have forensic storage.</p>
Medical Care	Forensic Exam

Time Limits	
<ul style="list-style-type: none"> • Pregnancy testing - 10 days to 4 weeks after the assault (Options for Sexual Health, n.d.). • Oral Emergency Contraception - As soon as possible within 3 to 5 days of the assault (Planned Parenthood, n.d., Options or Sexual Health, n.d.). • Copper Intrauterine Device (IUD) - Within 7 days of the assault (Options or Sexual Health, n.d.). • STI Testing - 3 weeks and 3 months after the assault (Options for Sexual Health, n.d.; Options for Sexual Health, n.d.; BC CDC., n.d.). • STI Preventative Treatment - Some are available for certain STIs within 7 days of the assault (BC Women's Hospital + Health Centre, 2017). • HIV Testing - Between 3 weeks and 3 months after contact (BC CDC, n.d.; BC Women's Hospital + Health Centre, 2018). • HIV Preventative Treatment - Within 72 hours of the assault (BC CDC, n.d.; BC Women's Hospital + Health Centre, 2018). • Risk of Strangulation or Concussion - <u>Urgent</u> medical treatment is required (Training Institute on Strangulation Prevention, n.d.; BCIRPU, 2023). 	<p>Within 7 days of the assault (BC Women's Hospital + Health Centre, n.d.)</p>
Medical Care	Forensic Exam

Duration	
Will depend on what the survivor wants and is required for their health and well-being.	Can take several hours (e.g. 2 to 8 hours) to complete (Leduc-Robert et al., 2020). The time it takes will depend on the injuries sustained, specimens collected or other supports required (Toronto Police Service, n.d.).

Go to the [Hope2Health Hub](#) for more information.

Responding to Disclosures of Sexual Assault

It is difficult for a survivor to disclose that they have been sexually assaulted. Sexual assault involves a person’s sexual body parts and sexual behaviors, both of which most people are taught to be embarrassed or feel ashamed about (EVA BC, 2022). Healthcare providers are often the first professional contact for survivors; however, survivors rarely disclose any information about the assault when accessing care ([Mason and Du Mont, 2015](#)).

It is common to feel uncertain about what to say or do when a survivor discloses their sexual assault. How a person responds to a disclosure can have a positive or negative impact on the survivor. Positive social reactions (e.g., providing emotional support) are associated with survivors having a greater perceived control over their recovery and fewer Post Traumatic Stress Disorder (PTSD) symptoms ([Sherman et al., 2019](#)).

Healthcare providers and anti-violence workers have an opportunity to empower survivors and support them in moving forward and accessing support.

The following practices can help survivors feel safe and cared for when responding to disclosures:

Listen

- Find a private place to talk, and tell them you are glad they are telling you.
- Be patient and let them tell you as little or as much as they want at their own pace, without interrupting. Talking about how they feel can be as helpful or more helpful than talking about the details. Take their lead on this.
- Show them that you are actively listening through your body language (e.g., nodding, facing in their direction, sitting down at eye level) and words (e.g., “I hear what you’re saying”).
- Be aware that some people may find themselves flooded with emotions. If they are getting increasingly upset while telling you about what happened, they may be reliving the experience. There are several ways you can help to ground them if they are overwhelmed:
 - Encourage them to take slow deep breaths while gently planting their feet into the floor and holding on to their knees.
 - Ask them to keep their eyes open, even if just momentarily. This helps to bring them back to the present.
 - Ask them to look around the room and name some ordinary objects they see. Do this until they feel calmer.
- Respect their personal space, and do not touch them. Even if you think they want a comforting touch, resist your urge to do so. Always follow their lead (EVA BC, 2022).

Believe

- Validate their feelings and assure them that these are normal reactions to a very traumatic event, and avoid promising them that everything will be okay.
- Assure them that it was not their fault (many survivors struggle with blaming themselves) and that the responsibility for sexual assault lies solely with the perpetrator. This is true regardless of whether they were drinking, got into the perpetrator’s car, brought the perpetrator to their home, etc. It does not matter what the survivor did or did not do before, during, or after the assault – it is never their fault.

- Reassure them that you will do whatever you can to help them get the support they need. If possible, stay with them or find someone they trust who can be with them (EVA BC, 2022).

Common pitfalls to avoid include:

- A judgmental, shocked, or over reactive initial response.
- Disbelief, minimizing, or questioning the “truth” of a survivor’s story or reactions – especially if they seem to be very calm, or don’t want to report to police.
- Asking for unnecessary details, or focusing on the behaviour, appearance, and/or location of the survivor at the time of the assault.
- Focusing on your own emotional reaction (e.g., horror, sadness, anger, recalling a similar experience you may have had).
- Questioning why a survivor did not act in the ways society expects a sexual assault survivor to react (e.g., fighting back, reporting to police, discontinuing contact with the perpetrator after the assault) (EVA BC, 2022).

Principles for Sexual Assault Response and Care

The following principles can help healthcare providers and anti-violence workers respond to and care for survivors in a safe, compassionate, and empowering way. An overview and example of each principle is provided to highlight the key concepts and help you reflect on and incorporate them into your current practice. These principles are interconnected and overlap in many ways.

Trauma-informed

Trauma is an experience that overwhelms an individual's capacity to cope. A person's experience of the event is what determines whether something is traumatic (MTIEC, 2013).

Being trauma-informed is a way of providing services that recognize and understand the impacts of trauma and the root causes of violence.

A trauma-informed approach supports the resiliency and recovery of survivors and avoids re-traumatization (Randall and Haskall, 2013).

A trauma-informed approach focuses on what happened to the survivor and should consider:

- Empowering the survivor and meeting their needs.
- Working collaboratively with the survivor.
- Explaining what, why, and how.
- Offering real choices and being flexible.
- Understanding and identifying fight, flight, and freeze responses.
- Focusing on the survivor's strengths (MTIEC, 2013).

Strengths-based

A strengths-based approach supports survivors by identifying their strengths and developing their resiliency and coping skills (BC Provincial Mental Health and Substance Use Planning Council, 2013).

Being strengths-based also means using language that is not stigmatizing or victim-blaming e.g., asking "What happened to you?" and not asking "why" questions because they imply fault.

Survivor-centred

A survivor-centred approach means prioritizing the rights, needs, and wishes of the person who has experienced harm (Scaia, 2022), recognizing that survivors are the experts in their own experiences (Rentschler et al., 2022), and supporting the survivor's own solutions.

Holistic

A holistic approach considers all aspects of a survivor's needs. Comprehensive sexual assault care should include the survivor's sexual and reproductive health, mental health, spiritual wellness, and social well-being. Proactive follow-up care is also essential to address the potential negative long-term impacts of sexual assault (BC Women's Hospital + Health Centre and Ending Violence Association of BC, 2023).

Consent-based

Consent-based care respects the survivor's autonomy by ensuring that the treatment they receive supports their goals and is chosen by the survivor. Acquiring consent should be an ongoing process.

Strategies for effective and informed consent-based practice include involving the survivor in decision making by:

- Being sensitive to the survivor's preferences for information and their decision-making styles.
- Systematically addressing the risks of care, expected benefits, alternatives, and what to expect before and after the procedure.
- Taking steps to ensure that the survivor is making a voluntary choice free of undue influence e.g., giving the survivor time and privacy to make a decision.
- Routinely checking the survivor's understanding e.g., asking them to repeat what they heard (Hall et al., 2012).

Anti-oppressive

Oppression occurs when individuals who are marginalized by society are dehumanized, targeted, and disadvantaged. Oppression is built by stereotypes, prejudice, and discrimination based on race, class, ability, religion, gender, sexuality, etc.

The goal of anti-oppressive practices is to recognize and dismantle discriminatory actions and systemic inequalities caused by systems of oppression (Blain, 2022; Soole, 2018).

Examples of anti-oppressive practices include:

- Identifying and challenging our own assumptions and biases.
- Understanding and working to break down personal, cultural, and institutional levels of power and privilege. For example, reflecting on how our behaviours silence others and how we can use our power to support others (ETFO, 2021).

Culturally Safe

Providing services and care in a culturally safe way shows respect for culture and identity, incorporates a person's needs and rights, and is free of discrimination (PHSA, n.d.).

Cultural safety is what is felt or experienced by a person receiving services; it is determined by those who receive the service (PHSA, n.d.).

Culturally safe approaches “recognize and challenge unequal power relations between service providers and survivors” (Status of Women Canada, 2019) and includes communication that is respectful, inclusive, empowers decision-making, and builds a collaborative relationship (PHSA, n.d.).

Examples of culturally safe practices include:

- Acknowledging the impact of colonialism on the health and wellness of survivors.
- Ensuring survivors have access to spiritual care, ceremony, and cultural support.
- Noticing how implicit biases can lead to harm.
- Challenging and deconstructing negative stereotypes and intervene through respectful dialogue (Nipissing First Nation and Nipissing University, 2023).

Culturally Responsive

Cultural responsiveness is recognizing and understanding the role culture plays in healthcare and sexual assault support services, and adapting approach strategies to meet the needs of survivors. Being culturally responsive includes: identifying the diverse populations you are serving, learning more about their cultural practices, and adapting your practice (Stratis Health, n.d.).

Intersectionality

Intersectionality is about applying a framework to understand how different social categories and identities interact to shape a survivor's experience of trauma and access to resources.

Intersectionality influences:

- Whether, why, how, and from whom survivors seek help.
- Experiences with and responses by service providers and systems.
- How sexual assault is defined.
- What healthcare and support options are available (Baker et al., 2015).

To put intersectionality into practice, it is important to consider the following questions:

- What are your identities, privilege(s), and positions of power?
- What are the social, political, economic, or cultural conditions that are impacting the survivors you are working with?

Accessibility

Accessibility is about recognizing and removing barriers that are formed by structures of power. Accessibility focuses not only on what is needed to ensure people are able to access services, but also what will make the experience more possible and less difficult (Disability Alliance BC, 2022).

We need to consider all forms of accessibility, including: physical, intellectual, emotional, language, speech, cultural, spiritual, and psychological.

People are incredibly diverse and complex, which means that survivors will need individualized assistance to navigate the healthcare system and access sexual assault support services (Disability Alliance BC, 2022).

Gender-inclusive

Being gender-inclusive means using language that does not discriminate against a particular sex, social gender, or gender identity, and does not perpetuate gender stereotypes. Speaking in a gender-inclusive way can help promote gender equality and eliminate gender bias (United Nations, n.d.).

Examples of gender-inclusive practices include:

- Using a person's name if you're not sure what pronouns a person uses.
- Not making assumptions about the gender of the person/s who sexually assaulted them.
- Avoiding assumptions about a person's pronouns based on a person's appearance, behaviour or speech.
- Inviting others to share their pronouns and correctly using them (PSAC, n.d.).
- Using the words the person uses to describe their body (Trans Care BC, n.d.).

Using gender inclusive terms help:

- To acknowledge that people of marginalized genders, including trans, Two-Spirit, and non-binary people, experience higher rates of gender-based violence.
- Address the erasure of male survivors from discussions about sexual assault (EVA BC, n.d.).

Gender-affirming

Being gender-affirming means providing support and care that acknowledges an individual's gender identity when it conflicts with the gender they were assigned at birth (AAMC, 2022). Examples of gender-affirming practices include: introducing yourself with your names and pronouns, using gender-neutral language, and asking the person for guidance with language (e.g., is there a way you would like me to refer to your gender?) (CPS, 2023).

Go to the [Hope2Health Hub](#) for information and resources for anti-violence workers and healthcare professionals that can assist with applying these principles when working with survivors.

Trauma-Informed Approach to Medical Care and Forensic Exams

Medical care and forensic exams can be distressing for survivors because:

- They involve touching, examining, or inserting an object into parts of their body that have been traumatized.
- Of the power differential between the survivor and healthcare provider.
- The process may trigger memories and feelings from the assault (Sherman et al., 2019).

The following strategies can help the survivor feel more in control and physically present when providing medical care or completing a forensic exam:

- Avoid offering reassurance through touch (e.g., a pat on the back or knee) or initiating a hug. A physical expression of support can be triggering, even if it is intended to be nurturing.
- Use anatomical names of body parts when talking about the assault or health issues. Phrases such as “down there” may convey discomfort with talking about sex and sexual organs, and impede open communication (Sherman et al., 2019).
- Explain the process in detail using plain language, including what and why you are asking/doing and what to expect.
- Ask for the survivor’s ongoing consent including permission to:
 - Touch them.
 - Conduct each part of the exam.
- Offer options e.g., healthcare provider gender preference, choice to partially disrobe.
- Allow more time so the process is not rushed.
- Speak in a calm, matter-of-fact voice, and avoid sudden movements.
- Check-in regularly about how the survivor is feeling and provide reassurance.
- Ask the survivor about:
 - How you can support them.
 - What parts of the procedure are difficult or triggering.
 - Their main concerns and address them first if possible.

- How they want to let you know that they need a break or want you to stop (Manning and Mana, 2022; Sherman et al., 2019).
- Ask if there are ways for the survivor to be more comfortable e.g., different position, water, extra gown, breaks, change lighting.
- Pay attention to the survivor’s body language. Survivors may have been conditioned to be passive and defer to the healthcare provider; they also may not disclose that a procedure is upsetting or triggering (Subramanian and Green, 2015).

Health and Anti-Violence Sector Coordination

Coordination refers to the outcome of a more integrated response to sexual assault through the building of a series of collaborative partnerships (EVA BC, n.d.).

Cross-sector coordination of health and anti-violence sexual assault services can increase access to care, more effectively address the impacts of sexual assault, decrease risk of traumatization, and reduce the long-term effects of trauma (BC Women’s Hospital + Health Centre and Ending Violence Association of BC, 2023).

Ways to foster and engage in opportunities to improve sexual assault response and care are highlighted below:

- Develop direct referral pathways for survivors between local sexual assault healthcare and community support services.
- Establish and participate in Sexual Assault and Violence in Relationships coordination committees. For example, a Sexual Assault Services (SAS) Subcommittee was created through a Violence Against Women In Relationship (VAWIR) committee with the anti-violence program, police, local Indigenous communities, and nurses. One of the SAS Subcommittee’s goals is to work on establishing Sexual Assault Forensic Exam services at the local hospital.
- Foster relationship building and networking with Indigenous communities.
- Develop reciprocal agreements and protocols to enhance coordination and communication. For example, a rapid access agreement for a local hospital was developed in collaboration with an Emergency Sexual Assault Services program team, RCMP, hospital triage, and Forensic Nursing. The purpose of this agreement

was to provide the survivor privacy and reduce the risk of re-traumatization. The agreement specified that the anti-violence organization can call the hospital and request that the client enter through a different space and have a private room with option of accompaniment.

- Enhance connection and communication with the network of supports and professionals involved in responding to sexual assault through targeted initiatives and partnerships, and umbrella organizations such as EVA BC.

Go to the [EVA BC Backgrounder on Sexual Assault Coordination Initiatives](#) for more information.

Appendix A: Background Information on Hope2Health Project and Changing Perceptions of Sexual Assault Research

Hope2Health

The Hope2Health project was an initiative of the Ending Violence Association of BC (EVA BC).

The project goal was to strengthen and develop partnerships between anti-violence and health sectors to enhance cross-sector collaboration and action on sexual assault in British Columbia.

An Environmental Scan was conducted in early 2022 as part of the project to:

- Describe and analyze the existing health and community-based anti-violence organizations serving sexual assault survivors in BC; and
- Identify opportunities to strengthen services, training, resources and relationships.

Community engagement methods were also used to gain a better understanding of how community-based programs support sexual assault survivors, and the current state and needs of this sector. A summary of the steps taken are outlined below:

- A survey of Emergency Sexual Assault Services (ESAS) programs across BC was conducted from September 8 to 22, 2022. The focus of the survey was to gather information on how community-based anti-violence and health services coordinate and work together to provide health services for survivors.
- An online discussion with ESAS program staff was held on October 12, 2022, to share survey findings, and engage in dialogue about how anti-violence and the health sector are working together, where the gaps are, and what could be improved.
- An in-person [Journey Mapping](#) exercise was conducted on January 27, 2023 with representatives from anti-violence and healthcare service providers in small, rural, and/or isolated BC communities to determine the challenges experienced by sexual assault survivors and anti-violence and health sector sexual assault services, and identify potential opportunities for improvement.

Changing Perceptions of Sexual Assault

The Changing Perceptions of Sexual Assault research project was a multi-year partnership between BC Women's Hospital + Health Centre and the Ending Violence Association of BC to identify the conditions and processes that either supported or created barriers for people to disclose sexual assault and access sexual assault services in BC.

The [research findings](#) outlined the challenges faced by survivors to access support, and prompted recommendations for improvement that included additional training and stronger coordination between the health and anti-violence sectors as a way forward to support survivors of sexual assault.