Ending Violence
ASSOCIATION OF BC

Supporting Survivors of Sexual Violence Handbook

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Land Acknowledgement

EVA BC acknowledges that the work of our organization takes place across the ancestral, unceded and traditional territories of many Indigenous Peoples across the province. Our offices are located on the territories of the xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish), and səlilwətaɬ (Tsleil-Waututh) Nations.

We also recognize that current and historic colonial structures further the harm that Indigenous women, girls and 2SLGBTQQIA+ people face when experiencing sexual violence and accessing services, safety and justice. We recognize that simply acknowledging this is not enough and we are committed to taking concrete actions, informed by Indigenous leaders and Knowledge Keepers.

Throughout this handbook, we strive to honour the ways that Indigenous Peoples have resisted this oppression and cared for the land and others outside of colonial structures.

Acknowledgements

For more than 30 years, this handbook has been a resource for anti-violence workers to support survivors of sexual violence. The content of this handbook has been updated and adapted from many sources over the years. We are grateful for the many subject matter experts from across sectors and systems who contributed to the original handbook and to the many editions since.

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Disclaimer

The material in this handbook is provided for educational purposes only and does not constitute legal advice. The information provided is current as of the date of publication, but laws and policies change. Please ensure that you are up-to-date on the laws, policies and protocols that affect those that you work with, and your legal responsibilities as an anti-violence worker.

External resources, such as links to websites, are provided for information purposes only. EVA BC will work to ensure that these links remain active and relevant but cannot accept responsibility for the content or reliability of the linked websites.

If a link is not up-to-date, please contact communications@endingviolence.org so that we can work to update the electronic version of this handbook.

To access the resources used, visit endingviolence.org/svreferences

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About the Handbook

This handbook aims to equip frontline anti-violence workers to respond to the needs of survivors of sexual violence more effectively, enhancing existing knowledge and strengthening coordination across sectors.

Content Warning

While this handbook was developed for anti-violence workers, who are often aware of the impacts of doing anti-violence work, this does not mean that we are immune to these impacts. In fact, we may have memories or connections associated with some of the topics covered in the handbook, whether from our personal lives, our anti-violence work or both. Some of us may be part of a community that has been directly impacted by sexual violence.

We encourage you to take care of yourself and prioritize your wellness as you move through the handbook.

Survivor/Victim

Throughout this handbook, we have chosen to use the word "survivor" to refer to those that have experienced sexual violence. We recognize that this word does not resonate for everyone who has experienced sexual violence and that some individuals prefer the term "victim." **There is no one word that can define the realities of every person who is affected by sexual violence.** In using "survivor," we hope to recognize and affirm the resilience and resistance of those who have lived through this violence, while recognizing that the term "survivor" does not capture the experiences of those who do not survive.

In discussing legal and policy frameworks, at times we use the language reflected in these sectors ("victim," "accused," "perpetrator," "offender").

Connect With Us

For Community-Based Victim Services (CBVS), Sexual Assault Services (SAS), Stopping the Violence Counselling (STVC), STV Outreach Services (STV ORS), and Multicultural Outreach Services (MORS) program support, reach out to EVA BC's Provincial Services team at programsupport@endingviolence.org.

For support with community coordination, including sexual assault coordination, violence in relationships coordination, Third Party Reporting (TPR), and Interagency Case Assessment Teams (ICATs), reach out to EVA BC's Community Coordination for Survivor Safety (CCSS) team at ccss@endingviolence.org.

Resilience and Resistance

Some ways of understanding trauma view survivors of violence as people who will always be deeply traumatized because of their experience. In anti-violence work, we see first-hand how survivors reject this disempowering narrative. We see survivors display their resilience, not as a linear healing process or in a way that can be seen as "bouncing back" from trauma, but rather in everyday actions and decisions as they cope, adapt to and construct their lives in the aftermath.[1] We see their resilience built not only through their own tenacity, but in the supports they bravely access.

Resilience is a living, moving, breathing concept that can shift over time and in what it means to each survivor.

Resilience does not mean a survivor will not experience trauma responses or ongoing harm through the responses of systems. Resilience is also not a character trait of a survivor[2] or an expected response to violence or oppression. Resilience is adaptive; it is formed out of necessity to survive — but also to push past survival into transformation and growth. **Resilience is not found just in the "extraordinary" responses, but in "ordinary" everyday actions.** Resilience is not just found in individual responses, but in communities as they adapt and form around the wounds of trauma.

In our work with survivors, we see not only the ways they re-form their lives in response to trauma, but the ways that survivors actively resist the harm that has been done to them. We see resistance in how survivors reclaim cultural practices that have been taken from them[3] and in how they practice tradition in new ways. We see this in the new connections they form with people, with their spirituality and with their bodies. We see this resistance in their silence and in the ways they refuse to participate in harmful systems. We see this in their creation of new spaces where their voices are heard and through healing spaces outside of the mainstream public — in comment threads, in online forums and in support groups. We see resistance in the dreams they articulate about the future. We see survivors' resistance in art, in laughter, in dance, and in storytelling.

We see resistance in survivors' advocacy for themselves and for others who have experienced sexual violence. In fact, this is what has inspired many of us to this work. Many anti-violence workers have resisted the oppression and harm done to us in choosing to move our experiences forward into supporting other survivors. **Our work is itself a form of resistance to violence, through highlighting the resistance of those we support.** Our resistance as anti-violence workers is embedded in our advocacy work, in our case notes, in long drives across forest service roads, in time spent in hospital waiting rooms, and in the ways we take the time to share resources with each other.

Throughout this handbook, we have attempted to hold survivors' resilience and resistance at the centre of responding to sexual violence. Similarly, we carry this at the centre of our anti-violence work, honouring the ways that survivors respond to violence, abuse and oppression with dignity and power.

Vicarious Trauma and Resilience

As we respond to and resist the impacts of sexual violence in our communities, we may also be impacted by this work. Feminists working in the anti-violence sector are familiar with the concepts of "secondary traumatic stress"[4] and "vicarious trauma,"[5] which describe the emotional and cognitive impacts of trauma work.

As anti-violence workers, we may be affected by hearing survivors' stories of sexual violence, supporting survivors to overcome barriers in navigating the healthcare and criminal justice systems and witnessing the ways that trauma impacts survivors' lives. Vicarious trauma can impact us personally (e.g., experiences of anger, frustration, isolation, loss of trust, and sense of safety) and affect the quality of services we provide to survivors.[6]

We can reduce the impacts of vicarious trauma through:

- **Our organizations:** having access to training, ensuring ongoing, high-quality supervision and mentorship, providing opportunities for low-impact debriefing, managing caseloads, having input into decisions, and having access to good working conditions.
- **Our communities:** strengthening connections with other anti-violence workers and connecting with friends and family to reduce isolation.
- **Ourselves:** engaging in self-care and wellness practices, setting healthy boundaries and finding greater work/life balance.

We may experience vicarious trauma as a result of our work, but we know that there are also positive outcomes for ourselves and for our communities. In fact, there is growing research that points to the positive changes that come from supporting survivors of violence and trauma. **We can develop and strengthen our collective resilience through this work and through witnessing survivors' resistance, resilience and recovery from sexual violence and trauma.**

Visit EVA BC's Resource Centre for resources on vicarious trauma and resilience, including a wellness workbook designed specifically for anti-violence workers.

1 Sexual Violence Context and Impacts

small steps in this work are just as important as large leaps

Sexual Violence Context and Impacts

In responding to sexual violence effectively, it is crucial for anti-violence workers to understand the social, cultural and historical context of sexual violence. Understanding these dynamics can help us trace the ways that our sector has been formed and barriers that survivors might be facing. It also allows us to acknowledge the strengths and skills that survivors hold, and to place our work in a historical context. Understanding the dynamics around sexual violence allows us to work toward preventing violence in the future and to shape our sector to better meet the needs of survivors.

Understanding Sexual Violence

Key Terms	
Sexual violence	Refers to a continuum of non-consensual sexual contact and behaviour. It includes any unwanted sexual act that uses violence or coercion. Sexual assault and sexual harassment are two different forms of sexual violence.
Sexual assault	Refers to any non-consensual sexual contact.
Sexual harassment	Involves someone repeatedly saying or doing something related to gender or sex that is insulting or offensive. Sexual harassment includes unwanted touching; making offensive jokes, sexual requests or suggestions; commenting on someone's body; and showing sexual pictures or images.[7]

Sexual violence is not about sex, but about dominance. It is about exerting power and control over a person or a group. It can be a single incident, or an ongoing series of incidents. It is something that affects someone's sense of safety and control.

Sexual violence can take the form of:

- sexual abuse
- sexual assault
- child sexual abuse
- street harassment
- incest
- stalking
- sharing intimate images without consent
- sexual exploitation
- cyber flashing
- voyeurism
- exhibitionism
- unwanted comments or jokes
- stealthing (removal of a condom without consent)

Sexual violence is a problem in Canada.

Sexual violence is a problem that could be stopped if people who choose to commit sexual violence chose not to do it anymore.

Sexual violence can happen anywhere.

In public or private:

- 1 in 3 women in Canada have experienced unwanted sexual behaviour in public.[18]
- 1 in 4 women in Canada have experienced inappropriate sexual behaviours in the workplace.[19]

Anyone can experience sexual violence, no matter their background, identity or circumstance.

In Canada

4.7M women

have been sexually assaulted since the age of 15[8]

In BC

37% of women & 11% of men

reported being sexually assaulted since age 15 — the highest of all provinces[9]

In Canada

Sexual assault is the only violent crime not on decline[10]

In Canada

Only 5% women

report sexual assault to police; only **9%** disclose to victim services[11]

Some individuals and communities are intentionally targeted.

Some are at higher risk of being targeted based on systemic barriers they might face, such as racism, homophobia, sexism, ableism, and other forms of discrimination.

2SLGBTQQIA+ people are almost 3X more likely
to be physically or sexually abused [12]

Women are 5X more likely to be a survivor
of a self-reported sexual assault [13]

Indigenous women are 3X more likely
to be sexually assaulted [14]

Individuals with a disability are 2X more likely
to be sexually assaulted [15]

37.4% of young women & 41.3 of trans and gender non-binary youth who are unhoused
experience sexual assault [16]

Sexual violence can be words; it can be actions.

Some survivors have had the ability to consent taken away from them.

The survivor often knows the perpetrator.

Among sexual assaults where an accused was charged by the police, **87%** of survivors knew the person who harmed them. [17]

People who choose to commit sexual violence often rely on drugs or alcohol to incapacitate the person they are targeting. That person is then unable to consent, and often leads them to feel responsible for what happened or to be blamed for the violence done to them. The person who has caused harm often feels no responsibility for the violence they inflicted, as they can blame the person's drug or alcohol use for the reason they were sexually assaulted. No one knows how many sexual assaults involve alcohol and more than 90% are never reported.[20]

What do we know about those who commit sexual violence?

- ✦ People who commit acts of sexual violence are not a heterogenous group.[21]
- ✦ There is no single motivation or explanation for sexual violence.
- ✦ Many are considered "repeat offenders" who sexually assault two or more individuals.[22]
- ✦ Their strategies are often deliberate, premeditated and planned. They target specific individuals.
- ✦ Their weapons are primarily psychological (i.e., power, control, manipulation, or threats).

Impacts of Sexual Violence

Survivors respond in unique ways. The impacts can vary depending on past experiences, the support systems available to them, access to resources, or coping mechanisms. Impacts can also be related to the oppression, discrimination and societal or cultural stigma a survivor faces based on their identity or circumstances and the systemic barriers that they face. When we take the time to recognize, normalize and validate a survivor's individual experience, we can offer services that are more effective and informed.

Often, a survivor's responses are a means of coping with or escaping the trauma of sexual violence, and it's important not to judge individuals on how they cope. Coping skills tell us what tools a survivor has and how they might be trying to resist the harm done to them. Coping skills also show us where a survivor may have needs for further support and resources.

Some Impacts of Sexual Violence		
Physical	✦ physical injuries ✦ sexually transmitted infections ✦ difficulty sleeping and nightmares	✦ chronic pain ✦ changes in appetite ✦ headaches ✦ difficulty with decision-making and memory
Emotional	✦ crying ✦ anger	✦ numbness ✦ calm
Psychological	✦ hyper-alertness and hypervigilance ✦ rumination ✦ panic attacks ✦ flashbacks	
Spiritual	✦ loss of interest in a faith or belief ✦ feeling a loss of hope	
Financial	✦ costs for medical and/or dental care ✦ lost wages from missing work ✦ costs of child care ✦ finances being withheld by an abusive partner	
Behavioural	✦ difficulty focusing on everyday tasks ✦ behaviours that may put the survivor at risk (e.g., self-injury) ✦ increased substance use ✦ loss of interest in hobbies/activities	
Interpersonal	✦ isolation or distancing from support networks ✦ mood changes ✦ not wanting to be touched or seeking more physical contact	

Trauma Responses

A survivor may experience trauma responses as a result of sexual violence. Some survivors experience numbness, extended periods of anxiety or depression, mood swings, flashbacks, nightmares, difficulty sleeping, hypervigilance, and decreased sexual desire. Some survivors experience these responses at different times, whether during, immediately after or in the long-term aftermath of sexual violence.

Healing is not a linear process.

Survivors may feel discouraged at times by what feels like a lack of progress.

As anti-violence workers, we are able to normalize this non-linear healing journey and find moments to highlight the resilience and resistance survivors display in their responses to violence and injustice.

The ways that survivors respond to sexual violence can vary from person to person or from situation to situation; **there is no one model that can predict what a survivor may experience.** In fact, our current models of understanding trauma are limited, and unable to recognize all the ways that people respond to trauma. In our role as anti-violence workers, it can be helpful to familiarize ourselves with some of the responses to sexual violence, allowing us to normalize survivors' experiences and make them feel less alone in their recovery journeys.

Fight/Flight/Freeze/Fawn Response

This is one commonly known tool for recognizing the ways the brain reacts to trauma. It can be used to understand the immediate response as well as the long-term responses to trauma. This model can be a helpful tool for understanding or explaining a survivor's trauma responses — but is a limited model of understanding the ways that trauma works. Like all tools to understand trauma, it is rooted in a Western perspective and does not account for the complexity of the brain and body's experiences.

Fight When a survivor responds through physically fighting, pushing, struggling, etc. The survivor might experience rage, anger, irritation, or frustration.

Flight When the survivor has an urge to flee the situation, dissociates, or has an intense fear response to a reminder of trauma.

Freeze When the survivor becomes overwhelmed and is unable to move. The survivor may experience numbness or a sense of helplessness.

Fawn A more recently identified addition to this response model, this occurs when a person experiencing trauma attempts to avoid conflict by appeasing others.[23] The survivor may ignore their own needs to conform to the other person's needs in order to survive.

The "fight" and "flight" responses to immediate trauma are the ones survivors are least likely to have, especially women-identifying survivors.[24] The "freeze" response is most often recognized in women-identified survivors of sexual violence. Often, women are not trained or socialized to "fight back." The person who has caused harm is often someone the survivor knows personally or trusts [25] and that can make it more challenging for a survivor to respond with a fight or flight response. **Survivors may experience all these trauma responses at different times during or after their experience of sexual violence.**

Tonic Immobility

Tonic immobility is a state of being temporarily and uncontrollably unable to move. It is a phenomenon that has mainly been studied in survivors of sexual violence.[26] Tonic immobility is characterized by two factors: intense fear and immobility. It can cause effects like:

- ✦ trembling
- ✦ being unable to speak
- ✦ physical and mental paralysis
- ✦ eye closure [27]

Tonic immobility can have an impact on how a survivor experiences legal and justice responses, through being discredited or seen as not resisting. Survivors who experience tonic immobility experience higher levels of guilt and shame when being viewed as not "having done more" or "fighting back." [28,29,30] As anti-violence workers, we can challenge these misconceptions through differentiating tonic immobility from consent. **We can honour and validate the ways that a survivor has resisted the violence inflicted on them in acknowledging how their body has shut down to help them survive violence.**

Post-Traumatic Stress

Some survivors experience a range of symptoms that are known as post-traumatic stress responses, which can include vivid flashbacks, nightmares, numbness or dissociation, avoidance, feeling easily startled, or irritability. These responses can happen immediately after an experience of violence but can also develop into longer term responses.

Complex Trauma

Where post-traumatic stress has often been identified as a response to a singular event or traumatic experience, complex trauma arises from repeated experiences of or exposure to trauma, often taking place in interpersonal relationships or with someone known to the survivor. Complex trauma symptoms can include emotional dysregulation, negative beliefs about oneself or others, difficulty in forming and maintaining relationships, dissociation, and chronic health problems.

Some survivors may feel that receiving a diagnosis from a healthcare professional is affirming or freeing. It can be helpful to have a label for trauma responses and can mean new forms of community or support. For other survivors, they may feel that these labels are limiting and not reflective of their experiences. **It is important to allow survivors to explain their experiences in their own words and terms, whether they choose to use clinical terms or not.**

Arousal During Sexual Violence

Some survivors may experience arousal during the violence, and this can be a source of shame or confusion. Arousal is a spontaneous response that does not indicate consent. Sexual violence research shows that people can experience desire or positive feelings toward sexual experiences that they do not consent or agree to.[31] Survivors also report feeling aroused during sexual violence, especially during cases of repeated violence.[32] This can be seen as a survival response that makes violence endurable but can also cause confusion around consent for the survivor. People who cause violence may be aware of this and can attempt to cause this automatic response, reducing their own guilt and increasing their sense of power over the person experiencing violence. **It can be important to differentiate between consent and arousal in the experiences of survivors.**

Some of the trauma responses that a survivor experiences are also a form of resisting the violence that has been enacted on them. It can be a way for them to take power back in a situation where power has been taken from them. Highlighting these strengths can be a tool for us as anti-violence workers to lessen shame and recognize the power survivors carry.

Some of the ways that survivors resist can be through:

- ✦ the body's attempt to preserve itself during violence (fight, flight or freeze) as actively not accepting the violence being inflicted;
- ✦ the body's response to violence through arousal or pleasure (lubrication or erections) as a way of making violence more survivable;
- ✦ the body's attempt to cope with the immediate aftermath (tonic immobility) as the capacity to move the built-up energy of fear;
- ✦ difficulty focusing and making decisions as a result of the mind's ability to prioritize in time of crisis; or
- ✦ negative self-talk and meaning ("I should have seen it coming; I didn't fight back enough; it's my fault; no one will believe me") as the mind's attempt to make sense of a frightening situation.

The Normalization of Violence

The violence that survivors face is not limited to specific acts of sexual violence but is also in the way that social structures allow and perpetuate violence.[33] Because structural violence normalizes sexual violence, it becomes seen as pervasive, expected and inevitable.[34] It puts the burden on the survivor to prevent sexual violence.

When violence is treated as normal, our shared ideas, social behaviours and institutions accept sexual aggression, particularly violence committed by men.[35] This type of violence shows up in our laws, policies and structures — making it more challenging for survivors to access support. This creates the possibility for sexual violence to happen. This also makes survivors feel responsible for the violence and for not holding accountable those who have caused harm.

Some of the structures that contribute to the normalization of violence include:

Patriarchy

A social system that prioritizes male authority and power, pushing people who do not identify as male into the margins and perpetuating gender inequities through institutions.

In a patriarchal society, white, cisgender, heterosexual, able-bodied men often hold more authority, privilege and power over others, especially women, queer, trans and non-binary people, people with disabilities, and racialized people. Patriarchy is about domination and control,[36] and to maintain this hierarchy, sexual violence has been viewed as a way of gaining power over others to gain more status. Sexual violence becomes a way of maintaining patriarchal order.

Masculinity

A set of cultural expectations and norms that define (and often idealize) the characteristics typically associated with being male. This often includes dominance, emotional restraint and physical toughness and can pressure individuals to conform to these roles.

Sexual violence has been used to affirm ideas of masculinity, especially with young people.[37] Because social understanding of masculinity has been built on competition, sexual violence becomes a means for men to reaffirm power over other men. Violence against 2SLGBTQQIA+ people is made possible because of a culture that teaches men and more masculine people that they have a right to use violence against people who do not conform to traditional gender roles.[38, 39]

We see this normalization of sexual violence show up...

... in law enforcement.

The RCMP has a recent history of harassment, sexual violence and discrimination, and has faced hundreds of harassment complaints over the past decade. Most notably, 400 female RCMP officers sued the RCMP for ignoring sexual harassment.[40] In 2024, a Vancouver police officer and post-secondary instructor of 33 years was accused of sexual misconduct toward seven women, including fellow officers and former students.[41]

... in post-secondary institutions.

In universities and colleges, we often see the need to establish male dominant status play out through high rates of sexual violence.[42] At least one in four women attending college or university experiences sexual assault by the time they graduate.[43] Some survivors never graduate because of the experience and/or impact of sexual violence.

... in institutions of care.

In institutions where people with disabilities are isolated, segregated and/or congregated,[44] there have been historically high levels of sexual violence. We see these high rates of sexual violence faced by people with disabilities continue outside of these institutions. Women labelled with cognitive disabilities are estimated to be four times more likely to have been sexually assaulted than people without disabilities.[45]

... in immigration systems.

Migrant workers and those with precarious immigration status face high rates of sexual violence, exploitation and trafficking.[46, 47] Those who are exploited often face significant barriers to reporting abuse and receive threats of deportation if they speak up or advocate for their rights. They often have a difficult time accessing or qualifying for support services, which increases their risk of being targeted for sexual violence.

When violence is normalized, it can be more challenging for survivors to access support. Not only do survivors grapple with the effects of trauma, but they also face obstacles to receiving the support they need and deserve. Survivors even face harmful responses from the systems that should be supporting them or preventing violence before it occurs.

Victim Blaming

Victim blaming is a common response that survivors face when they disclose sexual violence. Survivors are themselves questioned about their actions and what they could have done to prevent the violence — or even what they could have done to provoke the violence.

Survivors may be asked:

- ✦ "What were you wearing?"
- ✦ "Why didn't you fight back?"
- ✦ "Why did you drink so much?"

Many of us have been socialized to think about sexual assault in a way that absolves people who commit violence of responsibility and blames survivors for everyday behaviours like having a drink, getting a ride or wearing a tank top. Victim blaming can also happen when we do not believe that someone we know and trust could be capable of committing sexual violence.

Victim blaming contributes to a culture that shifts accountability from the person who caused harm to the person who experienced harm. This tells survivors that they are responsible for the violence they have faced. Victim blaming discourages survivors from coming forward to access support or justice for fear they themselves will be blamed or further harmed.

Stereotypes

There are many stereotypes that survivors face that can make it challenging to access support for sexual violence. Some of these may be tied to discrimination they already face, as in the case of racialized survivors who face racist assumptions around being perceived as hypersexual [49, 50, 51, 52] or about people of colour being able to "withstand" violence.[53]

Typically, gender-based violence has been understood in the narrow context of a "victim/perpetrator" binary [54]: a helpless, abused woman and her violent, controlling husband. This viewpoint has obscured the experiences of people who do not fit "neatly" in these categories, such as queer and trans people. Many sexual violence cases look different than the stereotypical image of a male perpetrator targeting a female victim in a public space.

1 in 5 survivors of sexual assault

have been made to feel responsible for the violence they have experienced,

whether from the person who caused harm, from their family or from friends.[48]

Secondary Victimization

Victim blaming and stereotypes, rooted in structural violence, have shaped how our systems respond to sexual violence and who is seen as "deserving" of care. This can mean that many survivors experience further traumatization in their experience of seeking support, healthcare or justice. This can include insensitive questioning, disbelief or outright blame, which can severely impact a survivor's mental health and/or their willingness to seek further help. This secondary victimization can also be experienced from family, friends and social media.

Colonization and Sexual Violence

The power structures and societal norms that surround sexual violence and impact survivors are seen in the foundations of how this country was formed. When European settlers arrived on Turtle Island, or what we now know as Canada, they saw the land as "unoccupied" and available to claim. To justify this, they viewed Indigenous Peoples as needing to disappear.

Colonization was a strategy embedded in the foundations of how the nation-state of Canada was formed. Colonization was, and continues to be, a project that aims to exert control and authority over Indigenous Peoples and their lands. It aims to erase Indigenous cultures, languages and governance systems, and to impose European values and structures.

Colonization was something not only written on the land but on the body. Sexual violence was used as a tool to control and ultimately eliminate Indigenous Peoples; a violence that disproportionately affected (and continues to affect) Indigenous women, girls and Two-Spirit people.[55] Indigenous women's bodies were seen as an extension of the land, dehumanizing them and making them targets of violence.[56] European invaders used sexual violence as a way of subjugating non-white, non-European and non-male-identified bodies.[57] Sexual violence was and continues to be normalized through degrading stereotypes and myths around Indigenous women, girls and Two-Spirit people.[58]

Colonization is a violence that is not limited to the past but continues to this day.

The sexual violence of colonization not only affected Indigenous Peoples, but other bodies that did not fit in the category of white, European or male-identifying. Immigrant populations also faced sexual violence as part of colonization and the discrimination of being seen as "immoral" as a result.[59] Black women in Canada faced the daily realities of enslavement and historical tolerance of sexual violence.[60] Chinese women labourers in Canada faced discrimination and misogyny, and were assumed to be sex workers and to have a "different moral character." [61]

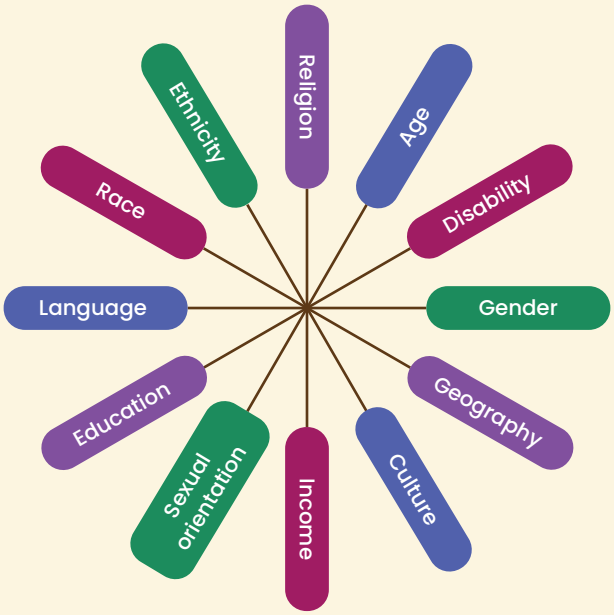
Just as colonization is a project that is ongoing, we see how sexual violence continues to be tied to this. In 2019, one in ten Indigenous women in Canada was the survivor of a violent crime.[62] The National Inquiry into Missing and Murdered Indigenous Women and Girls [63] identified thousands of unsolved murders and disappearances of Indigenous women, girls and Two-Spirit people. Canada's criminal justice system continues to respond inadequately to survivors of sexual violence who are racialized.

Historical Trauma

Historical trauma is a form of intergenerational trauma, or a "cumulative emotional and psychological wounding" [64(p7)] across generations that is specific to a group that has faced systematic oppression.[65] Acknowledging the historical trauma that Indigenous Peoples have faced, and continue to face, is central to our work with survivors. It provides a crucial context to their experience, but it also provides a framework for us to grapple with the effects of colonization that continue today. Colonization is not limited to the past, just as historical trauma is not just about the past. The historical trauma that Indigenous survivors face is an ongoing and persistent reality.

Intersectionality and Sexual Violence

To effectively respond to the violence that stems from colonization and is embedded in our systems, it is crucial to adopt an intersectional approach. Because colonialism, racism and sexual violence are so intertwined, we need a way of approaching anti-violence work in a way that recognizes these connections.



Intersectionality, a concept coined by Kimberlé Crenshaw and rooted in the Combahee River Collective's work, provides a lens for us to understand how multiple forms of oppression can intersect and affect a survivor's experience. Factors such as a survivor's race, ethnicity or disability status can shape their vulnerability to violence, access to resources, experiences of discrimination within legal and social systems, and opportunities for seeking support and justice.

Intersectionality is a framework that allows us to recognize the complexity of the identities of survivors and of our own identities as anti-violence workers. In acknowledging the ways that identity is shaped by history and land, we aim to provide services that not only acknowledge but actively address the unique experiences of each survivor we encounter.

Intersectionality allows us to recognize...

... the patterns of sexual violence more clearly.

Through an intersectional lens, we can notice the patterns that show up through history, through systems and through survivors' individual experiences. Intersectionality shows us that those who live at the intersections of multiple marginalized identities and forms of oppression, such as women with disabilities; racialized people with low income; or queer, trans and non-binary individuals, experience sexual violence at higher rates.

... the barriers that people face when choosing to disclose experiences of violence or seek support.

Intersectionality is not about understanding who is "vulnerable" to experiences of sexual violence or who is "at risk" of sexual violence. It is about recognizing decreased access to support. It challenges us to acknowledge the ways that systems of power and oppression intersect, influencing individuals' access to safety, justice and healing.

... the tools that survivors carry.

Through understanding sexual violence from an intersectional lens, we better understand that there are many different coping strategies, forms of healing and justice for survivors to access — many that exist outside of formalized structures and Western mainstream approaches (i.e., Elders, Knowledge Keepers, faith communities, or church family).

... our own strengths and biases as anti-violence workers.

As we recognize and understand the complex ways that our identities are formed, we can start to see where we might be carrying biases into our work or where we might be representing systems of oppression to the people we work with. We ourselves might be affected by the same systems of oppression that the people we work with face, and we may have lived experiences that we draw from in this work to support them. Through applying an intersectional lens to our own identities, we can foster more empathy and authenticity in our work.

Reimagining Our Movements

Throughout anti-violence movements, we have seen the need for an intersectional approach. In fact, in much of the professionalized anti-violence sector, Indigenous, racialized, queer, trans, and non-binary voices have been left out. **We have seen how, throughout anti-violence movements, Indigenous, Black and Brown activists have been calling for an intersectional approach.**

The MeToo movement is one example of the importance of including an intersectional lens. First established in 2006 by American activist Tarana Burke after her own experience of sexual violence, the movement sought to support young, Black survivors from low-income communities. It aimed to challenge the ways that Black women and girls have been left out of sexual violence prevention and intervention efforts. It was a movement that centred around these voices, aiming to place them at the forefront for creating solutions that interrupted sexual violence in their communities.[66]

> "Women have been speaking up for years about harassment and abuse. #metoo has just created cover for those who didn't feel safe enough to speak up. The movement didn't *create* the concept of speaking out. It just allowed people to hear us better as a chorus and not a solo. And be clear there are still MILLIONS of people around the world who are still silent. Who STILL don't feel safe enough to share their experiences and the mischaracterization in the media is a DISSERVICE to them." [70]

In October 2017, the #MeToo hashtag went viral in Canada, and worldwide, taking the movement in a new direction. High-profile American actresses (mostly white and cisgender) used the hashtag to call out sexual violence they had experienced in professional settings, giving survivors of sexual violence a very public visibility and putting faces to statistics.[67] Canadians watched high-profile cases unfold in the court, including that of former CBC radio host Jian Ghomeshi,[68] made public through the hashtag #BeenRapedNeverReported: a critical social media movement in Canada.[69]

The MeToo movement created a paradox that illuminated the experiences of sexual violence survivors, while simultaneously shifting the conversation away from a grassroots community that centred the experience of racialized survivors.

In the wake of this movement, reports of sexual violence across Canada surged.[71] Across the country, police saw increased caseloads and reports, and support services reported a greater demand and longer wait times to access services.[72] We have also seen that despite more survivors feeling safe to come forward, many survivors remain silent about their experiences. Many women and girls from Black communities,[73] originally at the centre of the MeToo movement, are left out of the conversation and face significant barriers to accessing our services.[74]

This is a pivotal time for anti-violence workers, marked by an increased demand for services, for intersectional perspectives and for the unique skills, specialized knowledge and lived experiences each one of us brings. There is no singular "right" way to address colonization, oppression or sexual violence. Instead, we rely on our collective efforts — collaborating, listening, dreaming, acting, and amplifying the voices of those we support. We honour the courage of those who seek our services; those who face barriers even before they step through our front door, meet with us online or pick up the phone to reach out to us.

Through our work, we come to recognize the bravery, strength and power of the survivors we support and hold at the centre of what we do.

2 Supporting Survivors of Sexual Violence

We're all just walking each other home

Supporting Survivors of Sexual Violence

Anti-violence work involves supporting and advocating for survivors. To provide support, anti-violence workers collaborate with survivors to identify and address their needs and facilitate recovery from violence and trauma. Key aspects of this role include providing:

- ✦ information about gender-based violence and the impacts of trauma
- ✦ information about available options and services
- ✦ community coordination and referrals
- ✦ community outreach and engagement
- ✦ emotional and practical support
- ✦ risk identification and safety planning
- ✦ transportation and accompaniment
- ✦ advocacy and public education

As an anti-violence worker, you may be the first person a survivor has disclosed to about sexual violence. They may disclose because they are seeking sexual assault services after a recent experience of sexual violence, they may share that they are a survivor of historical or child sexual abuse or assault, or they may be receiving intimate partner violence services and disclose that they experienced sexual violence in the context of their relationship. How you respond can have a significant impact on the survivor and influence how they make sense of what has happened, their decisions about immediate next steps, and how they perceive and access services and systems in the future.

The Diverse Needs of Survivors

Sexual assault survivors have diverse needs that service providers must acknowledge, validate and prioritize. Additionally, service providers can address concerns and expectations by providing timely information, support and advocacy, and creating a sense of safety to reduce anxiety and fear that survivors may be experiencing. Incorporating trauma-informed practice into survivor-centred service delivery is essential to trauma recovery. Anti-violence workers should integrate an intersectional, trauma-informed and culturally safe approach throughout the continuum of support to be inclusive and responsive to survivors' needs.

A basic principle of all work with survivors is to "do no harm."

Barriers to Disclosing and Reporting

There are multiple reasons why most survivors choose not to disclose and/or report sexual assault, which may be influenced by their real fear of not being believed, stigma around sexual violence and the possibility that the perpetrator will not be held accountable. While survivors may access a range of supports and services without disclosing that they experienced sexual violence, disclosing sexual assault may be necessary to access some services.

Disclosing sexual assault takes courage, and accessing support services often requires survivors to overcome significant barriers. Survivors may have to deal with their own beliefs about sexual assault, navigate feelings of shame and guilt, and struggle not to engage in minimizing and self-blame.

Cultural norms, values and beliefs impact everyone; for some survivors the pressure of societal expectations from their broader social circles may be overwhelming. The survivor will have to determine whether disclosing will be safe or beneficial to them and decide who they can trust and disclose to.

There are many reasons why a survivor may be hesitant to disclose or report sexual violence, including:

- **Negative experiences with various systems.** A survivor may have had negative experiences before, such as in their contact with the police or healthcare providers, and/or may be part of a community that experiences discrimination within these systems.
- **Belief that sexual assault is not worth reporting.** A survivor may minimize the experience, not fully understand that what happened to them is a crime and/or feel it is not worth reporting.
- **Fear of not being believed.** A survivor may fear not being believed, especially if they experienced sexual violence in the past and they were not believed when they disclosed that experience.
- **Fear of being judged or blamed.** A survivor may fear that family, friends and/or police may judge them, blame them or make them feel guilty about something they did (or did not do) — whether before, during or after a sexual assault.
- **Fear or shame.** A survivor may experience overwhelming guilt, shame or self-blame and may fear reporting to police as the experience can trigger different emotions and can lead to post-traumatic stress responses.
- **Concerns about holding the perpetrator accountable.** A survivor may feel conflicted about holding the perpetrator accountable, especially if they are both members of a geographically isolated community, queer community, immigrant community, or on-reserve community.
- **Fear for their safety.** A survivor may have concerns about their safety and fear retaliation, particularly if they know the perpetrator and/or experienced sexual assault in the context of intimate partner violence.
- **Lack of knowledge about the criminal justice system.** A survivor may not know about the laws related to sexual violence and assault, know how to access support services or report to police.

Barriers to Accessing Services

Many survivors may not know their rights or what support services are available to them. A survivor may not know about organizations that provide emotional support, counselling, victim services, advocacy, and referrals to other appropriate services, including healthcare and legal services. Additionally, it can be difficult for a survivor to identify what they need in a crisis or when they are experiencing trauma responses.

After a survivor has identified the available services and the organizations that might support them in meeting their needs, they may still face barriers in accessing those services. These barriers include:

- **Lack of cultural and language supports.** Some organizations and programs do not have anti-violence workers who can provide culturally specific supports or support in the survivor's own language.
- **Discrimination and racism.** Survivors may experience discrimination, racism and/or stigma (e.g., if they are experiencing mental health challenges, using substances or involved in sex work).
- **Lack of gender-affirming and inclusive services.** Services may not be inclusive or affirming for trans and non-binary survivors (e.g., a trans man may not be accommodated by a program whose mandate is to serve only women).
- **Limited technology and communication supports.** Technology, Wi-Fi connectivity and limited access to mobile and/or Internet service could make remote and online communication difficult. There may also be safety concerns in accessing virtual services when the survivor lives with the perpetrator or the perpetrator has control over their technology. A survivor may have safety and privacy concerns and/or fear a breach of confidentiality when accessing services remotely. Survivors with disabilities (e.g., vision or hearing impairments, developmental or learning disabilities) may find accessing services difficult if programs and organizations are not equipped to accommodate their needs.[75]
- **Limited services and confidentiality.** There may be limited access to services, especially in rural and remote communities. Survivors may feel isolated and not have an easily accessible social network. There may be significant transportation challenges in attending in-person services. Confidentiality may be seen as compromised in smaller communities where everyone knows each other; this may make it difficult to seek services and support.

Survivors who access anti-violence services have already overcome many barriers to do so.

It is important to remember that it is an honour and a privilege to be trusted with their stories and to be invited to walk alongside them in their healing journeys.

In addition to the challenges and barriers that survivors face in accessing services, a survivor may choose not to seek support for the following reasons:

- **Cultural or Religious Barriers.** Some groups may be impacted by cultural or religious expectations. For example, there may be cultural or religious taboos about sex outside of marriage and the survivor may fear they will bring shame or dishonour to the family, reinforcing concerns about reporting sexual violence and seeking support.
- **Linguistic barriers.** Depending on their linguistic and literacy level, some survivors might not be able to read/write in English and may require translated materials to learn about the law and available services.
- **Immigration status.** Survivors whose immigration status is considered temporary, precarious or out of status may not report because they fear deportation and/or losing their immigration status.[76] Their status may also directly influence their eligibility for services.
- **Fear of child removal.** Survivors may be reluctant to report violence to police for fear their child(ren) will be taken into government care.[77] Survivors may be in the midst of family law proceedings and the involvement of another system may be overwhelming.
- **Lack of safe, affordable housing.** Being sexually assaulted is a contributor to homelessness and can be a factor that arises out of experiencing homelessness. A survivor who is experiencing homelessness is at a greater risk of sexual violence.[78] They may not prioritize seeking help and support, rather focusing on meeting essential survival needs and prioritizing their safety to manage the risk or threat of violence.
- **Poverty.** Survivors living in poverty may experience increased rates of sexual violence.[79] Those experiencing homelessness and poverty are often living in low-income housing or are living in communities with high rates of violence and substance use that can increase their vulnerability to sexual assault.[80]
- **Mental health and substance use health.** Survivors who have been impacted by sexual violence and sexual assault may use substances to cope and self-medicate; those who may already be using substances are more vulnerable to sexual violence.[81] Many survivors who have experienced violence and trauma also experience challenges related to mental health and substance use health.[82]

Positionality, Power and Privilege

Service providers can better support survivors of sexual violence by being aware of and identifying the specific challenges they face as a result of intersecting identities (such as age, race, gender, ability, culture, religion, and socio-economic status) and forms of oppression (such as ageism, racism, sexism, and ableism). This involves the practical application of the concept of intersectionality, a framework demonstrating the multiple forms of discrimination and oppression that intersect or overlap to create unique social identities and experiences for survivors.

It is important to take the time to understand our own positionality and privilege as anti-violence workers.

At its core, privilege is the unearned advantages/benefits that a person has from being part of a group — often a group that has power. As anti-violence workers supporting survivors, we are often sitting in a position of power, and this comes with the responsibility to understand our position in this work.

Some privileges that are common with anti-violence workers may include having:

- An academic background
- A job & access to benefits
- An understanding of gender-based violence laws, policies & response systems
- An identity that faces less oppression (e.g., white, educated, middle income, upper class & cisgender)

There are many white women in the social services field. This privilege can come with being able to engage with systems without fear of racism.

By recognizing that anti-violence workers may have power and privilege, we can practice allyship when supporting survivors of sexual violence and sexual assault. We can:

- **Avoid making assumptions about survivors' experiences and needs.**

  Some assumptions to consider include:

  - **The intersecting identities of the survivor.**
    Some survivors might belong to the 2SLGBTQQIA+ community but may not disclose their gender or sexuality and may not find it safe to come out to you. Some survivors may have a disability that is not visible.
  - **The identify of the person who harmed them.**
    If the survivor does not identify the gender or race of the person who harmed them, it is important not to make assumptions about their identity. Mirror the language the survivor uses for the person who harmed them when they share their experience (e.g., partner, date, supervisor, or coach).
  - **What kind of support the survivor wants or needs.**
    Some survivors may want to access cultural supports, while some may not feel comfortable connecting with people from their own culture, language group or community.

- **Build trusting and respectful relationships.**
  - Make space for conversation and invite the survivor to tell you about their experience or to share what they feel comfortable sharing.
  - Establish relationships of trust and respect with service providers in social services, healthcare services and legal services, and within agencies and with diverse groups in your community. Learn as much as possible about their roles and ensure that they know about your role and the services your organization provides.
- **Seek knowledge and understanding.**
  - Take time to research the systemic barriers that survivors of sexual violence may face.
  - Be open to learning more about the diverse communities you serve and find out what the appropriate protocols are to better support survivors of sexual violence.
- **Be willing to use your privilege and give it up.**
  - Your privilege in this work may make it easier for you to enter some spaces and have conversations with the police and/or hospital staff. Leverage your privilege to be able to advocate for the survivor you are supporting and recognize when you may need to sit back and let them take the lead.

- Facilitate a survivor's empowerment so that they can keep themselves safe and continue living their life.

- **Make space for the survivor.**
  - This is already a skill that many anti-violence workers possess. It is important to recognize when your privilege might be preventing you from letting the survivor decide what they need.
  - Ask the survivor directly what it is that they want and what you can do that would be most helpful to them.
- **Be willing to make mistakes.**
  - Mistakes will happen and that is part of recognizing our privilege in the work. It is important to be honest with survivors and to learn from these opportunities. Anti-violence workers can feel pressure to "get it right," and while it is important to continually improve our practices, we still make mistakes in this work. When mistakes occur, take responsibility and use the experience to enhance your practice; embracing a culture of learning leads to more ethical anti-violence services.

Frameworks for Responding to Sexual Violence

Supporting survivors of sexual violence requires anti-violence workers to align with various sets of organizational and external values and ethics. Many anti-violence organizations and programs have values that guide the work of the organization or program. Anti-violence workers may also be members of professional associations that have ethical guidelines and codes of conduct. If you are a member of a professional association, consider the codes that guide your work in that profession.

Anti-violence organizations and service providers can increase the accessibility and impact of their programs and services by implementing key frameworks for responding to gender-based violence: **intersectional feminist practice, trauma-informed practice and cultural safety and humility.**

Trauma-Informed Practice centres survivors' needs and emphasizes compassion and kindness, being mindful of the impact you can have on a survivor's healing journey.

Trauma-Informed Practice

Trauma-Informed Practice (TIP) is a service delivery approach that recognizes the impacts of violence and trauma, seeks to reduce the risk of re-traumatization and promotes trauma recovery. Applying a trauma-informed approach means acknowledging that sexual violence can be traumatic and can have long-lasting impacts for survivors, but also recognizing that survivors can recover and heal from trauma.

A TIP approach can be applied across many services and systems, including the anti-violence sector, healthcare services, police services, legal services, and correctional services. It involves four key principles, which can be applied to sexual violence response [83]:

- **Trauma awareness**
  Understand how prevalent sexual violence and victim blaming are in society, common responses to sexual violence and trauma, and the impact of sexual violence (e.g., physical, psychological, behavioural, interpersonal, and spiritual).
- **Choice, collaboration and connection**
  Work collaboratively with the survivor to identify their needs and goals, and create opportunities for them to provide consent and make choices for themselves. Facilitate connections with other survivors and/or referrals to other service providers as needed. Encourage them to provide feedback about the services they access, including yours, to help improve the delivery of services to survivors in the future.
- **Safety and trustworthiness**
  Prioritize safety (physical, psychological, emotional, cultural, and spiritual) and recognize the importance of trust in the recovery process. A lack of safety and trust in services and systems is a barrier to engaging with them in the aftermath of sexual violence. If a survivor engages with a service or system and is then re-traumatized, this may prolong their healing journey. Provide timely information and follow up later to build their trust in you and your service.
- **Strengths-based and skill building**
  Highlight survivors' strengths and resiliency in surviving and coping with the impacts of sexual violence. Support them in developing self-advocacy skills and encourage them to make decisions for themselves about their next steps. Respect their decisions and timeline, including whether (and how) they disclose to other people, whether (and where) they seek medical care and whether (and when) they report to police or access other services available to them.

Cultural Safety and Humility

In your work, you will encounter and support people from many different cultures, backgrounds and identities. Many survivors, community partners and co-workers may be experiencing marginalization, racism and forms of discrimination. To counteract these harms and enhance your work, consider how you can incorporate concepts of cultural safety and humility into your anti-violence practice.

Cultural Safety

Cultural safety refers to what is felt or experienced by the survivor. It is only the survivor who can determine whether they feel culturally safe while accessing care.[84] Cultural safety is linked to TIP. Both can support survivors to feel respected, comfortable and acknowledged by centring the survivor's needs and voice.[85]

Delivering culturally safe services includes:

- ✦ acknowledging survivors' experiences and social conditions
- ✦ learning about and recognizing the unique history of the survivor (e.g., the effect of historical and ongoing colonization on the individual)
- ✦ recognizing power imbalances and the influence of our own identities and beliefs
- ✦ building equitable, two-way relationships with survivors built on respect, shared responsibility and cultural exchange [86]

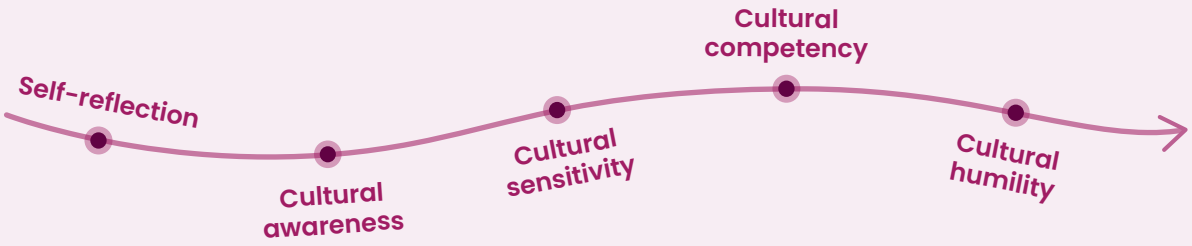
Cultural Humility

The concept of cultural humility takes cultural safety further, inviting us into a commitment of lifelong learning, self-reflection and understanding of the biases we carry. Cultural humility is about being open to "not knowing" and positioning ourselves as learners. It is about recognizing ourselves as experts of only our own lived experiences — not those of others.[87]

Continuum of Cultural Safety

We may be at different points of this continuum in our practice at different times. Approaching this work with cultural safety in mind will allow you to move toward creating safer spaces for survivors and toward cultural humility. This work is not about perfection or knowing everything about every culture. Instead, we are invited into a commitment of continual growth, moving from self-reflection to cultural humility.

Continuum of Cultural Safety



Self-reflection	Being aware of our own cultural values, beliefs and biases
Cultural awareness	Being aware of and respecting cultural differences
Cultural sensitivity	Being respectful about cultural differences
Cultural competency	Reflecting on our own self-awareness and continuing to learn about diverse cultural values and beliefs
Cultural humility	A commitment to lifelong learning, self-reflection and acknowledging that you may not know everything about the survivor; they are the experts of their own experiences

To continue this learning, you can aim to:

Reflect
on your own power and privilege

Educate
yourself on diverse cultural needs of survivors

Learn
about the Indigenous Peoples whose lands you are on

Recognize
the survivor as the expert of their experience; be open to not knowing/being the expert

Cultural safety is about creating a safer environment and reducing power imbalances between the anti-violence worker and the survivor. You have the opportunity to practice and sustain openness to ongoing learning, to centre survivors' needs and to ultimately allow the survivor to determine whether services are safe for them.

Connecting with Survivors

When survivors connect with support services, they want to be heard, believed and supported.

Before you engage in a conversation about sexual violence:

- **Consider the space you are in.**
  It is helpful to find a space that is private to maintain confidentiality. Respect their personal space and follow their lead.
- **Find ways to make them more comfortable.**
  Invite them to share what would make it easier for them to talk to you. If you are providing services in person, you may want to offer something that will help ground them like a beverage, snack or blanket. If connecting virtually or by phone, invite them to have something grounding nearby.
- **Give the survivor choices.**
  Consider asking them where they would like to sit, providing options for whether they want the lights dimmed or bright and if they prefer to have the door open or closed. Give the survivor choice of whether to meet in person or virtually, if possible. Giving survivors the opportunity to choose what they want is empowering and allows them to have more control over the process.

There are three key pillars to supporting survivors:

Listen **Believe** **Support**

These pillars are relevant not only to anti-violence workers, but may also be shared with other service providers, community partners and the public. Before connecting with your services, survivors may disclose to family and friends; these pillars can increase the likelihood that they receive a supportive response, regardless of who they disclose to.

Listen

Active listening is a foundational skill in supporting survivors of sexual violence. Support the survivor to share as much or as little as they would like to about what happened, without interruption. Some practices of listening include:

- **Summarize or paraphrase** what was shared.
- **Mirror their language** that they use for themselves (e.g., victim, survivor or target), the person(s) who harmed them (e.g., perpetrator, partner, assailant, or accused) and what happened to them (e.g., abuse, assault, or attack).
- **Thank them** for trusting you with what they have shared.
- **Use open-ended questions** for important questions that need to be asked (e.g., to plan for safety). Encourage the survivor to answer in their own words.
- **Listen for silence** and what a survivor is not sharing, not just their words.

Listening includes paying attention not only to a survivor's words but also to what they are communicating through non-verbal communication such as body language. A survivor might be communicating discomfort by crossing their arms, avoiding eye contact, fidgeting, showing tense posture, or physically pulling away. Similarly, we need to be mindful of our own body language, voice and tone. The way we show up can contribute to a sense of stress and anxiety or be used to bring about a greater sense of calm.

As you listen, you can invite the survivor to do some grounding exercises to regulate their nervous system and bring them back to the present. You can provide guidance through these exercises and/or do them with the survivor. For example, they can:

- Take slow deep breaths.
- Gently press their feet into the floor.
- Stand with their hands on the wall and push to release anger or frustration.

Believe

Acknowledge the survivor's experience and validate what they are sharing. Validating and normalizing their responses is important, given the victim blaming messages we all receive in society and in the media. **Some of the most powerful words you can say to a survivor of sexual violence are "I believe you" and "It's not your fault."** These messages can address a survivor's fear of not being believed or of being blamed for what happened.

A survivor may express a variety of emotions and responses (shock, disbelief, embarrassment, shame, guilt, powerlessness, denial, fear, confusion, and/or anger). They may physically express this through crying, sobbing or restlessness, or by appearing calm and composed. Give survivors permission to express their emotions freely and receive those emotions with compassion and without judgment — all are valid and normal responses to trauma.

Showing understanding about fears that may have emerged or intensified following a sexual assault (e.g., fear of being alone or fear of the perpetrator) can be validating. Validating feelings of injustice (e.g., resulting from inadequate or inappropriate responses by systems, lack of information or lack of support) can also help a survivor to feel less alone. **Modelling compassion for survivors can support their own self-compassion.**

Support

Allow the survivor to determine what support they need. Respect the survivor's coping strategies and support them in their healing journey. Let the survivor know that they do not need to provide details about their experiences unless they want to, and that they will still receive support.

A survivor may ask for support in navigating relationships with family members, partners and/or friends, especially in situations where people in their life know what happened to them. The responses of those individuals may not always be positive or supportive and may negatively impact the survivor or influence their choices. The support you provide can help a survivor to:

- respond to harmful messages and victim blaming
- address gossip, rumours and breaches of confidentiality
- navigate the reactions of family, friends and other people who are close to them
- understand the impact of sexual violence on interpersonal relationships
- feel empowered and confident in making their own choices and decisions

By listening, believing and supporting survivors of sexual violence, you will open the door to learning more about their experiences and needs, and be better able to provide services that are tailored to them.

Anti-Violence Service Delivery

The role of an anti-violence worker is multi-faceted and may change depending on the experiences and needs of each survivor. Your role can also shift depending on your program's mandate, existing protocols or capacity. Communicating your role and the scope of what you do can start at the very beginning of your work with a survivor. During the intake process, you may provide information about service delivery (e.g., what you can and cannot support) and relevant program protocols like confidentiality.

Prioritize confidentiality from the onset of the intake process and throughout service delivery. A best practice is to let the survivor know that you will not be releasing any information that they have shared with you. Inform the survivor that they will be asked to sign a release form or provide verbal consent, giving permission to discuss the situation with others and to coordinate services if needed. As much as confidentiality is maintained, explain to the survivor that there are limits to confidentiality. Explain the program's protocol and procedures for dealing with confidentiality and information management. Refer to EVA BC's Records Management Guidelines for guidance with respect to protecting survivors' privacy and documentation during service delivery.

Anti-violence services may include:

Crisis Response

Some anti-violence workers provide crisis response in their roles, including police and hospital accompaniments. A survivor may benefit from information that helps to normalize how they are responding to what has happened. The survivor may also want support in liaising with emergency personnel and other programs and services. Having a good understanding of healthcare and reporting options, and strong relationships with community partners, may be beneficial in providing support in the immediate aftermath of sexual violence. If they choose to make a report to police, having a good understanding of victims' rights and police and court procedures will be valuable.

Prioritize their health, safety and any immediate needs.

Assessing Survivors' Needs

A key role of anti-violence workers is working with survivors to identify their needs. This includes assessing their immediate physical and psychological safety needs, need for emotional and practical support and service needs. You may also discuss their goals, which will help you to determine whether your program can support them with the needs and goals they have identified. For example, do they want to connect with other survivors of sexual violence through group counselling; do they want to pursue their case in the criminal justice system? (e.g., reporting to the police). Understanding a survivor's needs and goals can help you determine the approach that is most appropriate and accessible (e.g., individual or group counselling), identify service needs that are beyond what your program can offer and may require a referral to another organization or program.

Risk Identification

Anti-violence workers have an important role in supporting survivors to identify risks so that they can work collaboratively to develop a safety plan to help address and mitigate those risks. Risk identification is about supporting survivors to make informed decisions about what actions they hope to take to increase their safety. The risks a survivor faces will depend on what happened to them, their relationship with the person(s) who sexually assaulted them and their current circumstances.

There is no one model that will predict if/when violence will occur or if a survivor will be harmed again.

If sexual violence occurred within the context of intimate partner violence, it is important to review the *Summary of Intimate Partner Violence Risk* (see EVA BC's *Interagency Case Assessment Team Best Practices Manual p. 72)* as sexual coercion is a risk factor for increased frequency and severity of intimate partner violence (including lethal violence). Where there is a likely risk of "serious bodily harm or death," it is important to provide coordinated risk management for those cases with a priority of enhancing survivor safety. Connecting with an Interagency Case Assessment Team (ICAT) in your community will ensure a coordinated response with Community-Based Victim Services (CVBS), police and other systems collaborating to increase survivor safety. For more information about ICATs, contact EVA BC's Community Coordination for Survivor Safety team at ccss@endingviolence.org

Safety Planning

When someone's basic needs are not met, they often must make decisions around what forms of safety to prioritize (i.e., staying with an abusive partner may be safer than the loss of housing).[88] **A safety plan is a collaborative process to identify risks, map out resources/supports and assess options to increase the safety of survivors**. Safety planning is not just about managing and removing risks, but about increasing connection, support and community. Work with the survivor to identify what safety means to them, considering the safety of children, other family members and pets, as needed. They are likely practising skills to keep themselves safe. Recognize that every survivor has different needs or priorities for safety (e.g., online safety and safety in the workplace) — and even different definitions of safety.

Starting from a place of empowerment and building on their strengths can help the survivor regain a sense of control over their safety.

Start:

- from a place of empowerment
- with acknowledging what the survivor is already doing to keep themself safe
- defining what safety means to the survivor
- considering the survivor's intersecting identities

Consider the survivor's unique needs:

- If the survivor has any barriers to accessing support (i.e., has a disability, is without immigration status or is male-identifying).
- If they live in a smaller community and are often likely to run into the person who caused harm.
- Not assuming pronouns or the identity of who has committed harm.
- If the survivor is engaged in a kink (e.g., BDSM) community, they may have unique safety needs and support networks.

Consider practical options for safety:

- Documentation: Taking photographs, mapping out a timeline and safekeeping documentation.
- Finances: If the survivor's money is controlled by a partner, consider how they can gather and store cash of their own. Are there mutual aid networks they are connected to?

- Children: Who can care for the children in case of an emergency? Is there a safer room in the home for them to go to?
- Technology: Clearing search history, changing passwords and wiping evidence of calls or emails.
- Belongings: Packing a grab-and-go or emergency bag with essentials, documents and/or comfort tools.

Consider options for intervening:

- Allow survivors to determine the risks they feel are necessary to be safer.
- Identify safer places for the survivor to go when they experience risk (ie. a friend's house, library, transition house), how to get there or who can support them to get there.
- Recognize that the survivor may not want to call the police due to historical or ongoing discrimination.

Consider options for healing and support:

- Who the survivor's existing support networks are (friends, family or chosen family) and whether they want to include them in the plan.
- Include cultural considerations or support, if the survivor wants (Elders, community groups, church families, or supports in their preferred language).
- Include emotional support and ways to feel less isolated (exercise groups, art, music, or online gaming).

Follow-up/next steps:

- Find a private, secure place to store the safety plan.
- Consider when to revisit the safety plan.
- Explore who the survivor would like to share the plan with.

Emotional Support

Anti-violence workers can provide survivors with emotional support through active listening, reflecting and responding with empathy and compassion, and establishing a trusting relationship with the survivor. Refer to the three key pillars of responding to disclosures of sexual violence (Listen, Believe and Support) to provide an empowering response.

Practical Support

Survivors often need practical support to assist them in their trauma or in the aftermath of sexual violence. This support can reassure them that they are not alone and have access to survivor-centred support.

- Assist with transportation.
- Provide accompaniment to appointments.
- Assist in completing forms or registering for notifications.
- Help with addressing practical needs (e.g., changing locks).
- Assist with finding short- or long-term safe housing.
- Assist with preparing to engage with systems and processes following a sexual assault (e.g., medical care, forensic exam, police, court, or corrections).
- Assist in making a complaint if their rights as a victim were not respected.

Information

Anti-violence workers can provide survivors with information about sexual violence, their rights and options and available sexual assault services. Information provided to survivors should be in plain language and tailored to their needs so that it is easily understood. It should be relevant and meet the needs that have been identified with the survivor.

It is important to ask the survivor what they need and then offer them information, such as:

- information about the impacts of sexual violence and trauma
- information about their rights
- information about options and processes (including medical care, forensic exams, criminal court processes, Third Party Reporting, and/or bad date and aggressor reporting)

Referrals

Anti-violence workers should be familiar with available services and provide referrals to help survivors meet their identified needs. In addition to the support services you are providing, the survivor might benefit from other services, such as:

- emotional support (e.g., counselling services, outreach services, or victim services)
- cultural support (e.g., Indigenous-centred services, including medicines and ceremonies)

- financial support (e.g., income assistance, disability benefits, or Crime Victim Assistance Program benefits)
- legal services (e.g., legal aid or Stand Informed Legal Clinic)
- advocacy services (e.g., Trans Care BC)
- housing support (e.g., transition housing, shelters, or affordable housing)
- mental health and/or substance use services

In your role as an anti-violence worker, you may also be involved in community outreach and engagement to raise awareness about sexual violence and relevant services available in your community. This work is important for referrals and so that survivors and other local service providers are also aware of your program.

To provide effective referrals, it is important to be familiar with support services available in your community. Learning about the roles and responsibilities of people working in community-based services and systems, and building respectful relationships with them, will go a long way in supporting survivors.

When to make a referral

- When your mandate limits the support that you can provide to a survivor.
- When a survivor has needs that you and/or your program are unable to meet or declines services from your organization.
- When you have limited skills to work with a specific survivor and are unable to access the training and/or supervision to build your skills to support them.
- There is a conflict of interest that prevents you from working with a survivor (e.g., you know the person who sexually assaulted them or you have a dual role and are also a police-based victim services worker).

How to make an effective referral

- Provide contact information for an agency or individual.
- Provide information about how to contact the referral and what to expect.
- Offer and obtain consent to facilitate the referral by arranging to have the service provider contact the survivor directly (if it is safe to do so).
- Empower the survivor and build their confidence to contact the referral.
- Offer to support the survivor in connecting with the referral.
- Follow up to see if the survivor got connected and if the referral was helpful.
- Respect a survivor's choice not to contact a referral you have given them.

Advocacy

Providing support to a survivor of sexual violence may involve providing advocacy to increase the likelihood that the survivor is treated fairly and can get their needs met. Survivors may themselves have strong advocacy skills or have other people in their lives who are advocating alongside them. As an anti-violence worker, you may be more familiar with survivors' rights and system responses, and you may be able to use this knowledge to advocate for a survivor and improve their experience and any outcomes.

As an anti-violence worker, it is important to let the survivor guide you with respect to how much and what kind of advocacy they may need or want.

Service Coordination

Victims/survivors of sexual violence rely on a wide range of support services, and some navigate multiple systems in the aftermath of sexual violence. Anti-violence and victim services programs support survivors at various stages of their healing journey. Many of these programs also participate in local coordination committees and initiatives. **Coordination committees play an important role in supporting communities to work together to improve systems and services for survivors of gender-based violence.**

Goals of Community Coordination

In addition to the central goal of coordinated service delivery, sexual assault coordination initiatives typically have the following goals:

- ✦ Change or recommend changes to structures, systems, procedures, and practices so that sexual assault survivors receive a consistent, timely and effective response.
- ✦ Ensure that all policies, procedures and practices are developed through a trauma-informed, culturally safe and survivor-centred lens.

Benefits of Community Coordination

Community coordination increases survivor support and safety by:

- identifying key players in the community's anti-violence network, including those working in community and in systems
- acknowledging the existing work in a community and bringing key partners together, thus reducing isolation and providing support to workers
- educating community partners about reviewing their practice from a trauma-informed and survivor-centred framework
- developing best practices that include new processes, agreements or protocols for more consistent and supportive responses to sexual assault survivors, and increased accountability for those who have caused harm
- improving, or making recommendations for improvements of, processes such as information flow, policy implementation and legislation

Many communities have a **Sexual Assault Response Team (SART)**, Sexual Assault Services program or Sexual Assault Centre. The **SART** model varies widely across communities and works to ensure a timely, coordinated response across sectors. In some communities, **SARTs** consist of community-based victim services, sexual assault nurse examiners and police. Police-based victim services may also form part of the team.

keep knocking on doors to break down walls

3 Sexual Violence Law and Policy

Sexual Violence Law and Policy

Anti-violence workers are not expected to be legal experts, but it can be helpful to be familiar with laws and policies relevant to sexual violence and sexual assault and the rights of survivors. This will help you in supporting survivors to make sense of what happened to them, understand their legal rights and options, access legal services, and navigate the criminal justice system — if they choose to report what happened to them. You may provide information about:

- ✦ sexual assault law, consent law and other sexual violence related laws
- ✦ their rights (human rights, victims' rights, privacy rights)
- ✦ provincial policies that work to strengthen community coordination

Criminal and Civil Law

The ***Criminal Code of Canada***[89] **(CCC)** is a code (law) that applies to everyone in Canada. It defines what is considered a criminal offence and sets out rules and defences, as well as punishments, for those who are convicted of crimes. It is updated regularly, but this is a complicated and lengthy process, requiring many levels of approval throughout the federal government.[90]

Civil law refers to statutes and case law governing disputes that arise between individuals or groups. If a sexual assault survivor wants to sue the person who committed the assault for pain, suffering and loss of amenities or life, the claim would be processed through civil court.

Some sexual assault survivors may participate in both the criminal justice and civil legal systems. For example, a survivor may report a sexual assault to police and also sue the person that sexually assaulted them.

In Canada, there is no statute of limitation for reporting a sexual assault and pursuing a case in the criminal justice system.

While there is no "doctrine of recent complaint" in Canada, there is a myth deeply embedded in our society that survivors of sexual violence are not to be believed. If a survivor delays reporting to police, they are often seen as less credible than someone who reports immediately.

Sexual Assault Law in Canada

Sexual assault used to be understood solely through the term "rape." For an act of sexual violence to be considered rape, it had to:

- ✦ be committed by a man against a woman
- ✦ involve penetration without consent
- ✦ happen outside of marriage [91]

In 1982, the law was changed to replace "rape" with "sexual assault." This changed the legal understandings of who could commit sexual assault, how sexual assault is understood and when a sexual assault could be reported.

There are three levels of sexual assault in the CCC:

Level 1 (s.271)	An assault committed in circumstances of a sexual nature such that the sexual integrity of the victim is violated. Level 1 involves minor physical injuries or no injuries to the victim.
Level 2 (s.272)	A sexual assault where the person responsible uses a weapon, threatens a third party, chokes, suffocates or strangles the complainant, or causes bodily harm.
Level 3 (s.273)	An aggravated sexual assault where, in committing the sexual assault, the person responsible wounds, maims, disfigures, or endangers the life of the survivor.

In 2019, s.272 of the CCC was amended to include choking, suffocating or strangling the survivor as a subsection of sexual assault law. This change recognizes the serious nature of strangulation, ensuring stronger legal responses.

There are 16 sexual offences in the CCC that apply to children and youth. These include laws that protect children and youth from sexual violence and abuse by people who hold positions of power and authority over them. These sections aim to ensure their safety and well-being (physical, psychological and emotional).

The most relevant sexual offences in the CCC specific to children and youth include:

- ✦ invitation to sexual touching (s.152)
- ✦ sexual exploitation (s.153)
- ✦ sexual interference (s.151)
- ✦ trafficking (s.279.011)
- ✦ voyeurism (s.162)
- ✦ child pornography (s.163.1[1–4])
- ✦ child prostitution (s.286.1[2], s.286.3[2])
- ✦ indecent act and indecent exposure (173[1–2])
- ✦ luring a child (s.172.1)

Consent Law

Consent, as defined in the CCC (s.273.1), is "the voluntary agreement… to engage in the sexual activity in question." Consent is a necessary component when addressing sexual assault. Consent must be present at the time the sexual activity in question takes place and survivors have the right to change or withdraw consent at any time during sexual activity.

Consent cannot be obtained if:

- ✦ it is given by the words or actions of someone other than the survivor
- ✦ the survivor is unconscious
- ✦ the survivor is unable to consent
- ✦ the accused abuses a position of trust, power or authority
- ✦ the survivor expresses a lack of agreement by words or actions
- ✦ the survivor expresses a lack of agreement to continue after consenting

Consent and Intoxication

In sexual assault cases, consent becomes complicated when alcohol or drugs are involved. This is especially true if the survivor did not have the capacity to consent or if both participants are intoxicated.

In Canada, the accused cannot rely on the assertion that they thought the survivor was consenting as a defence, they must have taken reasonable steps to ensure the survivor consented. This means showing that the survivor understood and willingly agreed to what was happening. This can be challenging to prove because intoxication can affect judgment or reduce inhibitions, making it unclear if consent was voluntary. If the case goes to court, the judge will look at all the evidence to decide if the survivor was capable of giving consent.

In 2021, the Supreme Court of Canada determined that the accused needs to ensure that the survivor was consenting and was able to continue to provide consent through the sexual activity.[92] In 2022, it confirmed that intoxication is not a defence to sexual assault.[93]

Age of Consent

In Canada, the age of consent for sexual activity is 16 years. Legally, a person must be at least 16 years old to be able to agree to sexual activity. However, there are close-in-age exceptions in the CCC for those under the age of 16.

Age of Consent in Canada

Younger Person's Age	Older Person's Age								
	12	13	14	15	16	17	18	19	20
12	✓	✓	✓	✗	✗	✗	✗	✗	✗
13		✓	✓	✓	✗	✗	✗	✗	✗
14			✓	✓	✓	✓	✓	✗	✗
15				✓	✓	✓	✓	✓	✗
16					✓	✓	✓	✓	✓
17						✓	✓	✓	✓
18							✓	✓	✓

✓ Yes, consent can be given ✗ No, consent cannot be given

A 14- or 15-year-old can consent to sexual activity as long as the person is **less** than five years older and there is no relationship of trust, authority, dependency, or any other means of exploitation for the young person. *For example, someone who is less than five years older than the young person cannot be a babysitter, church official, sports coach, or a person of authority over the young person.*

There are many people under the impression that all child sexual abuse that has happened in the past needs to be reported, but this is not the case.

Under the *Child, Family and Community Service Act*, only active cases where a child is in need of protection are required to be reported.

There is also a close-in-age exception for 12- and 13-year-olds. A 12- or 13-year-old can consent to sexual activity with a partner if the person is **less than two years older** and there is no relationship of trust, authority, dependency, or any other means of exploitation for the young person. This means that if the person is two or more years older than the 12- or 13-year-old person, any sexual activity would be considered a crime.

Duty to Report

In BC, there is a duty to report any known or suspected cases where a child or youth has been sexually assaulted, is facing online sexual harassment or other forms of sexual violence. In BC, a child is considered anyone under the age of 19. Children between the ages of 16 and 19 are considered youth.

Infants Act

While children may not be able to dictate whether the violence they experience is reported, they have rights. Under the ***Infants Act***, a child or youth can consent to the healthcare services that they want to access. They can consent if:

- the healthcare services are in the best interest of the child or youth
- the healthcare provider is sure the child or youth understands the details of the services, including the risks and benefits associated

In cases of sexual violence, a child or youth can decide what medical services they would like to access, such as a forensic exam, without permission of their parent or guardian.

Other Relevant Offences

Technology-Facilitated Sexual Violence

With recent advances in technology, there have been new forms of sexual violence introduced online. Technology-facilitated gender-based violence (TFGBV) is a crime in Canada. It happens when violence or abuse occurs online through the misuse of technology. TFGBV includes the following:

Online sexual harassment	Including repeatedly sending offensive messages.
Sextortion	The threat of having intimate images or information shared if the person does not pay or provide more sexual content.
Non-consensual sharing of intimate images online	Sexual assault with an online component (e.g., a group filming a sexual assault and posting it online).
Threats	Including rape threats or death threats.
Voyeurism	When a survivor is secretly observed (e.g., through a webcam) without their knowledge or consent.

For more information on TFGBV:

- ✦ Unacceptable: Responding to Technology-Facilitated Gender-Based Violence (LEAF)
- ✦ Technology Safety Project (BC Society of Transition Houses)
- ✦ Tech Safety Canada (Women's Shelters Canada)

The Intimate Images Protection Service (IIPS) provides confidential support to people who have had someone share, or threaten to share, their images without their consent (non-consensual distribution of intimate images). Established in 2024, the IIPS can support people whose intimate images have beem distributed without consent to facilitate the removal of these images. They can also support survivors to navigate the Civil Resolution Tribunal (CRT) to obtain an order to have images removed from the Internet. Additionally, the service provides:

- ✦ emotional support
- ✦ information, resources and referrals to other services
- ✦ information about legal rights and options
- ✦ support through the CRT's fast-track process or criminal processes
- ✦ information about enforcement options

Survivors can apply for a protection order on their images, as well as claim compensation by filing a damage claim. Damage claims of up to $5,000 are processed through the CRT. Survivors can also make a claim at the Provincial Court (up to $35,000) or the Supreme Court of BC.

To learn more about the IIPS: www.gov.bc.ca/ProtectingYourImages

Criminal Harassment

Sexual harassment becomes criminal in nature when an accused engages in conduct which causes the survivor to fear for their safety or the safety of anyone known to them. This includes sexual assault or threats of a sexual assault.[94] When sexual harassment becomes a pattern of repeated behaviours or actions — making an individual fear for their safety — this can be considered criminal harassment.

Criminal harassment also includes stalking and is a crime (s.264). A situation may be considered criminal harassment when the harasser makes an individual fear for their safety or for the safety of others (family, friends or contacts) by doing any of the following to them, or others:

- adding a tracker to their device(s) or a car
- repeatedly following them
- repeatedly communicating with them
- watching a home, workplace or other place
- threatening them

When a person is aware that they have HIV and does not disclose this to their sexual partner, this can be charged as a criminal offence (s.273.1). Due to the serious consequences posed by HIV, many HIV non-disclosure cases have resulted in aggravated assault or aggravated sexual assault charges.

Survivors' Rights and Freedoms

Everyone in Canada has rights and freedoms that are protected through federal and provincial legislation. In cases of sexual violence, survivors have specific rights, including those that apply to their privacy, victim status and employment.

- ***The Charter of Rights and Freedoms***
  Part of the Constitution (the highest law in Canada), it protects the rights and freedoms of Canadians.
- ***The Canadian Human Rights Act***
  Protects people from discrimination where they are employed or from where they receive government services.
- ***The BC Human Rights Code***
  Supports everyone to participate in daily life in BC, protected from discrimination.[95]

Privacy Rights

Survivors of sexual violence have a right to privacy, and it can be helpful to provide them with information about their privacy rights.

In BC, survivors are protected by:

- ***Freedom of Information and Protection of Privacy Act*** **(FOIPPA)**
  Allows individuals to request information in records held by public institutions. The Act also prevents institutions from inappropriately using or releasing personal information.
- ***Personal Information Protection Act*** **(PIPA)**
  Contains safeguards to protect the privacy of personal information that is collected by private businesses and non-profit organizations in BC.

Publication Bans

In cases of sexual assault, a publication ban is a court order implemented to protect the identity of the survivor, particularly those under the age of 18, and to prevent their information from becoming publicly accessible. A publication ban also restricts all parties involved, including the survivor, from reaching out to media outlets, publishing or transmitting their stor or details of the case. If a survivor would like to remove a publication ban, or implement a ban later on, as anti-violence workers it can be helpful to know the information on how to do so and share it with the survivor.

For more information on publication bans, visit the Government of Canada's fact sheet *Publication Bans for Court Cases*.

Rape Shield Law

The rape shield law, introduced in 1992, protects a survivor's sexual history in the criminal justice system (s.276). It prohibits the use of a survivor's sexual history that is not connected to or relevant to the criminal case that is being tried in court. This law protects this information from being presented and discussed in the criminal court proceedings. In 2018, the Supreme Court of Canada upheld expanded rape shield laws affirming that private records such as emails and videos in the posession of the accused cannot be used to discredit a survivor in court unless the trial judge determines they are relevant to the issue – such as credibility – and grants permission for the admission.

Survivors' Rights as Victims

Survivors of sexual violence crimes in BC have rights as victims of crime. This can allow them to seek compensation, protection and information, among other rights. Survivors have the right to make a complaint if they believe their rights have been breached or denied.

Canadian Victims Bill of Rights

People who have been sexual assaulted can access their rights under the *Canadian Victims Bill of Rights* (CVBR).

Right to information	✦ about the criminal justice system, programs and resources ✦ case-specific information ✦ how to file a complaint if their rights were denied
Right to protection	✦ to have their security and privacy considered in justice processes ✦ to be protected from intimidation and retaliation ✦ to have their identity protected ✦ to ask for testimonial accommodations while testifying in court
Right to participation	✦ to present a Victim Impact Statement (see p. 129-130) ✦ to express their views about decisions affecting their rights
Right to restitution	✦ to have the court consider and enforce restitution orders

Crime Victim Assistance Act

According to the *Crime Victim Assistance Act* (CVAA), victims/survivors may be eligible for certain benefits through the Crime Victim Assistance Program (CVAP) where the same or similar benefits are not available from another source .[98] Assistance may also be available to immediate family members of an injured or deceased individuals, and some witnesses.[99] Survivors do not need to report a sexual assault to police to access CVAP benefits.

The Crime Victim Assistance Program (CVAP) helps victims and survivors, immediate family members of victims and survivors, and witnesses affected by violent crime.[100] CVAP may provide a wide range of financial benefits to help offset financial losses and to assist in recovery. Benefits available for victims of crime may include:

- medical and dental services or expenses
- prescription drug expenses
- counselling
- protective measures
- replacement of damaged or destroyed eyeglasses, clothing and disability aids
- child care and homemaker services
- disability aids and related disability expenses or services
- income support or lost earning capacity
- transportation and related expenses
- crime scene cleaning
- financial support for a child born as a result of a crime

Survivors (including minors) of sexual offences occurring after July 1, 1972, can apply for CVAP benefits at any time; that is, there is no time limit to apply in the case of sexual offences. Victims' immediate family members must apply within the timeframes set out in the *Crime Victim Assistance Act* and its regulations.

Victim services providers are encouraged to review the ***Crime Victim Assistance Program Counselling Guidelines*** for information on expectations, reporting requirements, limitations, and reimbursement for counselling services. These guidelines provide information about accessing interim counselling sessions while a CVAP application is being processed. Service providers should also note additional counselling benefits to provide eligible claimants with support during and/or after legal proceedings. It is important to note with a survivor that these benefits and reimbursements are not guaranteed.

Victims of Crime Act	
BC's *Victims of Crime Act* (VOCA) gives a survivor the right to be treated fairly by all workers in the criminal justice system.[96, 97] This law includes the right to:	
General information	✦ what victim services are available ✦ how the criminal justice system works ✦ benefits and financial assistance ✦ the rights to privacy
Information about the offence	✦ the status of the police investigation ✦ the charges laid ✦ court dates and outcomes ✦ accused/offender information while in community or custody

Leave Respecting Domestic or Sexual Violence

Under BC's *Employment Standards Act and Regulation*,[101] anyone who experiences sexual violence is eligible to take up to 5 days paid leave and 5 more days of unpaid leave. This leave allows survivors of sexual violence time, for example, to access healthcare, counselling and/or legal advice. In addition, a survivor may take up to 15 weeks of unpaid leave as needed.

With this leave:

- ✦ Survivors are not required to take the leave all at once.
- ✦ This leave is a right, not something that is up to the discretion of the employer.
- ✦ This leave does not depend on how long a survivor has worked at their place of employment.
- ✦ A survivor has the right to apply for leave through the normal processes for requesting leave with their employer.
- ✦ Their employer may ask for information to support the leave; this does not have to happen right away, but as soon as both possible and practical.
- ✦ Eligible third party verifiers are professionals who have expertise in assessing safety or the need for long-term care. Examples include transition house workers, outreach workers, police officers, physicians, victim court support caseworkers, registered social workers, long-term care facility managers, or health authority case managers.

In cases where a survivor is subject to sexual abuse or attempted sexual abuse in the family or household, changes to residential tenancy rules may apply.[102] The *Residential Tenancy Act* (s.45.1) allows survivors to end a fixed term tenancy (or "lease") without financial penalty if they fear for their safety resulting from family or household violence. Survivors must provide 1 month's written notice and a written third party verification, provided by a professional with expertise in assessing safety (s.45.2). Victim court support workers, outreach workers, transition house workers, and registered social workers are among those eligible to provide third party verification.

Policies to Strengthen Community Coordination

Provincial policies in BC aim to improve coordination among government, health, police, social services, and community-based programs and better support survivors of sexual and intimate partner violence.

- **The *Violence Against Women in Relationships (VAWIR) Policy*[103]** aims to improve coordinated responses to intimate partner violence in BC. It includes sexual assault, and the threat of sexual assault, against a current or former intimate partner as a form of violence in relationships. The policy applies equally to intimate partners of all genders and sexualities. The policy was last updated in 2010. Anti-violence organizations have long advocated for the development and implementation of a provincial sexual assault policy to improve coordination and consistent responses to survivors of sexual violence across BC. In a 2025 review of the BC's legal system's treatment of sexual assault IPV, Dr. Kim Stanton recommended updating the VAWIR policy, along with creating a provincial sexual assault policy to improve the legal system response to IPV and sexual violence.[104]
- **The *Referral Policy for Victims of Power-Based Crimes*[105]** is intended to ensure that victims of power-based crimes, including intimate partner violence and sexual assault, are referred to the appropriate community-based victim service program as soon as possible to receive support. The policy is supported in provincial and police policy, including the VAWIR policy, RCMP E Division policy and municipal police department policies. In 2025 MPSSG released an information bulletin, Referrals to Sexual Assault Services and

Survivors of sexual violence crimes in British Columbia have rights as victims of crime.

Sexual Assault Centres,[106] to supplement the 2007 provincial referral policy and update direction in light of the establishment of the new Sexual Assault Services (SAS) programs and Sexual Assault Centres (SACs). The document updates MPSSG direction regarding referrals for survivors of sexual assault and aimed to increase collaboration between organizations supporting survivors. This bulletin specified that survivors of sexual assault should be referred to SAS and SACs when available in a community. Where SAS programs do not exist, Community-Based Victim Services (CBVS) programs remain the primary service provider for sexual assault survivors.

- **The BC Provincial Policing Standards** [107] for sexual assault investigations aim to promote best practices, accountability, and consistency in the police response to sexual assault investigations across the province. The updated standards include guiding principles for sexual assault investigations, such as recognition that sexual assaults are traumatic events, and that victim-centered approaches, cultural safety, and trauma-informed practices are essential. Police are expected to refer survivors to victim services, and collaborate and coordinate with other sectors, including the anti-violence sector, as an essential component of an effective police response to survivors of sexual assaults. The policing standards also emphasize the importance of supporting reporting of sexual assaults, either directly to police or through Third Party Reporting (TPR). One of the key changes to the standards was the integration of the Provincial TPR Protocol. This means that all police detachments in BC are required to accept TPRs. Police must also communicate with and provide information to the program that makes the TPR.
- **The *Sexual Violence and Misconduct Policy Act*,**[108] introduced by the Government of BC in 2016, requires every post-secondary university, college and institution in BC to develop and implement a sexual misconduct policy to ensure that campuses are safe and responsive to the needs of survivors. That year, EVA BC launched a resource, ***Campus Sexual Violence: Guidelines for a Comprehensive Response***, to support post-secondary institutions in responding to sexual violence. The Government of BC later released its own guide, ***Preventing and Responding to Sexual Violence and Misconduct at British Columbia Post-Secondary Institutions***, to assist post-secondary institutions in developing policies and procedures as required by the Act. BCcampus has since developed **several sexualized violence training resources** in partnership with the Ministry of Post-Secondary Education and Future Skills and other subject matter experts, such as EVA BC.

even what goes unnoticed matters

4 Navigating the Healthcare System

Navigating the Healthcare System

Anti-violence workers have a role in supporting survivors of sexual violence to understand the health impacts of gender-based violence, identify their options for healthcare services, and navigate the healthcare system, if they choose to. Depending on your role, you may provide:

- Crisis response to a survivor in a hospital setting
- Practical support in navigating healthcare services and/or liaising with emergency personnel and/or healthcare providers
- Emotional support and advocacy to survivors who are receiving medical care and/or undergoing a forensic exam
- Transportation and/or accompaniment to medical appointments
- Referrals to relevant healthcare services

Accessing healthcare can connect survivors to support services and medical care to address the mental, emotional, physical and spiritual health impacts of sexual assault.[109, 110] Early treatment may help to reduce the risk of long-term health impacts.[111]

Importance of Accessing Healthcare

The majority of sexual assaults do not result in physical injury.[112]
However, survivors may not:

- remember what happened (e.g., due to the trauma they experienced or if they experience a drug-facilitated sexual assault or head injury)
- be aware of their injuries because they are not visible
- recognize the significance of their symptoms (e.g., difficulty swallowing, a sore throat and voice changes may indicate that they've been strangled and require emergency medical treatment)

Some survivors may not have considered the possibility of sexually transmitted infections or pregnancy or the option for forensic sample collection.[113]

Survivors may experience serious or fatal injury because of delayed signs and symptoms or the lack of visible external injuries, which may result from a concussion or strangulation.[114, 115]

Barriers to Accessing Healthcare

The healthcare system can be difficult to navigate and traumatizing for survivors because it is fast-paced and task-oriented. It can trigger memories of past distressing experiences, and impose limits to a survivor's sense of autonomy, choice, and control.[116] Many people find it difficult to interact and communicate with healthcare professionals to get adequate information and make informed decisions.[117]

Many survivors do not receive comprehensive healthcare because of numerous barriers to accessing healthcare services after experiencing sexual assault.

The physical environment can also be chaotic, loud, sterile and cold with limited privacy.[118]

Healthcare professionals and leaders recognize the need for trauma-informed, culturally safe care; however, many systemic barriers (i.e., time constraints, staffing shortages) exist, meaning that not all healthcare staff are able to provide trauma-informed, culturally safe care.[119, 120]

Access to healthcare is highly dependent on what healthcare services and facilities are available in the community; rural, remote and Indigenous communities face additional barriers that lead to greater health inequities.[121] Access has been exacerbated by staffing shortages throughout the province.[122] Hospitals may also have variable access to sexual assault examination kits and forensic sample storage throughout BC.[123]

Impacts of Trauma

Survivors may have difficulty making decisions, including giving fully informed consent to medical care and/or a forensic exam, because of the trauma they have experienced.[124] Medical care and forensic exams can be difficult for survivors because:

- they involve touching, examining, or inserting an object into parts of their body that have been traumatized
- there is an inherent power differential between the survivor and healthcare provider
- the process may trigger memories and feelings from the assault [125]
- healthcare professionals will ask the survivor questions about the assault.[126] Survivors may not have the vocabulary for and/or be uncomfortable talking about the assault

Stigma and Discrimination

Groups that are most impacted by sexual violence also encounter significant challenges to accessing healthcare and experience discrimination when receiving care.

Indigenous Peoples experience harm, poorer quality of care and even death because of racist stereotypes.

- Indigenous women and girls are disproportionately impacted by Indigenous-specific racism.
- Stereotyping, profiling and discrimination has contributed to mistrust and avoidance of the healthcare system by Indigenous Peoples. Many Indigenous Peoples will not seek healthcare, leave hospitals against medical advice, and/or use strategies to counteract stereotyping and prejudicial treatment to "prove" they are worthy of care (e.g., bringing a non-Indigenous person to advocate on their behalf).
- The history of Indian hospitals and abuse of Indigenous Peoples for medical research and experimentation has significantly affected numerous generations and communities.[127]

Immigrants, refugees and those with precarious immigration status experience many barriers including:

- limited access to healthcare prior to arriving in Canada
- complex health insurance eligibility and entitlement rules
- limited language and literacy skills
- lack of familiarity with the Canadian healthcare system
- mistrust of government organizations
- limited finances
- factors related to gender and culture [128]

Two-Spirit, trans and non-binary people often experience challenges to accessing healthcare.

- Two-Spirit, transgender and non-binary people face refusal of care, difficulties getting referrals, lack of healthcare professionals' knowledge on issues faced by trans people, and uncomfortable or problematic interpersonal interactions with healthcare professionals.[129,130]
- Trans people experience high rates of sexual assault and may have unique and diverse healthcare needs.[131]
- Many transgender people experience difficulty exposing and talking about their bodies in the context of sexual assault.[132]

Male survivors face different barriers to reporting and accessing support including:

- fear of having their sexual orientation revealed or questioned
- rape myths (e.g., male sexual assault cannot occur or women cannot be perpetrators)
- stigma and beliefs around masculinity [133, 134]

People with disabilities encounter many barriers, including:

- low health literacy
- limited access to adaptable and affordable transportation
- limited awareness and knowledge from healthcare professionals about disability, access to communication tools or additional time to provide adequate care [140]
- healthcare facilities, spaces and equipment that may not be physically accessible [141]

Women-identifying sex workers experience a high lifetime prevalence (45–75%) of physical and/or sexual workplace violence. and have unmet health needs.[135]

- In Canada, racialized, immigrant/ migrant and Indigenous groups are disproportionately represented among sex workers.[136]
- Indigenous women sex workers face more than a twelvefold risk of being murdered or going missing relative to non-Indigenous women.[137]
- Trans sex workers are also targeted due to stigma and discrimination.
- Sex workers face greater barriers to accessing health care than the overall population due to the criminalization of sex work, ongoing stigma, limited research on their diverse realities and needs, and a lack of effective approaches to address these issues.[138, 139]

Survivors in rural, remote and northern communities face complex challenges including:

- Not being believed — Survivors may encounter difficulties being believed, especially if the abuser is well-known and respected in the community.
- 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 person who caused harm.
- Geographic isolation and lack of access to transportation — Survivors may need to travel long distances to access services which can expose them to additional safety risks (i.e., they may hitchhike or travel in unsafe weather or with unsafe people).[142]

Given the

multiple barriers faced by survivors experiencing intersecting forms of oppression,

it is important that anti-violence workers provide support and advocacy to ensure every survivor receives the best possible healthcare following a sexual assault.

Health Insurance

Survivors that do not have private, provincial or federal insurance coverage will need to pay for healthcare services. Some specialized sexual assault programs do not charge survivors for service. Please connect with sexual assault healthcare services in your area to confirm what options for uninsured survivors are available.

- The BC Medical Services Plan (MSP) provides health insurance coverage for basic, medically required health services including doctor visits, medical tests, and treatments. BC residents that qualify for medical coverage under the BC MSP must apply to register.
- The Health Benefits Program manages MSP for First Nations people with Indian status in BC. Eligible First Nations people should register for MSP through the Health Benefits Program.[143]
- The Interim Federal Health Program (IFHP) provides limited, temporary coverage of healthcare benefits for specific groups of people in Canada who do not have provincial or private healthcare coverage. People qualified for the IFHP must visit registered healthcare professionals.[144]

Sexual Assault Healthcare Options

Healthcare options for survivors of sexual assault include medical care and forensic exams. Please refer to this chart for a summary of sexual assault medical care and forensic exam options, including access, time limits, and duration.

	Description
Medical Care	The purpose of medical care is to assess and provide treatment for the physical and mental health of the survivor. It can include: ✦ gathering information on the survivor's medical history, which can include questions about: ◆ current medications ◆ allergies ◆ sexual health history (e.g., last menstrual period) ◆ immunizations ◆ 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 [145, 146]

Description (continued)	
Forensic Exam	The purpose of a forensic exam is to collect and preserve evidence for a criminal investigation. It includes: ✦ documentation of injuries ✦ an examination of areas related to the sexual assault ✦ collection of samples (e.g., blood, urine, swabs, body fluid, clothing).[147, 148]

Options	
Medical Care	Survivors can consent to any of the following: ✦ assessment and/or treatment of physical injuries ✦ testing and/or preventative treatment for: ◆ STIs ◆ HIV ◆ pregnancy [149, 150]
Forensic Exam	The survivor can choose any portion of the forensic exam. Survivors that consent to a forensic exam can choose to have: ✦ their samples collected and transferred to police by the sexual assault examiner; or ✦ the sexual assault examiner store the samples for up to 1 year if the survivor decides to report to police at a later time. Not all programs/hospitals have the capacity to store forensic samples. The length of time a healthcare facility can store forensic samples varies but is generally 1 year. The time may be extended by survivor request if the hospital and program are able to.[151]

Access	
Medical Care	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.[152, 153]
Forensic Exam	Access is dependent on what specialized sexual assault healthcare services are in your area and if they have forensic storage.

Time Limits	
Medical Care	✦ **Pregnancy testing**: 10 days to 4 weeks after the assault.[154] ✦ **Oral emergency contraception**: as soon as possible within 3 to 5 days of the assault.[155, 156] ✦ **Copper intrauterine device (IUD)**: within 7 days of the assault.[157] ✦ **STI testing**: 3 weeks and 3 months after the assault.[158, 159, 160] ✦ **STI preventative treatment**: some are available for certain STIs within 7 days of the assault.[161] ✦ **HIV testing**: between 3 weeks and 3 months after contact.[162, 163] ✦ **HIV preventative treatment**: within 72 hours of the assault.[164, 165] ✦ **Risk of strangulation or concussion**: urgent medical treatment is required.[166, 167]
Forensic Exam	Within 7 days of the assault.[168]

Duration	
Medical Care	Will depend on what the survivor chooses and what is required for their health and well-being.
Forensic Exam	Can take several hours (e.g., 2 to 8 hours) to complete.[169] The time it takes will depend on the injuries sustained, specimens collected or other supports required.[170]

Sexual Assault Medical Care

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.[171]

Medical care includes:

- ✦ assessment and treatment of physical injuries
- ✦ testing and preventative treatment for STIs, HIV, and pregnancy
- ✦ mental health support

Accessing healthcare can connect survivors to support services and get access to testing for STIs and pregnancy, preventative treatments and forensic sample collection, which are all time sensitive.

Sexual Assault Forensic Exam

Some hospitals and sexual assault centres/clinics have a team of clinicians that have specialized training in trauma-informed medical care and forensic sample collection[172] who may be trauma-informed.

Survivors have a right to medical care whether or not they decide to have forensic sample colleted.[181]

A forensic exam is the documentation of injuries and collection of legal evidence to support a criminal investigation — it is **not** medical care. The goal of medical care is to assess and provide treatment for the health of the survivor.[173, 174]

Where available, a forensic exam will only be conducted with the survivor's consent.

Survivors that complete a forensic exam can choose to have:

- their samples collected and transferred to police by the sexual assault examiner; or
- the sexual assault examiner store the samples for up to 1 year if the survivor decides to report to police at a later time.[175] Not all programs/hospitals have the capacity to store forensic samples. The length of time a healthcare facility can store forensic samples varies but is generally 1 year. The time may be extended by survivor request if the hospital and program are able to.

You should familiarize yourself with sexual assault healthcare services in your area, including forensic exam and forensic sample storage options.

Visit EVA BC's Hope2Health Hub for information on where to access services.

Preparing for a Forensic Exam

A forensic exam can be completed up to 7 days after the assault.[176] It can take several hours to complete (e.g., 2 to 8 hours).[177] The time it takes to complete a forensic exam is case-specific and can vary depending on injuries sustained, specimens collected or other supports required.[178] If the survivor consents to a forensic exam, you can provide support in preparing them for the exam. A forensic exam includes:

- documentation of injuries
- an examination of areas related to the sexual assault
- collection of samples (e.g., blood, urine, swabs and clothing) [179]

Survivors should consider getting medical care for their physical and mental health and well-being as soon as possible.

If survivors choose a forensic exam and the collection of forensic samples, below are some additional tips to prepare them:

- It is best if they do not bathe, shower or use the washroom.[180]
- It is important to support survivors with doing what they need for their comfort and well-being, even if it impacts the forensic exam.
- Many sexual assault services that offer the forensic exam may have clothing and underwear for survivors. Please check with your local healthcare resource on what they have available. You may need to bring an extra set of clothing if the survivor decides to submit their clothing to police for storage or transfer to police as part of the forensic sample collection.

Survivors' Healthcare Rights

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.[182, 183, 184]

Adult Survivors

Consent to Healthcare

Review sexual assault healthcare options with the survivor to facilitate their ability to make an informed decision. **The survivor can choose to consent to any portion of the medical assessment, treatment and/or forensic exam.**

Medical and forensic procedures should only be completed with the survivor's ongoing consent.

Consent-based care respects the survivor's autonomy by ensuring that the treatment they receive supports their goals and is chosen by the survivor.

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 style

- systematically addressing the risks of care, expected benefits, alternatives, and what to expect before and after a 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 paraphrase what they heard)[185]

Privacy and Confidentiality

Healthcare services should have policies and practices to protect patient privacy.

Police cannot direct physicians to complete a forensic exam or when to conduct one.[186]

Police should not be physically present during the medical or forensic exam.[187] Healthcare professionals are responsible for the integrity of the forensic exam and maintaining and ensuring the chain of custody for the forensic samples.

Most healthcare professionals do not report to police when an adult survivor has been sexually assaulted. However, some healthcare professionals may be unclear about their responsibilities to maintain patient confidentiality and how it relates to mandatory reporting requirements; they should not report sexual assaults to the police without the survivor's consent or knowledge.

Police do not need to be automatically called by healthcare professionals about patients that have been sexually assaulted.[188]

Physicians do **not** have a duty to report a criminal sexual offence involving survivors 19 years of age or older to the police. This is considered a breach of confidentiality, unless there was consent from the survivor or the survivor's legal guardian.[189]

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.[190]

Healthcare professionals should only report to police or the Ministry of Children and Family Development (MCFD) about situations specified by mandatory reporting legislations (e.g., the Gunshot and Stab Would Disclosure Act or a survivor under the age of 19 has been abused and the parent is unwilling or unable to protect them).[191, 192]

Healthcare professionals should inform survivors about their legal obligations to report, and why and when they report. If healthcare personnel make a mandatory report, survivors are not obligated to speak with law enforcement officials.[193, 194]

Vulnerable and Older Adult Survivors

Consent to Healthcare

Healthcare professionals are required to obtain informed consent to treatment from an adult (19 years or older) before care is provided, except under the following circumstances:

- when urgent or emergency healthcare is required but the adult is incapable of consenting and a committee or representative with authority to consent or a Temporary Substitute Decision Maker is not available
- when involuntary psychiatric treatment is needed under the *Mental Health Act*
- for preliminary examinations such as triage or assessment [195]

Adults who are unable to get help because of a physical restraint; physical disability; illness; disease; injury or condition that affects their ability to make decisions about the abuse, including sexual assault; or neglect have protection provisions under the *Adult Guardianship Act*.[196]

The following designated agencies respond to reports of abuse or neglect involving adults in these circumstances and notify police if it appears a criminal offence was committed:

- Fraser Health Authority
- Interior Health Authority
- Vancouver Coastal Health Authority
- Northern Health Authority
- Island Health Authority
- Providence Health Care
- Community Living BC [198]

Duty to Report

There is no general public duty to report elder abuse in BC. You can report the abuse or neglect of an adult who cannot seek support and assistance to a designated agency.[197]

For more information about how to support older adults that have experienced abuse, contact Seniors First BC.

Child and Youth Survivors

It is particularly important to provide survivors under the age of 19 with age-based information and support because of close-in-age exception for consent; child or 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.

Consent to Healthcare

A survivor under the age of 19 is considered capable of consenting to medical care if they understand the following:

- the need for a medical treatment
- what the treatment involves
- the benefits and risks if they choose to get the treatment [199]

True informed consent means that survivors:

- have all the information they need to make good decisions for themselves
- feel free to make their own decisions without pressure from anyone, including healthcare professionals, family and friends [200]

Healthcare professionals can treat child or youth survivors without permission from their parents or guardian if they explain these details, decide that the survivor understands them and the healthcare is in the survivor's best interest.[201]

Privacy and Confidentiality

Healthcare professionals should not give out any information about the survivor to anyone, including their parents, without the survivor's consent.[202]

Child and youth survivors who are considered capable of making their own medical decisions have a right to doctor-patient confidentiality.

Exceptions to maintaining a survivor's confidentiality depend on the age of the survivor and circumstances, that is, if the healthcare professional has reason to believe that the survivor might harm themselves or others, or if there is reportable abuse.[203]

In cases where healthcare professionals are legally required to disclose information without consent, survivors should be told why their information will not be kept private and who it will be shared with.[204]

Duty to Report

The *Child, Family and Community Service Act* requires that anyone who has reason to believe that a child or youth under the age of 19 has been or is likely to be abused (including sexual abuse or exploitation) or neglected, and that the parent is unwilling or unable to protect the child or youth, must promptly report the suspected abuse or neglect to a child welfare worker.[205, 206]

"Reason to believe" means that you believe a child or youth has been or is likely to be at risk based on what you have seen or information you have received.[207]

Regulated health professionals have obligations to report abuse, including sexual misconduct, by another regulated health professional to the college registrar under the *Health Professions Act*.[208]

Support and Advocacy in Healthcare

The following strategies and resources can help you support and advocate for the survivor:

- Familiarize yourself with sexual assault healthcare services in your area and available options for uninsured survivors.
- Connect with healthcare services in your area to encourage them to connect survivors with community support resources.
- Offer to help the survivor with preparing their health-related questions in advance. This can include writing them down and discussing what information is most important and asking those questions first.[209]
- Keep a written record of information provided by healthcare staff.[210]

Connect with your local sexual violence coordination committee where available. Coordination committees support a positive response for survivors and work toward better coordination within systems and community. It is important to advocate for healthcare professional membership in coordination committees to help create change at the community level. Contact ccss@endingviolence.org for more information.

Before Accessing Healthcare

Resources and Costs

Discuss the potential costs of accessing healthcare services with the survivor, especially if they do not have private, provincial or federal health insurance. Some specialized sexual assault programs do not charge survivors for service.

Transportation

Ambulance service fees are **not** an insured benefit under the BC MSP or the *Canada Health Act*. Ambulance fees are heavily subsidized for persons with a valid BC Services Card who are covered by the MSP.[211] For more information about ambulance fees go to: bcehs.ca/about/billing/fees.

Survivors that are registered with First Nations Health Benefits and Services (FNHBS) are eligible for medical transportation (MT) benefits. The MT benefit supplements the cost of travel expenses to access medically necessary health services not available in one's community of residence.[212]

The Travel Assistance Program helps cover some transportation costs (e.g., flight, ferry, bus, and train) for eligible BC residents enrolled in the MSP who must travel within the province for non-emergency medical specialist services not available in their own community.[213]

Health Connections is a regional travel assistance program that offers subsidized transportation options to help cover costs for rural residents who must travel to obtain non-emergency, physician-referred medical care outside their home communities. Please refer to the region-specific information below:

- Interior Health information on transportation options and resources.
- Northern Health Connections (NHC) medical bus service is a health transportation service that supports people to access medical and health services not available in or near their home communities or location.
- Wheels for Wellness Society provides transportation for residents of Vancouver Island to and from non-emergency medical appointments.

Accommodation

Discounted hotel accommodations are available for patients requiring out-of-town medical services and their family members.

Preparing for Healthcare

Below are some tips that can help prepare the survivor for healthcare:

- Encourage the survivor to bring something that makes them feel grounded or safe.
- Identify potential triggers (e.g., noise), self-settling strategies, accessibility needs, and options that could make the survivor more comfortable (e.g., healthcare professional gender preference, earplugs, music, book(s), or neck pillow).
- Pack food, water, warm clothing, two pieces of personal identification (ID; one with photograph), health insurance ID card(s), and cellphone and charger (if available).[214, 215]
- Avoid bringing anything valuable (e.g., tablet or jewellery).
- Check **hospital wait times** where applicable.

You can provide support in preparing the survivor for the medical exam. Components of the medical exam may include:

- Gathering information on the survivor's medical history which can include questions about:
  - current medications
  - allergies
  - immunizations
  - sexual health history (e.g., last menstrual period)
  - pregnancy
  - the sexual assault
- Physical exam to check for injuries, which may include the genital area if the survivor has health concerns and consents to an exam.
- Treatment of injuries.
- Testing and preventative treatment for STIs and pregnancy. [216, 217]

Trauma-Informed and Equity-Oriented Healthcare

Many healthcare professionals provide trauma-informed care. There may be times when you are present with the survivor and you have to advocate for practices that support a trauma-informed and survivor-centred approach.

Some examples of trauma-informed healthcare approaches for survivors of sexual assault:

- Avoid offering reassurance through touch (e.g., a pat on the back or knee).
- Explain the process in detail using plain language, including what they are asking/doing and why.
- Ask for the survivor's ongoing consent, including permission to touch them and conduct each part of the exam.
- Offer options (e.g., healthcare provider gender preference where possible and choice to partially disrobe) and explain what to expect with each option.
- 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 they can support them while receiving healthcare
  - what parts of a procedure are difficult or triggering
  - how they want to let the healthcare professional know that they need a break or want them to stop.[218, 219]
- Use gender inclusive language.

Draw from your existing skills in supporting survivors who are accessing healthcare.

- Provide emotional support, including empathy and validation.
- Ask if there are ways for the survivor to be more comfortable (e.g., water, extra gown, breaks, or lighting).
- Clarify whether the survivor does not want their regular doctor to be notified about the sexual assault (if they have a doctor).
- Support the survivor in requesting a medical note to support time off from work or school.
- 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.[220]
- Debrief with the survivor after medical care and/or forensic exam.

Accessibility and Language Services

- Request access to interpreting services where available. Persons that are deaf, deaf-blind and hard of hearing are eligible for communication access services if they are residents of BC and enrolled with the MSP.[221]
- Deaf, deaf-blind, and hard of hearing survivors and/or their designate should ask their healthcare providers to submit a request for sign language interpreting services to Provincial Language Services. Patients can also request interpreting services through Wavefront Centre for Communication Accessibility.
- Request access to Provincial Language Services interpreters from the healthcare professional where available. Interpreting services are available 24 hours a day, 7 days a week free of charge to BC patients and/or their families.
- Survivors and/or their designates can access on-site, over-the-phone, virtual health visit, and video remote spoken and/or sign language interpreting services by asking their healthcare provider to submit a request to Provincial Language Services.
- Identify what support and accommodation the survivor needs in terms of:
  - mobility
  - decision-making
  - emotional support/mental health
  - hearing
  - vision
  - communication
  - people they trust
  - people they do not want to see [222]
- Advocate for the survivor's accessibility needs.

The Women's Health Centre Access Clinic provides reproductive healthcare for trans patients, adolescents (aged 16+) and adult women with intellectual or physical disabilities in BC. A doctor's referral is not required.

Gender-Affirming Healthcare

Survivors should have access to gender-affirming healthcare, including medical care and/or forensic exams.

Access Trans Care BC resources where available:

- Health navigators help Two-Spirit, trans and non-binary people identify healthcare system pathways, get information and find services, resources and supports related to trans health.[223]
- Survivors may benefit from tips for speaking with healthcare providers and advocating for their health needs in hospital and clinical settings.

Culturally Safe Healthcare

All healthcare providers should aim to provide culturally safe services. Where available, survivors may choose to access Indigenous resources. All BC Health Authorities have Indigenous health services that support patients, families and staff and the delivery of culturally safe healthcare. Access to support will vary by location.

Please refer to the links below for more information:

- Provincial Health Services Authority Indigenous Patient Navigators
- Vancouver Coastal Health Indigenous Patient Navigators
- Providence Health Care Indigenous Wellness Liaisons [224]
- Fraser Health Indigenous Health Liaisons
- Interior Health Indigenous Patient Navigator Service
- Northern Health Indigenous Patient Liaison Program
- Island Health Indigenous Health Program (includes Indigenous Liaison Nurses and Indigenous Patient Navigators)

In addition to Indigenous support services, there are culturally safe primary healthcare centres for Indigenous Peoples and their families throughout BC. For more information on Indigenous health services, visit EVA BC's Hope2Health Hub.

Follow-Up Care

A follow-up visit may be recommended for STI and/or pregnancy testing, treatment and checking in on the survivor's recovery.[225, 226]

In the weeks and months after the sexual assault, some survivors may develop physical and emotional symptoms, such as pain in the muscles, genitals, pelvis, and/or abdomen; lack of appetite; or difficulty sleeping. They may also find it very difficult to resume their habits, lifestyles and sexual relationships.[227]

Counselling and other resources can be helpful in the healing process, for example cultural support programs and practices or crisis and emotional support. Some healthcare professionals can provide counselling, including social workers, psychologists and psychiatrists.

Medication may be recommended to help manage symptoms that are severe or do not improve with counselling alone.[228]

Key Health Issues Related to Sexual Violence

Acute Health Issues

Concussion

A concussion is a type of traumatic brain injury caused by the rapid movement of the brain within the skull from an impact or forceful motion of the head or other part of the body.

A brain injury is an assault to the brain that causes a change in how the brain functions. It can be caused by:

- a loss of oxygen to the brain
- a hard hit to the head, neck or body that causes the head or brain to move rapidly back and forth
- being shaken or thrown
- strangulation [229]

The severity of impact is not directly related to the risk of concussion. For example, a minor hit may result in a concussion, while a serious hit may not. There is no definitive way to determine whether a particular hit will cause a concussion. If a person is experiencing violence in their relationship and has received multiple hits to the head, they may have a concussion even if the reason they initially presented to the health service this time did not involve a hit to the head.

Most concussions do not cause a loss of consciousness. Concussion signs and symptoms can be delayed for several hours or a few days after an incident.[230]

Survivors should seek emergency medical treatment if they experience any of the following symptoms that could be related to concussions:

- neck pain or tenderness
- double vision
- weakness or tingling/burning in the arms or legs
- severe or increasing headache
- seizure or convulsion
- loss of consciousness
- deteriorating conscious state
- vomiting
- increasingly restless, agitated or combative [231]

Supporting Survivors of Abuse and Brain Injury Through Research (SOAR) offers general information, training and resources on brain injury and gender-based violence for front line workers, survivors and medical professionals.

Strangulation

- Strangulation is the external application of physical force that inhibits air or blood flow to/from the brain.
- It is estimated that more than half of survivors of strangulation will **not** have any physical signs of injury such as bruising. A survivor without visible external injury can die from strangulation days or weeks after the assault as a result of the brain damage caused by the lack of oxygen.[232]
- The resulting trauma and brain oxygen deprivation can impact the survivor's ability to remember what happened.[233]
- Survivors should access **emergency** medical treatment if they have any of the following symptoms that could be related to strangulation:
  - difficulty breathing
  - trouble swallowing
  - neck swelling
  - sore throat
  - hoarseness or voice changes
  - blurred vision
  - continuous or severe headaches
  - seizures
  - vomiting
  - persistent cough.[234]

Regardless of whether a survivor has any of these strangulation symptoms, it may be helpful to be assessed by a healthcare professional to ensure they don not have any life-threatening injuries. Survivors can experience serious or fatal internal injuries with delayed symptoms, even if they look unharmed or say they are not hurt.[235]

Sexual Health

STIs

- STIs can pass through the exchange of body fluids (e.g., blood or genital fluids), intimate skin-to-skin contact and sharing drug paraphernalia (e.g., needles or inhalation straws).
- Early STI treatment can prevent health complications.
- Preventative treatments are available for certain STIs within 7 days of the assault.[236]
- Signs and symptoms of STIs vary. The only way to confirm an STI is through testing. Some common STIs, such as chlamydia and gonorrhea, can show no symptoms.[237, 238, 239]
- There is no single test that will cover all STIs, so samples of blood, urine or swabs can be taken, depending on the test. The time between contact with a person with an STI and when the STI will show up on a test will vary depending on the infection and test.
- STI testing at 3 weeks *and* 3 months following the assault is recommended. Tests completed too early may not be accurate.[240, 241, 242]

HIV

- HIV is a virus that targets the body's immune system. HIV is transmitted through blood and body fluids.
- Testing and preventative treatment is recommended for high-risk situations (i.e., multiple assailants, assailant is HIV positive or uses intravenous substances).
- Preventative treatment must be started within 72 hours of the sexual assault.
- Testing for HIV can occur between 3 weeks and 3 months after contact.
- HIV testing options include anonymous testing, point of care (rapid) testing and self-testing.[243, 244]

Reproductive Health

Pregnancy

- A urine pregnancy test is recommended between 10 days to 4 weeks after the sexual assault. Taking a pregnancy test too early, such as before expecting a period, can give a false negative result (i.e., indicate that you are not pregnant when you are).[245, 246]
- A pregnancy test completed at a doctor's office or clinic will be covered by the MSP.[247]

Emergency Contraception

- Emergency contraception can be used after a sexual assault to reduce the chance of pregnancy. The morning-after pill and the copper IUD are the two main types of emergency contraception.

Oral Emergency Contraception

Oral emergency contraception, also known as the morning-after pill, can reduce the chance of pregnancy by 50% to 60% if taken as soon as possible within 3 to 5 days of the assault.

- Some medications may be **less effective** for people who weigh over 165 pounds.[248, 249]
- Some medications are more effective if taken within 3 days of the sexual assault.[250]
  - Some clinics offer free oral emergency contraception.
  - Survivors can get some medications without a prescription from a:
    - physician
    - public health nurse
    - pharmacy
    - walk-in clinic
    - youth clinic
    - sexual health clinic
    - women's health or sexual assault centre
    - hospital emergency room.[251]
  - Anyone enrolled in the BC MSP can access some brands of the morning-after pill from a pharmacist for **free**. Others may require a prescription, have a cost and/or be partially covered by PharmaCare.

Copper IUDs

- A copper IUD is the most effective, long acting and reversible emergency contraception if inserted within 7 days of the sexual assault. An IUD is a small T-shaped device that is inserted into the uterus by a healthcare professional.
- To obtain a copper IUD:
  - a prescription is required, and
  - there is no cost for anyone with the BC MSP. For people without health insurance, the cost ranges from $50 to $150.
- An IUD can only be inserted by a qualified healthcare professional.[252, 253, 254]

Abortion

- Abortion is the active termination or ending of a pregnancy through a medical procedure.[255]
- Medical abortion (also known as medication abortion or the abortion pill) and surgical abortion are the two types of abortion available in BC.
- Medical abortion pills require a prescription from a physician or nurse practitioner.
- Medical abortion pills are available from pharmacies and are covered under PharmaCare for BC residents.
- A surgical abortion is provided through abortion clinics, physicians and hospitals.
- Surgical abortion is covered under the MSP for BC residents.[256]

Mental Health

Sexual assault survivors can experience short- and long-term mental health effects. Some survivors can experience severe and chronic psychological symptoms, whereas others may not. Factors that influence the impacts of sexual violence include the survivor's previous history of trauma, pre-existing mental health conditions, positive family and social support, cultural background, perception of their rights, and relationship with the perpetrator.[257, 258]

Immediately post-assault, most survivors will experience shock, fear, anxiety, numbness, confusion, feelings of helplessness and/or disbelief, self-blame, and hyperarousal (e.g., fight, flight or freeze response or increased alertness).

Many survivors experience a reduction in psychological responses within the first three months.

However, some survivors report responses that persist for years.[261, 262]

Survivors may also experience some post-traumatic stress disorder (PTSD) symptoms, such as flashbacks and having problems sleeping. It is estimated that one- to two-thirds of survivors will develop PTSD.[259, 260]

Sexual assault survivors are at a higher risk of developing anxiety, depression, eating disorders, obsessive-compulsive disorder, PTSD, substance use disorder, suicidality, and bipolar disorder.[263]

Emotional and Counselling Support

Some specialized sexual assault healthcare services provide counselling. It is important to familiarize yourself with what sexual assault services are available in your area.

Suicide Risk

Survivors of sexual assault often face heightened risk of experiencing suicidal thoughts or behaviours.[264] This is something to pay attention to as we speak with survivors and to normalize as a common response to being sexually assaulted.

Here are some things you can consider, knowing that there's no one "right" response to suicide:

- ✦ Invite the survivor to share what has worked for them in the past.
- ✦ Invite the survivor to share what keeps them wanting to live.
- ✦ Offer concrete options to the survivor such as:
  - ways to meet their physical, emotional or spiritual needs (e.g., getting food, going for a walk, practising self-calming strategies like breathing or humming);
  - speaking to a friend, family member or someone else they trust;
  - talking to their doctor, mental health professional or spiritual/peer support person; or
  - going to the hospital emergency department with them.
- ✦ Consider what would feel like a safe crisis response for the survivor. For some folks, 911 or the emergency department can be systems that cause harm or have caused harm to them.
- ✦ Prioritize informed consent. If you are calling 911 for a survivor, explain to them why you are making the call and include them as much as possible.
- ✦ Do not assume that one method of healing is better than others.[265]

Drug-Facilitated Sexual Assault (DFSA)

DFSA happens when alcohol or other drugs are used to intentionally incapacitate a person to perpetrate sexual violence.[266] This type of violence can be proactively planned, targeted, or, most commonly, opportunistic. While media narratives often focus on cases where drugs have been covertly slipped into drinks, **alcohol remains the most common substance used in DFSA**.[267]

Substances commonly involved in DFSA include:

- Sedatives, such as sleeping pills
- Anti-anxiety medications (e.g., benzodiazepines)
- Ketamine
- Gamma hydroxybutyrate (GHB)
- Cannabis and other recreational drugs

Many of these substances can be difficult to detect because they pass through the body quickly and may no longer be present by the time the survivor seeks support or reports the assault.[268] Not all toxicology screenings test for the full range of substances that may be used in DFSA, making detection and confirmation challenging.

Accurately tracking the prevalence of DFSA is difficult due to underreporting and limitations to testing. A study in Ontario found that one in five survivors of sexual violence who reported to a hospital treatment centre experienced drug-facilitated sexual assault.[269] Survivors may not remember the violence clearly and their memory may have been impaired by the substances along with trauma responses. Feelings of guilt, shame, stigma, and confusion can delay or prevent survivors from seeking support.

Indicators that someone has experienced DFSA include:

- Gaps in memory (total or partial amnesia)
- Loss of consciousness or “blacking out”
- Feeling unusually intoxicated after consuming little to no alcohol

The window for detecting substances in the body varies.

- Alcohol can be detected in the system between 6 to 72 hours, depending on the type of test used.
- Other drugs are often processed quickly and may no longer be detectable even within a short time frame.

Survivors may still choose to access toxicology testing even if they are unsure whether sexual violence occurred. Access to comprehensive and timely drug testing is not always guaranteed in every community and current screening methods may not detect all substances.

Anti-violence workers can share with survivors that a negative test result does not mean the violence did not occur. A negative test result could indicate that too much time had passed before the sample was collected or that the substance used was not included in the test.

Survivors who voluntarily take substances often experience feelings of guilt or worry that they will not be believed or taken seriously by law enforcement or criminal justice workers. Survivors may be struggling with not knowing what happened and may be living with trauma-related memory loss. Anti-violence workers can affirm that lack of memory does not invalidate their experience and that survivors have a right to healthcare and support even if they voluntarily took substances. **Choosing to use substances is not a form of consent or permission to engage in sexual activity.**

Anti-violence workers can encourage survivors of DFSA to seek medical treatment and support for their physical health, especially considering the risk for long-term effects relating to potential health risks that may not have visible or obvious symptoms (i.e., concussion, strangulation).

Substance Use Health

Survivors may use substances to cope with emotional and physical effects of the assault, which can lead to substance use challenges.[270]

The following substance use support resources are available in BC:

- **Alcohol and Drug Information Referral Service (ADIRS)**

  The ADIRS provides free, confidential information and referral services to BC residents in need of substance use support. Assistance is available in many languages 24 hours a day, 7 days a week.[271]

- **National Native Alcohol and Drug Abuse Program (NNADAP)**

  In BC there are several residential treatment centres and an outpatient centre, funded through the NNADAP.[272]

- **Provincial Services**

  There are many other substance use support services available in BC, including live-in treatment programs, support groups, counselling and peer support, virtual services, replacement therapy, harm reduction, and Rapid Access Addiction Clinics.[273]

EVA BC's Hope2Health Hub is a provincial online resource for community-based sexual assault service providers and healthcare professionals. The goal of the Hub is to enhance knowledge and best practices by addressing gaps in sexual assault services and connecting service providers to information.

The Hope2Health Hub has healthcare and anti-violence sector resources including information about survivor healthcare rights, trauma-informed support strategies, medical care and forensic exam options, clinical practice guidelines, mental health and substance use support, training, and where to access services.

collaboration is a step toward community

5 Navigating the Criminal Justice System

Navigating the Criminal Justice System

Anti-violence workers have a role in supporting survivors of sexual violence to understand their options with respect to reporting sexual assault, and provide emotional and practical support if they choose to access the criminal justice system. Depending on your role, you may provide:

- ✦ information about their rights
- ✦ information about the criminal justice system, police procedures, court processes, and the role of justice system personnel
- ✦ information and support in accessing a protection order
- ✦ accompaniment to meet with police and Crown Counsel
- ✦ court support and accompaniment to court
- ✦ court orientation and support in preparing to testify in a trial
- ✦ assistance with preparing a Victim Impact Statement
- ✦ assistance with victim notification registration and providing court updates

Forms of Justice

Every survivor will have a different idea of what justice means to them. How survivors view justice is influenced by their background, culture, traditions, and life experiences. Some survivors may feel that only a conviction resulting from a criminal justice process provides justice, while others may only wish to feel safe and protected from future violence.

Survivors may feel that justice has been served as a result of:

- ✦ disclosing to their friends, family or community circle (e.g., to let them know someone in their community is not a safe person)
- ✦ obtaining a restitution order
- ✦ making an anonymous report to police (e.g., Third Party Reporting)
- ✦ filling out a bad date report
- ✦ filing a human rights complaint
- ✦ reporting sexual harassment in the workplace
- ✦ participating in a community accountability program

As anti-violence workers, we can best support survivors seeking justice by:

- ✦ not assuming we know what form of justice is best for them
- ✦ being mindful not to influence their choices about what option(s) we think they should pursue to find justice
- ✦ providing many options for survivors to seek justice

Reporting Options for Survivors

Survivors can choose if, and when, they report a sexual assault.
A survivor can choose not to report a sexual assault to police, to report a sexual assault anonymously through an anti-violence program or to report to police. Since there is no statute of limitations on sexual assault, there is no time limit for reporting a sexual assault to police.

Survivors of sexual assault may face barriers and fears around police involvement or engagement. It is important that survivors understand their reporting options and are supported in making decisions regarding if, when and how they report to police.

Third Party Reporting

Third Party Reporting (TPR) is an option in BC for survivors to report a sexual assault to police anonymously through a third party such as a Community-Based Victim Services (CBVS) or Sexual Assault Services (SAS) worker, a Sexual Assault Centre (SAC) or another community-based program. A TPR is a report provided by a survivor to the CBVS, SAS, or SAC worker or another community-based worker trained in TPR who sends the report to their local police detachment or the provincial TPR coordinator at RCMP E Division. TPR is a way for survivors of sexual assault to access community supports and services and to provide information on what happened to them to police. It gives survivors time to decide if or when they may choose to make a police report.

TPR provides access to support and a trusting relationship with a community-based anti-violence program. With more information and the knowledge that the survivor would be supported, a survivor who may otherwise choose not to report to police, or feel safe engaging with police directly, may choose to make a full report to police. A TPR consists of questions to gather information about the sexual assault to provide to police. A TPR does not include the survivor's name or contact information and is not meant to lead to an investigation. The purpose of a TPR is to provide survivors who may be reluctant to report to police with an option to provide information to police without engaging directly with the criminal justice system. A TPR protects a survivor's identity and also allows police to gather information and specific details of the sexual assault.

From a survivor's perspective, a TPR can lead to:

- ✦ support following a sexual assault
- ✦ a sense of relief that police have information about the sexual assault

From a police perspective, a TPR provides enough information for police to:

- ✦ enter information into their provincial database
- ✦ look for and evaluate trends
- ✦ take other measures of action, such as increasing patrol in specific areas

The TPR protocol in BC bridges communication between police and the agency that submitted the report on behalf of a survivor. For example, if other survivors have come forward with similar reports that suggest a person is committing sexual assaults in the community, the police may ask the reporting agency to find out whether the survivor who made the TPR would be interested in speaking with police. The decision to talk to police and/or to give a full report always remains with the survivor.

If a survivor is considering using TPR, be sure they are aware that a TPR can only be provided through a CBVS program, SAS program, SAC or other designated program in their community. Police-Based Victim Services programs are not able to facilitate a TPR but can refer survivors to a CBVS, SAS or other designed program that can support them with TPR.

For more information about the TPR protocol and process, see EVA BC's Third Party Reporting Guidebook or contact the Community Coordination for Survivor Safety (CCSS) program at ccss@endingviolence.org.

Reporting to Police

Police may become aware of a sexual assault while it is in progress, immediately after it has been committed or sometime after it has been committed. A call may be made to 911 in an emergency (e.g., there is a threat to someone's safety or life, a sexual assault is in progress or a sexual assault has just been committed) or to a police non-emergency line.

If a survivor decides to report a sexual assault to the police, they may call the police to provide a statement. In some communities, a survivor may be able to request that a police statement be collected at an alternative location than the police station, such as the survivor's home or another location with capacity for privacy. It is important to discuss the options of providing a statement at an alternative location, as police may not be able to accommodate this request. Survivors may want to know their options prior to agreeing to meet with police to provide a statement. At the request of a survivor, an anti-violence worker can liaise with police to coordinate an alternative location.

In some cases, an initial report may be made to police, especially if the person was sexually assaulted very recently, followed by a more formal videotaped interview. When a survivor is providing a statement to police, they should provide all of the information they can recall about the sexual assault. No detail is too minor to provide to the police.

Specific details that will help inform the police investigation include:

- what happened (any details the survivor can remember)
- when the sexual assault occurred
- where the sexual assault occurred
- if the person who committed the sexual assault is known to the survivor
- a description of the person who committed the sexual assault (e.g., height, weight, skin colour, hair colour, eye colour, smell, accent, speech pattern, any unusual features, or anything that stood out about the person)
- if a weapon was used during the sexual assault
- if the survivor was threatened in any way before, during or after the assault

Survivors may feel uncomfortable or embarrassed sharing specific details about the sexual assault.

It is important that anti-violence workers reassure survivors that they will support them throughout the process of reporting the sexual assault and any further developments in their case. The statement may be audio recorded or recorded using both audio and video.

Survivors should consider accessing healthcare for medical tests, preventative treatments and forensic sample collection, which are all time sensitive. It is the survivor's choice to seek medical care and determine if they want to have forensic samples collected. Police cannot direct physicians or nurses to complete a forensic exam.[274]

Trauma has an impact on memory, and best practices suggest a survivor should get rest before providing a statement to police. Some memories may return over time, while others may not. If a survivor remembers additional details after providing a statement to police, they can reach out to the officer on the file to discuss providing a secondary statement, if necessary. They can also contact police to ask questions, including information and updates on their file. The survivor can ask for the police file number and contact information for the officer(s) on the file, including their name(s), phone number(s), and email address(es). It may also be helpful to know the police officer's general hours of work, as some officers may work shifts and be off for several days in a row, which could delay communication about the file or with the survivor.

Support and Advocacy During Police Procedures

An important part of the role of anti-violence workers is to support and advocate for survivors during police procedures.

Informing a survivor about who will be involved in an investigation and the nature of an investigative process, will help the survivor to prepare for ongoing communication with police and other criminal justice personnel such as Crown Counsel.

Trauma has an impact on memory, and best practices suggest

a survivor should get rest before providing a statement to police.

Some memories may return over time, while others may not.

Inform survivors that during a police interview they can:

- ✦ ask to take a break
- ✦ take their time while sharing the details of a sexual assault
- ✦ ask why certain questions are being asked

Making a police report can be difficult, emotional and re-traumatizing for survivors, as they will need to revisit what happened to them and provide a detailed account of the assault. Prior to the police interview, it is possible to explore whether the survivor would like to discuss any fears or concerns about the police interview or investigation process. This will provide an opportunity to validate the survivor's feelings and explain that it is understandable to have varying emotional responses about the process. Talking about the interview can also provide an opportunity to dismiss any misconceptions the survivor may have about the reporting process.

According to policing standards, a support person can be present while a survivor provides a statement to police. Some policing detachments do not allow or will discourage anti-violence workers from sitting in during the statement. Explain to the survivor that an advocate can only be present as a support for the survivor and cannot take part in the interview process. The provincial policing standards on sexual assault investigations provide further details on victim interviews and support for survivors before, during and after the interview process.[275] The advocate can follow up with the survivor after the interview to debrief.

Supporting a Survivor as They Provide a Statement

When a survivor decides to provide a statement to police, the role of an anti-violence worker is ongoing; it starts before they provide the statement and continues after, regardless of the location where the statement is provided. If the survivor requests accompaniment to provide a statement, the anti-violence worker should introduce themself to the police officer taking the statement and inform them of their role as either a CBVS worker, SAS worker or other anti-violence worker. If the police officer is not familiar with the role of a CBVS, SAS or anti-violence worker, it is imperative to inform them about the role of a support worker and the capacity of the role. For instance, the police officer may not be aware that anti-violence workers provide information to sexual assault survivors as they navigate the healthcare and/or justice system following an assault.

Prior to the interview process, have a conversation with the survivor to advise them of your role as a support person and inform the survivor that they should direct all communication during the interview toward the police officer(s). You can inform the survivor and police officer of the support worker's role to listen, observe and provide emotional support, as the survivor may need it before or after the statement has been provided. Articulate that the support provided will not interfere with the police process, yet the anti-violence worker can intervene during the interview if they flag a concern with the process. For example, if the interview questions are not relevant to the incident, the police officer's demeanour is concerning, or if the survivor needs a break. Anti-violence workers are able to support survivors and advocate for their rights.

It is important for the survivor to avoid physical, verbal or visual contact with an anti-violence worker during the interview.

It would be ideal to establish whether there is an opportunity to build rapport between the survivor and police officer(s) conducting the interview. If there is an opportunity to build rapport, it may provide the survivor with more ease during the interview process and eliminate any stress or feelings of powerlessness the survivor may have. In order to alleviate some stress or anxiety about the interview process, it may be helpful to have a conversation with the survivor and/or police officer(s). This will help the police officer(s) conduct the interview in such a way that the survivor can understand and respond to the interview questions.

If at any point during the interview the survivor is unsure what is being asked by the police officer(s), the survivor can ask the police officer(s) to either rephrase or ask the question again. If the survivor's anxiety or stress begins to interfere with the interview process, the police officer(s) may turn to the anti-violence worker to engage with the survivor and help to ground them. If a survivor is not able to continue with the interview process, the survivor may request to schedule a second interview, or the police officer(s) may advise to schedule a second interview.

Once a statement has been provided and the interview process has concluded, the survivor must read through it and sign it. As the statement is a detailed account of the sexual assault, it is important for the survivor to be sure the statement reflects what happened as

accurately as possible. It is important to recognize that the survivor may be exhausted, and it is possible they will have limited capacity to review their statement. Taking breaks throughout the process is an option if it helps the survivor to complete the process of reviewing and signing their statement. A support worker may be able to help a survivor review the statement if necessary and if the police agree to this. Accommodations to support the survivor should be made prior to the interview process in coordination with the police.

After the survivor has concluded the interview process, they can discuss how they felt during the interview and ask the anti-violence worker what they can expect to happen next. In order to provide an effective, coordinated and collaborative response for survivors, it can be helpful for anti-violence workers to have a respectful working relationship with their local police.

Arrest and Bail

If the accused is arrested, as an anti-violence worker you can help the survivor find out whether the accused has been released with protective conditions or held in custody pending a court appearance. If the accused is at high risk to reoffend, has a lengthy criminal record or if the assault was very serious, the accused may be more likely to be held or remanded in custody.

The *Police Release Guidelines* include more information about police release on a promise to appear with an undertaking in cases of intimate partner violence.[269]

If no contact conditions are imposed on the accused, the survivor is entitled to a copy of the accused's release conditions. These can be obtained from the police or court registry. As an anti-violence worker, you can support a survivor to navigate this process if they request assistance. For example, you can call the court registry, with the survivor's consent, to obtain a copy of the conditions that can be shared with the survivor. The process to obtain a copy of the conditions may vary depending on the

The RCMP must provide survivors with a copy of the UTA.

location in BC, and anti-violence workers may need to have preliminary conversations with police or the court registry to confirm the process. Another option is to register the survivor with the Victim Safety Unit to provide relevant court-related updates. Although conditions are usually obtained or shared via email, it would be beneficial to print a copy of the conditions so the survivor has access to both an electronic and print copy.

In some cases — generally sexual assault cases coded more serious — the courts may require the accused to have someone sign to confirm they will abide by the release conditions or have someone put up cash or surety as part of the accused's bail. Bail conditions usually consist of a ban on direct or indirect contact with the survivor and a no-go to the survivor's residence or other locations, such as the survivor's work, school or place of worship. A ban on contact may also include the survivor's children and some of their family members. As a part of condition orders, the accused may be required to report to a bail supervisor as well as abstain from drug and alcohol use. All conditions listed on the accused's order must be followed, otherwise the accused is at risk of being charged with a breach of their conditions.

The survivor may receive a copy of the order through registering with the Victim Safety Unit, by mail from the bail supervisor, through a CBVS or SAS worker or from the court registry or Crown Counsel.

A survivor should be informed if the accused does not abide by the conditions as a safety precaution and risk management strategy. The survivor should report all breaches to the police or contact the bail supervisor to disclose a breach. If the situation is an emergency, the survivor can call 911 or their local police emergency number. In some cases, it may take several incidents before the police are able to arrest the accused for a breach. The survivor should be encouraged to continue to log and report all forms of attempted contact. For example, if the survivor receives messages from the accused via text, voice mail, social media, and/or the accused is driving by the survivor's house, place of worship, school, or work, these are all accounts to be documented. It is best if the survivor writes out a brief statement to the police to have a written record of their complaint, rather than just recalling incidents to police from memory.

It is very important the survivor understand the importance of keeping clear records of contact, including the date, time, location, witnesses, and details of what happened with each incident of breach.

Coordinating with Police and Crown Counsel

At the request of the survivor, a CBVS, SAS or other anti-violence worker can act as a liaison between the survivor and the police or Crown Counsel. Following the interview process, there may be a long period of time where the survivor feels that there is no movement with the process or file. The survivor may begin to feel frustrated with the criminal justice system. At the request of the survivor, you can follow up with criminal justice personnel such as police, Crown Counsel and others to receive updates or arrange meetings with the survivor as appropriate.

Charge Assessment

In BC, police submit a written Report to Crown Counsel providing evidence from the police investigation and any recommended charges. Crown Counsel is responsible for laying charges.

Charge approval standards consist of two components:

- **Evidentiary test**
  This means that there must be a substantial likelihood of conviction. That is, Crown Counsel must be satisfied that there is a strong case to present in court.
- **Public interest test**
  If the evidentiary test is met, Crown Counsel must then decide if it is in the public interest (i.e., beneficial or of concern to the community as a whole) to prosecute the case.

If the police do not recommend charges to Crown Counsel, or Crown Counsel decides to not lay charges, an anti-violence worker can connect with the survivor and provide emotional support. It may be helpful to explain why charges might not be recommended by police or, if charges are recommended by police, why they might not be approved by Crown Counsel. If charges are not approved and a survivor would like to receive additional information about this decision, they can contact police or Crown Counsel.

Types of Offences

A sexual assault may be either an indictable offence or a summary conviction offence, depending on the circumstances of the assault. Summary offences tend to be of a less serious nature, such as someone forcing their mouth onto another person or groping another person. If the survivor was injured during the assault, or if weapons were involved, then the crime would be an indictable offence. **Whether a sexual assault is classified as a summary or indictable offence does not indicate that the experience of the sexual assault was any more or less traumatic for the survivor.**

Three main categories of criminal offence in Canada [276]	
Summary offences	Less serious offences (e.g., trespassing at night), including breaches of a probation order.
Indictable offences	More serious offences (e.g., aggravated sexual assault).
Hybrid offences	Offences (e.g., sexual assault) that can be dealt with as either summary or indictable offences. Crown Counsel makes this decision based on the nature of the offence and other factors, such as whether the accused has a criminal history for similar offences.

Protection Orders

There are two types of protection orders [277] available to survivors in BC:

- ✦ peace bonds
- ✦ family law protection orders

A peace bond, also known as an "810 recognizance," is an order made under the *Criminal Code* of Canada providing protection for a survivor and their children against anyone, including a dating or intimate partner. A peace bond is a court order that is created to keep an individual from committing a crime. When a peace bond is ordered, the defendant agrees to "keep the peace" and obey the conditions laid out in the order. A survivor can seek a peace bond to protect themselves from the person who sexually assaulted them. Police can enforce peace bonds anywhere in Canada.

A survivor can seek a peace bond to protect themselves from the person who sexually assaulted them.

Anti-violence workers play a central role in providing information and support to survivors about protection orders.

For example, you can:

- Explain the terms of the conditions more than once. Specifically review the meaning of such terms as "no contact," and thoroughly explain indirect contact (i.e., contacting the survivor through a third party) so it is clear for the survivor if/when indirect contact occurs.
- Explain the differences between civil protection, criminal protection, and family court orders.
- Explain the purpose of the Protection Order Registry and how the survivor can access it.
- Ask the survivor if the terms of the order address their safety needs and develop a safety plan with the survivor that is practical for them.
- Reinforce that the protection order is meant to manage the behaviour of the accused and not to monitor the survivor.
- Explain the process to report a breach. Review the importance of documenting circumstances of a breach in writing if/when possible.
- Outline the procedure that will be followed if the survivor wishes to amend the terms of the order.
- Explain what will happen if the accused makes an application to amend the terms of the order. This is only likely if the accused was the survivor's partner or ex-partner, or where custody of children is involved.
- If children are named in the protection order, discuss with the survivor if they feel comfortable sharing a copy with the school or daycare. Schools can only enforce the terms of the order (e.g., keeping the accused off school grounds) if they have a legal copy. If a publication ban exists, consult Crown Counsel to ensure only appropriate information is disclosed.

In some communities, police provide information about protection orders, while in other communities CBVS workers, SAS workers or corrections personnel provide this information to survivors. The Victim Safety Unit can also assist in gathering information regarding protection orders across BC. It is important to be familiar with community-specific procedures so that you are equipped with this information if a survivor has any questions.

Reporting a Breach

There is a high degree of risk associated with any breach of a protection order. **A survivor of sexual assault may find it very difficult to report a breach of a protection order if:**

- the survivor believes they will be harassed or threatened by the accused or their family or friends
- the survivor lacks confidence in the ability of the criminal justice system to protect them
- the survivor is unsure if what happened is considered a breach (e.g., if receiving text messages or flowers is considered contact)

Anti-violence workers can support survivors and discuss police involvement. It is important to provide survivors with all available options and allow survivors to decide their next step.

Independent Legal Advice

If there is an application for release of the survivor's personal records (such as counselling files or medical records) or anti-violence agency records, and the survivor or agency chooses to defend against the production of those records in court, independent legal representation may be required. The prosecution of sexual offences may result in legal processes that directly affect the privacy and other constitutional rights of survivors. In such cases, criminal law has procedures to balance the survivor's privacy and other rights with the rights of an accused to make full answer and defence. Crown Counsel will recommend that the survivor obtain independent legal advice because the Crown Counsel's interest is to represent the public, not to represent the privacy or equality interests of the survivor or record keeper.

In BC, the survivor will be eligible for a lawyer through Legal Aid BC. **If the survivor has questions that are appropriate for a lawyer to answer,** the survivor can retain a lawyer either privately or at no cost through Legal Aid BC. Funding is not available for agencies to retain legal counsel to challenge a subpoena.

The accused, through defence counsel, may ask the court to order disclosure of the survivor's personal records (e.g., diaries, counselling, or medical records). The accused may also seek permission to call evidence at trial about the survivor's prior sexual history or to use records the accused possesses (e.g., emails or text messages from the survivor). The release of documents to an accused, such as diaries or counselling records, can be very traumatic.

The risk of having sensitive information disclosed to the accused and presented in court may affect the survivor's willingness to participate in the prosecution. In these situations, the survivor has a legal right to be represented by a lawyer and to inform the court of the survivor's position on whether the private information should be disclosed or used in the trial. Legal Aid BC, with funding from the BC government's Victim Services department, provides free legal advice and representation for survivors and, in some cases, witnesses when an application is made to disclose or use the survivor's private information in the court process or to allow evidence regarding the survivor's prior sexual history.

EVA BC's *Records Management Guidelines* provides information about records management and responding to a request for the production of records.[278]

The survivor may also wish to consult a lawyer for legal advice in relation to a police investigation, a trial or accessing financial compensation by suing the person who harmed them in civil court. There are specific deadlines for proceeding with a civil suit, so the survivor should consult a lawyer as soon as possible. If necessary, the survivor can apply to Legal Aid BC for a lawyer to act on their behalf. The survivor does not need a lawyer in order to apply for benefits under the **Crime Victim Assistance Program.**[100]

The Community Legal Assistance Society's Stand Informed Legal Advice Services provides up to 3 hours of free, confidential legal advice to anyone in BC who has been sexually assaulted. A lawyer can explain a survivor's rights and their legal options and request additional hours if needed.

Levels of Court

There are three levels of court in BC[279]:

- **Provincial Court of BC (BCPC)**
  Deals with most criminal matters, including bail hearings, preliminary hearings, trials involving youth, trials for summary offences, child protection, child custody and access family matters, small claims, and some trials for indictable offences (if the accused chooses this). The BCPC is recognized as a circuit court where judges travel around the province to hear trials in smaller communities.
- **BC Supreme Court**
  Deals with both civil and criminal cases, including trials for indictable offences, all jury trials and appeals from the Provincial Court of BC. The BC Supreme Court also has circuit courts to serve smaller communities.
- **BC Court of Appeal**
  Appeal court justices, who sit in panels of three to five, hear appeals of charges that have proceeded by indictment. Justices review the trial record and decide whether a trial decision was correct in law. Generally, no new evidence is given and no witnesses testify in the BC Court of Appeal.

Almost all criminal cases, including most sexual offences, are heard in the Provincial Court of BC. Even though a case may be scheduled for the BC Supreme Court, a preliminary inquiry in Provincial Court may happen for some cases to determine whether there is sufficient evidence to send the accused to trial in the BC Supreme Court.

The Supreme Court of Canada (SCC) is the highest court of appeal in Canada and the court of last resort.[280] The SCC consists of nine judges who review decisions made by provincial appeal courts, including the BC Court of Appeal.[281] The SCC makes its decisions based on written and oral arguments of lawyers. It does not hear testimony from witnesses. The Supreme Court of Canada's decisions are final.

Other federal courts review decisions made by federal government bodies, such as the Parole Board of Canada.[282]

Prosecuting the Case

If charges are approved, Crown Counsel proceeds with the prosecution. Crown Counsel must continue to ensure that the case meets the charge assessment standard. If this standard can no longer be met, Crown Counsel has to end the prosecution, which may involve a stay of proceedings.

For more information about charge assessment guidelines, visit the BC Prosecution Service policy Charge Assessment Guidelines (CHA 1).

A survivor has the right to know the outcome of their case. If a survivor would like more information about a particular decision made by Crown Counsel, they can contact Crown Counsel directly. For example, the survivor may want to know why the charges were stayed. In these situations, Crown Counsel can provide information on the charging process or decision and explain to the survivor why charges were stayed.

Preparing for Court

For most survivors, contact with Crown Counsel begins with a pre-hearing interview following charge approval. The purpose of the pre-hearing interview is to support Crown Counsel in preparing the case and to help prepare the survivor to be a witness at the trial. It is best for the interview with Crown Counsel to be scheduled in advance of the court date so both the survivor and the Crown Counsel can prepare. Crown Counsel interviews should not be completed the day of trial or a few days prior, as there is a chance they may end up being rescheduled.

During the pre-hearing interview, Crown Counsel may:

- ✦ Review the survivor's police statement with them and discuss any points that are unclear.
- ✦ Ask the survivor to repeat the details of the assault and prepare them to testify.
- ✦ Explain courtroom procedures and familiarize the survivor with the types of questions from both Crown Counsel and the defence counsel.
- ✦ Answer questions the survivor may have and prepare the survivor for their role as a witness in a criminal hearing.

While navigating the criminal justice system,

minimizing the re-victimization of the survivor

is of utmost importance.

Being a Witness

It is often difficult for a survivor of sexual assault to understand that they are a witness in the criminal justice proceedings associated with their case. It may seem to the survivor that the charges should be laid on behalf of the survivor, as they are the one who was harmed. It is important to inform the survivor that the criminal justice system takes the responsibility for charging the accused on behalf of the state, rather than the charges being brought forward by the survivor. Although the charges are brought forward on behalf of the state, it is crucial to explain the important role of the survivor during the criminal justice process. **The survivor is often the key witness, and their involvement is usually critical to the file moving forward in court.**

A charge can proceed only on the evidence of the survivor. Corroboration, while helpful, is not required.

While navigating the criminal justice system, minimizing the re-victimization of the survivor is of utmost importance. During the trial, if at any point the defence lawyer becomes aggressive, inappropriate or begins to harass the survivor, Crown Counsel, as an officer of the court, may intervene to ensure questioning is relevant to the matters in the case. The judge is also able to interject and address inappropriate conduct on the part of defence counsel. When this takes place, the survivor may be asked to leave the courtroom and wait outside while all parties discuss the legal matter to ensure the survivor's testimony is not impacted.

Plea Discussions

Plea discussions, which may be referred to as resolution discussions, are a process of negotiation between the defence counsel and Crown Counsel. For example, if an accused enters a guilty plea, Crown Counsel may agree to enter a stay of proceedings (meaning "to not proceed with") on some other charges against the accused, agree to the accused entering a guilty plea to a lesser included offence, or seek a lighter sentence. Plea discussions can occur at any stage during a prosecution up until a verdict has been entered.

In plea discussions, particular care is taken to balance:

- ✦ the interests of the survivor
- ✦ concerns related to the safety of the survivor
- ✦ the protection of the public
- ✦ the administration of justice
- ✦ the cost and length of the prosecution
- ✦ the number of witnesses involved
- ✦ the benefit derived from proceeding
- ✦ the rights of the accused

Plea discussions can result in the accused being held accountable. For the survivor, this can mean not having to testify in court and re-experiencing trauma; their stress is minimized, as is the uncertainty of pending charges and possible conviction. The survivor can proceed with accessing emotional support to heal from their trauma. However, survivors may also feel a sense of injustice and may benefit from emotional support.

For more information about resolution discussions, see the BC Prosecution Service policy Resolution Discussions (RES 1).

Support and Advocacy During the Court Process

As a court date approaches, it is important to check in with a survivor often to answer any questions, address any concerns they may have as they prepare for trial and support them with any emotions that may be arising. This is an opportunity to ensure appropriate support services are in place for the survivor before attending court (e.g., court accompaniment is planned or counselling sessions are scheduled).

Build a Court Support and Safety Plan

Before a survivor is scheduled to be in court, develop and implement a court support plan with the survivor to ensure they feel as comfortable as possible attending court. For example, if a survivor is afraid of facing the accused or is concerned about intimidation tactics from the accused

or their supporters, discuss with the Crown whether a safety plan for the courthouse is needed. Discussions about a court support plan may also include conversations about who else may attend court with a survivor, transportation to and from the courthouse, designating a safe place for survivor to wait in the courthouse and other logistical items to best prepare a survivor to attend court.

There are eight victim court support programs in BC's Lower Mainland. These programs provide services when a victim or witness is not already receiving victim services. When a CBVS, SAS, or Police-Based Victim Service program is already engaged with a victim or witness, they are likely to continue providing services through the court process.

Victim court support programs provide information and support services to victims of all types of crime involved in a criminal court process, but they do not provide services to victims of non-criminal events. They work closely with Crown Counsel, justice personnel and other victim service providers to ensure victims, witnesses and their families are provided with information and support.

Connect the Survivor with Additional Resources

Through conversation with the survivor, find out if they would like additional resources during and after the court process. Discuss what support services they would be interested in accessing. Connecting a survivor with community-specific resources will help them feel supported moving forward after the court process concludes.

Provide Court Orientation

Court orientation is an important process for the survivor to become familiar with the court and reduce stress or anxiety around the process of participating in court. If the Crown is not already doing this, provide the survivor with information about what to expect in court regarding their role, arrange a tour of the courthouse and/or arrange for the survivor to observe a court in session.

If providing court orientation requires coordinating with another agency or organization, confirm with the survivor what they are comfortable with before making arrangements. In some smaller rural or remote

communities, the court process may look different, as court is only available on specific days of the month. This may require anti-violence workers to shift the court orientation process, especially if a courthouse tour is planned. It is important to be mindful of the time required for court orientation procedures based on operations in your community.

Talk to the survivor about who will be in the courtroom:

- a judge who decides the outcome (verdict) of the trial; a jury may be present if the accused has chosen a trial by judge and jury
- a court clerk who administers a witness' oath or affirmation
- a sheriff who provides court security services
- Crown Counsel to prosecute the case
- the defence lawyer or counsel who represents the accused
- the defendant or the accused
- members of the public (unless in rare cases a judge orders that a hearing be closed)
- the accused, not to identify where the accused will be sitting in court, but rather naming that the accused will be somewhere in the room

In preparing the survivor for court, it is also important to:

- Provide the survivor with information about the meaning of legal terms that may not be commonly understood.
- Let the survivor know that there is a possibility to request testimonial accommodations or breaks, but it may not be guaranteed.
- Let the survivor know they can look at the judge (ideally), you or something that is calming when they are on the stand if they do not want to look at the judge or jury, particularly during cross-examination. Tell them that you must keep your expression neutral so that you do not appear like you are encouraging them to say, or not say, certain things.
- Prepare the survivor for the possibility that the trial may be adjourned to a later date. Sometimes trials do not go ahead as planned because a previous trial took longer than expected or a witness is unavailable. If this occurs, the survivor may feel disappointed or frustrated and may benefit from additional support.

Arrange for Court Accompaniment

It is important for a survivor to have a support worker accompany them throughout their participation in court. Having a support worker accompany a survivor also provides support for them if others associated with the case are also present, such as additional witnesses or the accused's supporters. This can include the anti-violence worker or a designated court support worker.

Normalize Emotions Through the Process

Participating in the criminal justice system, and other legal proceedings, may bring up emotional responses for a survivor as they are required to revisit the details of a sexual assault. It is important to normalize their emotions throughout their engagement with the criminal justice system and court proceedings and debrief with them after they have testified. This will provide space for emotional responses before, during and after the process.

Crown Counsel's Case

Crown Counsel will open and present the case. They may:

- Present evidence to show that the sexual assault occurred (e.g., photographs of injuries or clothing, medical records, laboratory test results, weapon(s), witness testimonies, or confessions of the accused, if any).
- Call witnesses to ask questions about the sexual assault, such as:
  - the survivor
  - police officer(s) who investigated the sexual assault
  - healthcare providers, if the survivor received medical attention and/or had a forensic exam after the sexual assault
  - other experts or people that may have knowledge of what happened

Talk to Crown Counsel about what information you are allowed to discuss with the survivor, as there could be legal issues at stake. Anyone who holds information about the case may be called as a witness. It is possible that an anti-violence worker may be called as a witness, so it is important not to discuss the details of the case. If you are called to testify, you must adhere to the same procedural guidelines as any other witness who is called to testify. Anti-violence workers, in coordination with their agency, can challenge being called as a witness to court. Each agency will have different procedures on challenging a court order; anti-violence workers should be familiar with the process of their agency.

Testifying in a Trial

Crown Counsel will ask the survivor non-leading questions, some of which may have been discussed before the trial.

For example, they may ask:

- What happened?
- When did it happen?
- Where did it happen?
- What did you say?
- What did the person look like?
- What happened then?
- What did you do next?

The survivor should take their time answering questions and try to maintain a calm demeanour throughout the questioning process. If the survivor does not understand a question, they can ask Crown Counsel to repeat the question or rephrase the way the question is asked.

As a general rule, questions about the survivor's sexual history are not permitted in court.

As a general rule, questions about the survivor's sexual history are not permitted in court. The survivor cannot be asked questions about their sexual relationship with anyone, including past consensual sexual contact with the accused or others, unless the judge decides to allow such questions.

Testimonial accommodations include options such as:

- testifying outside of the courtroom using closed circuit TV
- testifying from behind a screen
- testifying with a support person nearby
- excluding the public
- non-disclosure of a witness' identity
- an order to protect the security of a witness
- an audio or video playback of children or youth police interviews
- an accredited facility dog

If the survivor would benefit from a testimonial accommodation, it is important to address the matter with Crown Counsel in advance in order for the Crown to make the necessary court application and request that arrangements are made for any equipment that may be required.

Defence's Case

After Crown Counsel presents their case, the defence lawyer has an opportunity to present the case for the accused. The same process of giving evidence and calling witnesses that is followed by the Crown Counsel case may be followed in the defence's case. Alternatively, the defence lawyer may simply not call any witnesses and say there is not enough evidence to support a conviction. As set out in section 11(c) of the Canadian Charter of Rights and Freedoms, an accused cannot be compelled to testify against themselves. If the accused has a criminal record, the record can only be addressed at the trial if the accused is a witness. Crown Counsel may cross-examine any of the witnesses called by the defence lawyer.

Cross-examination may take a long time and involve difficult-to-answer questions about the sexual assault that the survivor does not remember. The defence lawyer may appear disbelieving or angry, or may ask many questions without giving the survivor enough time to answer. The Crown Counsel may object to some of these questions or the speed at which they are being asked questions, and it will be up to the judge to decide if the survivor must answer a question.

Following the cross-examination, the Crown Counsel may want to ask the survivor a few more questions in order to clear up any confusion that may have come up during the cross-examination (this is called re-examination). Once the survivor's testimony is completed, the judge will excuse the survivor.

Verdict

The accused (defendant) may be found guilty or not guilty. A not guilty verdict does not mean that the judge (or jury) believed that the survivor was not truthful about the sexual assault, that the sexual assault did not take place or that it was wrong to lay charges of sexual assault. It means that there was not enough evidence to convict the accused beyond a reasonable doubt. If the accused is found guilty, the judge will decide on the type and length of the sentence. Sentencing may take place immediately or at a later date. If the trial is by judge and jury, this will happen at a later date..

Sentencing

Before sentencing the accused, the judge may ask a probation officer to prepare a pre-sentence report that contains information about the accused's (now considered the offender's) background. The probation officer may contact the survivor to ask questions around the offender's background. A pre-sentence report is often requested in the case of sexual offences. The judge may also request a psychological, psychiatric or risk assessment report be prepared for the sentencing date.

A Gladue Report may be submitted for review by a judge for Indigenous Peoples who have Gladue rights: anyone who self-identifies as First Nations, Métis or Inuit. Regardless of the charges, or which court an accused appears in, a judge must apply Gladue principles if certain factors apply. These systemic and background factors include:

- intergenerational and direct impacts from attendance at residential schools;
- individual, familial and collective experiences of racism and discrimination;
- gang involvement and exposure;
- experiences and cycles of abuse, violence and victimization/criminalization; and/or
- personal, familial and community-level impacts of alcohol and drug misuse.[283]

BC Corrections chairs the High-Risk Recognizance Advisory Committee (HRRAC), comprised of the Victim Support Unit, municipal police, RCMP, policing and security branch, BC Prosecution Service, and Correctional Service Canada. This committee collaborates to determine if high-risk individuals require court-ordered supervision after completing a sentence. Also known as a "preventative recognizance," such an order may place conditions or restrictions on the person while they are in the community.

Victim Impact Statements

A Victim Impact Statement (VIS) is a statement written by the survivor or a family member about how a crime has impacted their lives.[284]

Every survivor in Canada has the right to present a VIS to the appropriate authorities in the criminal justice system and to have it considered. Survivors do not have to complete a VIS, or they can choose to complete only a portion of the form. An anti-violence worker can help them to prepare the statement, but should be careful not to make suggestions about what to include or help form sentences in the statement.[285] **A VIS describes, in the survivor's own words, the physical, emotional and/or economic impacts of a crime.**

A VIS should not:

- describe the circumstances of the sexual assault
- include comments about the accused or the sentence

A VIS can:

- describe the ways in which the survivor's life has changed since the sexual assault
- inform the court of any safety concerns with respect to contact with the offender

The VIS will be provided to Crown Counsel, who is responsible for reviewing the VIS to ensure it complies with the requirements in the *Criminal Code* and case law. It is important to inform the survivor that the VIS will be disclosed to the accused and the defence counsel, reviewed by the judge and presented in court. When informed that the accused may have access to their statement, a survivor may choose not to submit a VIS after all, as they may not want the accused to know how the crime has affected them and their life.

A survivor has the option to request their VIS be read in court. Crown Counsel may also call the survivor to the stand to testify and speak to

the effects of the crime, if the VIS was submitted early in the criminal court proceedings or during trial.

The survivor may request accommodations, such as reading their VIS to the court from behind a screen or outside the courtroom by video. If the survivor is interested in accommodations, they must speak to Crown Counsel in advance to arrange for appropriate submissions to the courts.

If the defence counsel disputes or wants clarification on the information provided in the VIS, the survivor may be asked to testify about the VIS at the sentencing hearing.

A VIS is intended to help the judge better understand the full impact of the crime on the survivor and take into consideration the harm caused when deciding on an appropriate sentence. It is used if the accused pleads guilty or is found guilty; it is not used if the accused is not convicted of a crime.

The survivor should complete a Statement on Restitution to indicate if they are seeking restitution for losses and damages.

The VIS Guide, the VIS Form, and Statement on Restitution are available in several languages.

If a victim/survivor has experienced readily ascertainable financial loss or damages as a result of a crime, such as sexual assault, and criminal charges are approved, they can request financial compensation from the person who harmed them by completing **a Statement on Restitution form**. Judges can make restitution orders for readily ascertainable damages or losses during sentencing and require a perpetrator to pay a victim/survivor. The victim/survivor will need to provide receipts for requested compensation.

Victims/survivors may apply to the Restitution Program for assistance when a restitution order is made. The Restitution Program can help victims/survivors by providing information and updates about payment progress, liaising with justice partners, following up with offenders, and facilitating restitution payments on eligible cases. Participation in the program can help victims/survivors avoid contact with the person who harmed them and avoid a civil court process for enforcement of the order.

Community Impact Statements

A Community Impact Statement (CIS) is a statement written by an individual on behalf of a community to describe how an offence has impacted their community and community members.[286] The statement can include physical, emotional and/or economic impacts, but it is not an application for compensation or restitution.

The individual submitting the CIS can be a representative of an organization, municipality or First Nations community. A victim service worker can provide assistance in completing a CIS.[287]

Once the accused is found guilty, a copy of the completed CIS will be shared with the offender and/or their lawyer, Crown Counsel and the judge. The person who prepared the CIS may be questioned in court on its contents.

A CIS fact sheet and CIS form are available online. For more information, contact the Community Impact Statement Program at MPSSG.

Restorative Justice

There is growing interest in restorative justice (RJ) as an option for addressing the harms of sexual violence. It is an approach to justice that emphasizes addressing the needs of the person who was harmed, accountability from the person who caused the harm and participation from community and all those involved in the harm in repairing relationships.[288]

The framework of RJ in North America has been developed through cultural and religious traditions of Indigenous Peoples in North America, Māori people in New Zealand and Mennonite communities. It is important to recognize that most RJ programs are tied in some way to the criminal system in North America.[289]

RJ has been used for over 45 years in the Canadian criminal justice system. There are **hundreds of RJ programs**, and they have been adapted to be used at many different stages of the criminal justice system.[290]

Examples of RJ being used in the criminal justice system include:

- a face-to-face meeting of the survivor and the person who harmed them
- an exchange of letters between the survivor and the person who harmed them (or the survivor sending a letter)
- an exchange of video messages between the survivor and the person who harmed them

Sexual Violence and Restorative Justice in BC

Historically, feminist anti-violence advocates have been cautious about the use of RJ in sexual violence cases. In the last decade there has been increased interest and research, in Canada and globally, on the use of restorative practices in cases of sexual violence.

In 2021, EVA BC and Just Outcomes hosted dialogue sessions with anti-violence, restorative justice, Indigenous, and immigrant leaders from across BC and released a report discussing the use of RJ in cases of gender-based violence.

Several key themes and questions emerged from the dialogue sessions, including:

- the need for careful consideration about which cases of sexual violence are suitable for RJ processes
- what training on sexual violence and its impacts should be required for RJ practitioners
- what is the role of the anti-violence sector when RJ is used in cases of sexual violence [292]

Most RJ programs in BC are not funded or prepared to facilitate an RJ process for a sexual violence case. It is important to connect with Crown Counsel and a local RJ program (if there is one) before talking with a survivor about RJ and whether it is an option for them.

"For too long, the criminal legal system has been a site of harm for survivors of sexual violence. Now, many survivors of sexual violence are looking for alternative avenues to the existing forms of justice outside the traditional legal system." [291]

Legally, RJ can be considered as an alternative measure in some sexual assault cases in BC. Many offences are potentially eligible, but Crown Counsel may need to first obtain the approval of a Crown manager, as set out in the BC Prosecution Service's policies. These policies include:

- Sexual Assaults – Adult Victims (SEX 1)
- Alternatives to Prosecutions – Adults (ALT 1)
- Youth Criminal Justice Act – Extrajudicial Measures (YOU 1.4)
- Child Victims and Witnesses (CHI 1)

> "RJ offers another pathway toward justice for victims/survivors of crime, but is used with great caution in cases of gender- and power-based crimes." [296]

Sexual assault (s.272) cases can be referred to RJ processes with approval from Regional Crown Counsel, a director or their respective deputy. Further stipulations exist if considering using RJ in intimate partner sexual violence cases.[293, 294, 295]

Some survivors of sexual violence have felt that the RJ process contributed to their healing, but it is important to consider the needs of the survivor in this process. **Ideally, RJ should only be considered when driven by the survivor, when their safety is prioritized and when anti-violence supports are in place.**

Options for Complaints Processes

Although laws and policies have been put in place and improved over time to better protect survivors' rights and improve their experience of navigating sexual violence response systems, survivors' rights are not always respected. When survivors are harmed by the services and systems that are meant to protect and support them after experiencing sexual violence, they may want to take further action such as submitting a complaint.

There are several options for complaints processes for justice agencies in BC.

If a survivor feels they have been treated unfairly by the police, or want to make a complaint about police conduct, there are two options:

- RCMP: Civilian Review and Complaints Commission for the RCMP
- Municipal police: Office of the Police Complaint Commissioner

If a survivor is unhappy with how they have been treated by Crown Counsel and is unable to resolve the issue by speaking directly to the Crown Counsel, they can contact the Administrative Crown Counsel at the office responsible for the prosecution. Their complaint may be ultimately addressed by a Regional Crown Counsel, director or respective deputy. If a survivor has concerns about any aspect of the prosecution of their matter, they should contact the assigned Crown Counsel.

If a survivor would like to make a complaint related to their privacy rights, they can make a privacy complaint or an access complaint to the Office of the Information and Privacy Commissioner for BC.

In some cases, survivors may also want to make a complaint about a worker in a ministry-operated program (e.g., Crime Victim Assistance Program or Victim Safety Unit) or local anti-violence program. Survivors can speak to the worker's supervisor. If the complaint is not resolved for local or ministry-operated programs, survivors can contact the community safety and crime prevention branch at the Ministry of Public Safety and Solicitor General. Alternatively, survivors can contact the organization's Board of Directors.

For complaints about federal government departments or agencies that could not be resolved through the appropriate complaints process in that department or agency, survivors can contact the Office of the Federal Ombudsperson for Victims of Crime.

Legal Options for Sexual Violence

In BC, survivors of sexual violence can access specific legal and advocacy options outside the criminal justice system. These options can be empowering for some survivors, offering them more control over the proceedings, the potential support of the legal system and a possibility of financial compensation. These processes can also be challenging for survivors if they involve mediation with the person who harmed them, having to retell their story or costly financial processes. Some survivors have found the civil court process re-traumatizing.[297] Accessing support and advocacy through these proceedings can empower survivors.

Civil Lawsuit

Survivors can file a civil lawsuit against the person who committed sexual violence, or against any institution that may have been negligent or complicit in the violence. Survivors can seek damages through this type of lawsuit for physical, emotional or psychological harm. A civil lawsuit can take place even if there is an existing criminal case underway or if a criminal case did not result in a conviction.

Civil lawsuits provide an opportunity for survivors to hold others accountable and receive financial compensation that can cover medical expenses, counselling costs and other related expenses. As a private legal action, it offers more control over the process, but can be costly.

Human Rights Complaint

Survivors can file a complaint with the BC Human Rights Tribunal if they believe their human rights have been violated. This can include cases of discrimination or failure to provide a safe environment in workplaces, schools or other settings. Survivors who have faced sexual harassment at work, by a landlord or while accessing a government service could make a human rights complaint. The Tribunal can order remedies such as policy changes, training, disciplinary actions, and financial compensation.

Other Complaints

Survivors can also choose to file a complaint through a disciplinary or professional governing body, if applicable. These can include:

- ✦ employment standards branch claims
- ✦ a complaint to a post-secondary institution (university or college)
- ✦ physicians or surgeons complaints committees

Notes

EVABC

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To access the resources used, visit endingviolence.org/svreferences