

# SHAPING TOMORROW

Community Sexual Assault  
Response Training

February 23-24, 2011

Kelowna, BC



Presented by:

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Empowering Change

 **CCWS**  
COMMUNITY COORDINATION  
for Women's Safety

 **CANADIAN  
WOMEN'S  
FOUNDATION**

## What I need from you... from a survivor

### Start by Believing.

**Listen** and encourage me to tell you only what I am comfortable with talking about. Focus on my feelings and reactions rather than on the “story” of what happened.

**Restore my power.** The abuser didn't give me a choice. From now on, I need you to help me make decisions by giving me options and respecting my choices.

I need your **support**, but if you try to “rescue” me, give me advice, or take over, you are taking away my power.

**Understand** that I might feel: shock, fear, disbelief, numb, anger, and/or shame these are all normal and valid reactions to the violence

Help me understand that **it wasn't my fault.** What I did or didn't do isn't the problem. The abuser's behavior and actions were wrong.

**Respect my dignity.** Please don't tell to others about my experience without my permission.

**Take care** of yourself and understand that your reactions to what happened to me may differ from mine.

**Give me the time I need to recover at my own pace.**

## Presenters



**Morgen Baldwin** Regional Coordinator, Community Coordination for Women's Safety Program – Ending Violence Association of BC

With nearly 20 years experience in the field, Morgen Baldwin brings extensive experience working at the local and provincial level to improving local responses to domestic and sexual violence.



**Cst. Sarah McCarthy** Sex Crimes Unit – Kelowna detachment, RCMP

CST McCarthy graduated from the RCMP academy in Regina in July of 2000. Her current role investigating sexual abuse and assault includes liaison with the Sex Assault Response Team at KGH. Cst. McCarthy's dedication to investigation of sexual offences, and protecting children works toward decreasing the incidents of child abuse and exploitation that occurs in our community on a far too regular basis.



**Cst. Ian Grim** Sex Crimes Unit – Kelowna detachment, RCMP

Cst Grim has been a member of the RCMP for 5 years. Since 2009, Cst. Grim has been responding to and investigating sex crimes at the Kelowna detachment utilizing the Stepwise technique for interviewing children. This technique minimizes the trauma to the child while improving the quality of information.

## Project Partners



**Canadian Women's Foundation** CWF is Canada's only national public foundation dedicated to improving the lives of women and girls. The Foundation invests in the power of women and the dreams of girls: CWF raises money to research, fund and share the best approaches to ending violence against women, moving low-income women out of poverty and building strong, resilient girls.



**Ending Violence Association & Community Coordination for Women's Safety** For nearly 20 years, EVA BC has worked to coordinate and support the work of victim-serving and other anti-violence programs in BC through the provision of issue-based consultation and analysis, resource

development, training, research and education. A program of EVA BC, the Community Coordination for Women's Safety (CCWS) Program provides assistance to BC communities to develop new models or improve existing models of cross-sector coordination on violence against women.



**Sexual Assault Counselling Centre at the C.O Elizabeth Fry Society**

The Central Okanagan Elizabeth Fry Society's mission is to empower women and children to achieve dignity, security and equality in the community. We provide a safe environment where women, children and youth can receive counselling, advocacy, and resources that help them to regain their dignity, autonomy, and self esteem. The Society has been in operation for more than 35 year, and has been responding to the needs of child, youth, and adult survivors of sexual assault for over 15 years. The Centre's work is guided by the motto: start by believing.

## AGENDA

# Shaping Tomorrow: Community Sexual Assault Response Training Kelowna, BC

Day 1: February 23, 2011  
9:00 – 4:30

- Welcome and Introductions
- Group Norms
- Reality of Sexual Assault:  
Impact, Statistics, BC Women's  
Hospital research
- History of the Law, Consent & Privacy
- Police, Crown and Victim Services  
Procedures
- Case Study Exercise 1

Lunch: 12:15 – 1:00 (45 minutes)

- Rape Trauma
- Psychological Needs, Shattered Beliefs  
and Consequences
- Hospital Procedures
- Collaborative Responses to Sexual Assault:  
Importance, Benefits, Elements

Day 2: February 24, 2011  
9:00 – 4:30

- Welcome – Check in
- Drug Facilitated Sexual Assault
- Case Study Exercise 2 – More Information

Break

- Case Study Exercise 3 – Outcomes

Lunch: 12:15 – 1:00 (45 minutes)

- Mapping the Local Response
- Strategic Planning
- Empowering Survivors
- Next Steps

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## Sexual Assault Statistics

- 39% of Canadian women have been sexually assaulted since the age of 16. (Holly Johnson, *Dangerous Domains: Violence Against Women in Canada*, 1996)
- Of all women who are sexually assaulted, 69% are assaulted by men that they know. 38% are assaulted by husbands, common-law partners, or boyfriends. (Facts to Consider About Sexual Assault, Ontario Women's Directorate, 1995)
- 53% of women with disabilities from birth have been raped, abused, or assaulted. (Marion Lynn and Eimear O'Neill, "Families, Power and Violence," in *Canadian Families: Diversity, Conflict and Change*, Nancy Mandell and Ann Duffy, eds, 1995)
- Only 6% of sexual assaults are reported to the police. (The Violence Against Women Survey, Statistics Canada, 1993)
- In 2000, a total of 4,100 sexual assaults and other sexual offences were reported in British Columbia. 87% were classified as level 1 sexual assaults, whereas 2% were level 2 sexual assaults and 1% were level 3 sexual assaults. Another 10% were other types of sexual offences, such as sexual touching or interference, sexual exploitation and incest. (Police and Crime, Summary Statistics, 1991-2000, Police Services, Ministry of Public Safety and Solicitor General)
- Of the 1,600 people charged with sexual offences in British Columbia in 2000, 84% were male adults, 2% were female adults, 14% were male youths and less than 1% were female youths. (Police and Crime, Summary Statistics, 1991-2000, Police Services, Ministry of Public Safety and Solicitor General)
- 1 in 3 women has experienced some form of sexual violence that can be legally defined as Sexual Assault. (The Violence Against Women Survey, Statistics Canada, 1993)
- In 2000, 27,154 sexual offences were reported in Canada, including 24,049 sexual assaults and 3,105 other types of sexual offence (such as sexual touching, invitation to sexual touching, sexual exploitation, incest, sodomy and bestiality). Women made up the vast majority of victims of sexual assault (86%) and other types of sexual offences (78%). (Canadian Crime Statistics 2000 - Catalogue no. 85-205, Canadian Centre for Justice Statistics, Statistics Canada, 2001)
- In 2000, the majority (54%) of female victims of sexual assault were under age 18 (20% were under age 12 and 34% were from 12 to 17 years old). Adult women aged 18 and over accounted for 45% of the female victims. (Canadian Crime Statistics 2000 - Catalogue no. 85-205, Canadian Centre for Justice Statistics, Statistics Canada, 2001)
- Nine out of ten incidents of violence against women have an emotional effect on the victim. The most commonly reported effects are anger, fear and becoming more cautious and less trusting. (The Violence Against Women Survey, Statistics Canada, 1993)

## Common Misconceptions About Sexual Assault

Misconception	Reality
It could never happen to me.	There is potential for any woman to be sexually assaulted: females of every age, race, social class, religion, occupation, education level and physical description are assaulted.
Most sexual assaults occur as a “spur of the moment” act, in a dark alley, by a stranger.	Most sexual assaults are planned, and about 80% occur at home. Often the offender is a relative, friend, neighbour or other acquaintance of the woman.
Sexual assault is primarily a sexual crime.	Sexual assault is a physical assault that is acted out sexually. More than half of women who have been assaulted have also been physically injured during the attack.
Women secretly want to be raped.	Women who fantasize about sexual assault usually think of it only as aggressive sex. Their fantasies do not reflect what rape really is: a violent, terrorizing and humiliating assault.
Sexual assault happens only to young women.	Women of all ages from infancy to old age are survivors of sexual assault. But women between the ages of 14 and 24 are the most vulnerable to assault.
Women with disabilities are less likely to be assaulted.	Women with disabilities are more vulnerable in our society and are therefore more easily accessible to assailants.
A wife cannot charge her husband with sexual assault.	Until January 1983, this was true. It is now against the law for one spouse to force the other to engage in sexual activity.

(Adapted from Porteous et al., Let’s Talk About Sexual Assault, Victoria Women’s Sexual Assault Centre, 1989.)

## Sexual Violence In Relationships

In three surveys of women experiencing domestic violence, researchers found that between 37 percent and 45 percent of respondents also had been raped by their partners.

Browne, A. (1987). *When Battered Women Kill*. New York: Free Press

Sexual violence and abuse can be extraordinarily difficult for victims to talk about because of the ways in which this type of violence often is perpetrated. Sexual violence or abuse:

- Is jealously angry and assumes she will have sex with anyone.
- Withholds sex and affection as punishment.
- Calls her sexual names.
- Pressures her to have sex when she doesn't want to.
- Insists that his partner dress in a more sexual way than she wants.
- Coerces sex by manipulation or threats.
- Physically forces sex or is sexually violent.
- Coerces her into sexual acts that she is uncomfortable with, such as sex with a third party, physically painful sex, sexual activity she finds offensive or verbal degradation during sex.
- Inflicts injuries that are sex-specific.
- Denies the victim contraception or protection against sexually transmitted diseases.

*“What really got to me was the way that he abused me. You know, he would not leave me alone until we had sex. He was like that. I would be there, tears rolling out of my eyes from our fighting, and him hitting me, and he would want to have sex. But I had no choice, because if I didn't have sex with him, well, what would happen to me next? Right after the fights is when he wanted it, and I couldn't stand it.”* — Survivor

Excerpt from:

*A Framework for Understanding the Nature and Dynamics of Domestic Violence*,  
the Missouri Coalition Against Domestic And Sexual Violence  
[www.mocadsv.org/Resources/CMSResources/pdf/dv101.pdf](http://www.mocadsv.org/Resources/CMSResources/pdf/dv101.pdf)

## Legal Definitions of Sexual Assault

The *Criminal Code* defines “assault” as the intentional application of force to another person without their consent. “Sexual assault” is not defined, but it has been interpreted by Canadian courts to mean an assault committed in sexual circumstances. A sexual assault is an assault which violates the individual’s sexual integrity.

Sexual assault could include any form of sexual activity. Kissing, touching, oral sex and vaginal or anal penetration are all examples of sexual assault if these acts are done without consent. For adults, it is the lack of consent, not the type of sexual activity, which is the major factor in determining whether a sexual assault has occurred.

Canada’s *Criminal Code* sets out three levels of sexual assault, from the least serious (Level 1) to the most serious (Level 3):

### Level 1 Sexual Assault [s.271]

Occurs when any form of sexual activity is forced upon another person without that person’s consent;  
Carries a ten-year maximum sentence (if prosecuted as an indictable offence); or  
Carries an 18-month maximum sentence (if prosecuted as a summary conviction offence).

### Level 2 Sexual Assault with a Weapon, Threats to a Third Party, or Causing Bodily Harm [s.272]

Occurs when a person is sexually assaulted by someone who has a weapon or threatens to use a weapon (an imitation or real weapon), threatens to cause bodily harm to a third person (for example, a child or friend), causes bodily harm to the victim, or is a party to the offence with any other person;  
Carries a 14-year maximum sentence; and  
Carries a four-year minimum sentence if a firearm was used.

### Level 3 Aggravated Sexual Assault [s.273]

Occurs when a person wounds, maims, disfigures, brutally beats or endangers the life of the victim during a sexual assault;  
Carries a maximum sentence of life imprisonment; and  
Carries a four-year minimum sentence if a firearm was used.

## Current Laws: Commentary

All forms of sexual assault are now considered serious. The law acknowledges that a victim of forced oral sex, for example, can be just as traumatized as a victim of forced sexual intercourse.

- The law now views sexual assault as a physical and violent attack, hence removing the emphasis on the sexual nature of the crime and putting the emphasis on the degree of physical injury caused to the victim. The new laws parallel physical assault charges.
- The laws are no longer gender-biased, allowing for both male and female victims and male and female perpetrators.
- It is now against the law for a husband to force his wife into sexual activity, another key attitudinal shift from regarding women as property.
- The sentencing provisions have opened up considerably, allowing judges more discretion in sentencing, resulting in more convictions.
- The new laws do not allow the victim's past sexual history to be routinely examined in court, and the provision of "chaste" character has been dropped. This is a key attitudinal change with respect to victim blaming.
- Until 1992, the definition of "consent" placed responsibility on the woman to convey her lack of consent to the man in a way that convinced him. He could claim that he had the honest belief that she consented by her silence.

# Consent

Sexual assault is sexual touching without the other's consent. Consent means that the survivor affirmatively communicated – by her actions or words – her agreement to engage in sexual activity. The survivor does not need to fight back in order for a lack of consent to be established. In some cases, the survivor will appear to consent based on fear or coercion. She may agree because the perpetrator threatens to harm her child, for example. The *Criminal Code* now lists a series of situations in which the law will deem an absence of consent even though the survivor appeared to agree to the sexual activity.

**Consent:** *Criminal Code* ss. 265(3) and 273.1

**No consent is obtained if the victim submits because of:**

- Physical force or threats made against her or someone else;
- Fraud; or
- The exercise of authority of the abuse of a position of trust, power or authority.

**No consent is obtained if:**

- Someone else agrees on behalf of the victim;
- The victim is mentally incapable of consenting (eg., she was drugged or otherwise lacked the mental capacity of consent);
- the victim shows lack of agreement either by her words or conduct;
- the victim consents but then shows lack of agreement to continue.

The survivor can withdraw her consent at any time. For example, she may consent to certain sexual acts and then say no to further sexual activity. If the man continues against her wishes, this constitutes lack of consent.

In some cases the man may honestly believe the survivor consented even if she didn't. This is called the defense of "apprehended consent." To be successful with this defense, the accused must show that he honestly believed the survivor communicated consent. He must demonstrate that he took reasonable steps to ascertain that the woman was consenting. If the accused was reckless or willfully blind, or his belief was based on his own intoxication, apprehended consent is no defense.

# Age of Consent to Sexual Activity

Source: Department of Justice Canada, February 17, 2010

## What does the “age of consent” really mean?

The age of consent, also known as the “age of protection”, refers to the age at which a young person can legally consent to sexual activity. All sexual activity without consent, regardless of age, is a criminal offence.

## To what kind of sexual activity does this apply?

The age of consent laws apply to all forms of sexual activity, ranging from sexual touching (eg. kissing) to sexual intercourse.

## What is Canada’s age of consent?

The age of consent for sexual activity is **16 years**. It was raised from 14 years on May 1, 2008 by the *Tackling Violent Crime Act*.

However, the age of consent is **18 years** where the sexual activity “exploits” the young person -- when it involves prostitution, pornography or occurs in a relationship of authority, trust or dependency (e.g., with a teacher, coach or babysitter). Sexual activity can also be considered exploitative based on the nature and circumstances of the relationship, e.g., the young person’s age, the age difference between the young person and their partner, how the relationship developed (quickly, secretly, or over the Internet) and how the partner may have controlled or influenced the young person.

## Are there any exceptions to this?

The *Criminal Code* provides “close in age” or “peer group” exceptions.

For example, a 14 or 15 year old can consent to sexual activity with a partner as long as the partner is *less than five years older* and there is no relationship of trust, authority or dependency or any other exploitation of the young person. This means that if the partner is 5 years or older than the 14 or 15 year old, any sexual activity will be considered a criminal offence unless it occurs after they are married to each other (in accordance with the “solemnization” of marriage requirements that are established in each province and territory, governing how and when a marriage can be performed, including the minimum age at which someone may marry).

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 another young person who is *less than two years older* and with whom there is no relationship of trust, authority or dependency or other exploitation of the young person.

## Are 16 and 17 year olds also protected against sexual exploitation?

The *Criminal Code* protects 16 and 17 year olds against sexual exploitation, where the sexual activity occurs within a relationship of trust, authority, dependency or where there is other exploitation. Whether a relationship is considered to be exploiting the 16 or 17 year old will depend upon the nature and circumstances of the relationship, e.g., the age of the young person, the age difference between the young person and their partner, how the relationship developed and how the partner

may have controlled or influenced the young person. As well, 16 and 17 year olds cannot consent to sexual activity that involves prostitution or pornography.

### What are the actual *Criminal Code* offences against child sexual abuse and exploitation?

The *Criminal Code* protects all Canadians, including children, against sexual abuse and exploitation. For example, the *Criminal Code* contains offences that protect everyone against all forms of sexual assault (section 271); sexual assault with a weapon, threats to a third party or causing bodily harm (section 272); and aggravated sexual assault (section 273), voyeurism (section 162), obscenity (section 163) and trafficking in persons (section 279.01).

Children are also protected by child-specific offences in the *Criminal Code*. These offences include the following:

- **Sexual Interference (section 151)** - no one can touch any part of the body of a child under the age of 16 for a sexual purpose. The penalty for this offence is a mandatory minimum period of imprisonment of up to a maximum of 10 years;
- **Invitation to Sexual Touching (section 152)** - no one can invite a child under the age of 16 to touch himself/herself or them for a sexual purpose. The penalty for this offence is a mandatory minimum period of imprisonment of up to a maximum of 10 years;
- **Sexual Exploitation (section 153)** - no one in a position of trust or authority over a 16 or 17 year old (for example, a teacher, religious leader, baby-sitter or doctor) or upon whom the young person is dependent, can touch any part of the body of the young person for a sexual purpose or invite that young person to touch himself/herself or them for a sexual purpose. The penalty for this offence is a mandatory minimum period of imprisonment of up to a maximum of 10 years;
- **Incest (section 155)** - no one may have sexual intercourse with their parent, child, brother, sister, grandparent or grandchild. The penalty for this offence is a maximum of 14 years imprisonment;
- **Child Pornography (section 163.1)** - no one may make, distribute, transmit, make available, access, sell, advertise, export/import or possess child pornography. Child pornography is broadly defined and includes materials that show someone engaged in explicit sexual activity who is, or seems to be, under the age of 18 years; or show a young person's sexual organ or anal region for a sexual purpose. Child pornography also includes written and audio material that encourages others to commit a sexual offence against a child, or is primarily a description of unlawful sexual activity with a child that is intended for a sexual purpose. The penalties for these offences are mandatory minimum periods of imprisonment and vary up to a maximum of either 5 or 10 years;
- **Luring a Child (section 172.1)** - no person may use a computer system, such as the Internet, to communicate with a young person for the purpose of facilitating the commission of a sexual or abduction offence against that young person. This offence is sometimes called "Internet luring". The penalty for this offence is a maximum of 10 years imprisonment;

- **Exposure (subsection 173(2))** - no one may expose their genital organs for a sexual purpose to a young person under the age of 16 years. The penalty for this offence is a maximum of 6 months imprisonment;
- **Procuring (sections 170, 171, 212(2), 212(2.1) and 212(4))** - it is against the law for parents and guardians to procure their child under the age of 18 years to engage in illegal sexual activity. It is also against the law for anyone to offer or obtain the sexual services of a young person under the age of 18 years (i.e., prostitution). The penalties for these offences are mandatory minimum periods of imprisonment and vary up to a maximum of 14 years imprisonment;
- **Bestiality (section 160)** - it is against the law for anyone to engage in sexual activity with an animal, including making a child do this or doing this in front of a child. The penalties for these offences vary up to a maximum of 10 years imprisonment; and,
- **Child Sex Tourism (subsections 7(4.1) - 7(4.3))** - it is against the law for a Canadian to travel outside of Canada and engage in any sexual activity with a young person that is against the law in Canada. If the Canadian is not found guilty of committing such a sexual offence in the country where it occurred, the Canadian could be convicted in Canada and would face the same penalty as if that offence had occurred in Canada.

In addition to these criminal laws against child sexual abuse and exploitation, each province and territory has its own laws to protect children against abuse, exploitation and neglect.

# Drug Facilitated Sexual Assault

Drug Facilitated Sexual Assault includes administration of any drug in order to incapacitate a victim to the point where s/he is no longer able to give or withhold consent in regards to any sexual activity. A sex assault is any intercourse, fondling, kissing or oral sex that one person does not agree to. Consent to become intoxicated does not mean consent for sexual activity.

## Many Means, Many Methods:

- Being given more alcohol / drugs than they consented to
- Slipping something into someone's drink
- Being given alcohol in non-alcoholic drinks
- Being given a type of drug or alcohol that is different than what was requested

## Signs and Symptoms

- sudden light headedness
- feeling paralyzed or physical / motor impairment
- waking up confused / waking in an unfamiliar environment with some indication that a sexual assault may have taken place
- severe headaches, vomiting
- scattered or no memory
- intoxication with minimal / no alcohol / drugs
- acting out uncontrollably
- heightened sex drive
- hallucinations, loss of consciousness
- drowsiness / exhaustion
- loss of memory

## Types of Drugs

- Rohypnol
- GHB (Gamma hydroxy-butyrate)
- Ketamine
- MDMA (Ecstasy)
- Foxy Methoxy
- amphetamines, barbiturates, benzodiazepines
- opiates
- cold or heart medication
- anti-histamines
- ALCOHOL - 50% of young adults report being sexually assaulted while under the influence of alcohol

## Forensic Toxicology Testing:

Many drugs used have a rapid clearance, and testing conclusions are often found negative. Any drugs consumed may be detected. Samples are sent to the RCMP Forensic Lab. Blood and urine will be collected up to 7 days. Victim is unlikely to receive results from the testing.

# Privacy

## How can the survivor's concerns about privacy be addressed?

The survivor may fear her privacy will be violated if she reports to police and the case is prosecuted. Referral to a Victim Service Worker is important to provide her with information about legal privacy protections and allow her to make informed decisions. Victim service workers can also provide emotional support to help address any concerns. This may be a key factor affecting the survivor's ability to participate in the prosecution

## Will the accused get access to the survivor's personal records?

- The *Criminal Code* restricts the accused's access to the survivor's personal records. The accused cannot obtain these records without a court order.
- To obtain the order, the accused must first show that the records are relevant to the case and a strict procedure must be followed.
- If the accused applies for access to the survivor's records, the Crown prosecutor will inform the survivor and suggest that she retain her own lawyer.
- Under the *Victims of Crime Act*, a victim has "the right to legal representation to protect her privacy rights if her circumstances meet the criteria set by Legal Services Society. The record holder (the agency which creates and maintains the records) should also consult with a lawyer.
- Eligible agencies may also be able to obtain legal aid

## Will the survivor be questioned about her sexual activities?

- Such questions are restricted by the *Criminal Code*. The fact that the survivor may have engaged in other sexual activity, either with the accused or with someone else, cannot be used in court to show that the survivor:
  - is more likely to have consented to the sexual assault; or
  - is a less credible witness.
- Before any questions are asked, the accused must make a formal application. The Crown prosecutor will inform the victim if this happens and let her know whether the Crown will object to the questions. A special hearing will be held, with the jury and members of the public excluded.

### Will the survivor's name be made public?

- Generally the Crown prosecutor will apply for a publication ban; if so, the judge must order it.
- The ban prohibits the publication or broadcast of the survivor's name or of any information or details that would have the effect of revealing the survivor's identity.
- In certain cases the survivor may want details of the case publicized. She may, for example, feel that this will help others come forward. If so, she should inform the police that she does not want a publication ban. A decision to "go public" has serious implications. It should be discussed with a victim service worker before a decision is made.

## Decision to Become Involved With the Justice System

Involvement with the justice system is not a small matter. Once a woman makes a police report, she can find herself part of a system that may or may not meet her needs. It is therefore very important that the decision about her involvement come from the survivor herself. At the same time, a counsellor can be instrumental in helping her clarify her wants and needs so that she can make the best decision for herself.

### Factors to Consider

There are a number of factors to keep in mind when helping a woman decide whether or not to become involved with the justice system. One of the most crucial factors is the amount of support the survivor has in her life. Although victim service workers and counsellors can offer a great deal of support, they are available only at certain times and for limited amounts of time. It is important for the survivor to have people in her life whom she trusts, and who believes that her involvement with the justice system is a positive thing, or at least trust and respect her need to become involved.

An individual's beliefs about the justice system are another factor to look at. Does she believe that all guilty people are punished and only innocent ones are acquitted? Does she think it is going to result in the offender being called to task, made to confess, thrown in jail? What does she want the justice system to do? Does she believe it is the only answer? Does she think she needs a judge or jury to believe her in order to believe herself?

The woman's coping skills are another factor to consider. How does she see herself coping under pressure? How does she feel about being under pressure? Does she have other complicating factors in her life, such as drug or alcohol dependency, financial problems, relationship problems or other stressors that would make the stress of testifying in court too much?

These factors are important to keep in mind when talking with a woman about getting involved with the justice system. She is the only one who can answer for herself what she wants to do, but a counsellor is vital for providing accurate information about what she might expect throughout the legal process. She deserves to be armed with as much information as she needs and can understand. It can be helpful to give examples (without identifying information) of cases you have been involved with and their outcomes, to help her get a sense of the possible scenarios and common reactions to those scenarios. For the counsellor, there is a fine balance to be achieved between honest, truthful information and pessimism. The task is to present realistic possibilities for the woman should she report or attempt to have charges laid, yet keep open for her the possibility that this can be an empowering, perhaps satisfying, avenue for resolving the trauma of sexual assault.

### Worker's Role

As always, it is really important for the worker to listen to the survivor, with empathy and without judgment. This can be difficult when the worker feels strongly that the woman should make a certain decision, either to engage or not to engage with the legal system. Often the helper thinks she has the woman's best interests at heart, thinks that she knows, given the above factors, that this individual may or may not benefit from certain decisions. It can be hard to support a woman in making what

we see as a bad decision. What is most important, however, is that the survivor knows that the decision is her own, that she made what she thought was the best decision and that no one took that power away from her. Sexual assault has already robbed this individual of her sense of autonomy and ability to control her life, and it is extremely important that the counselling experience, however well meaning, does not do the same.

The worker can present options to the client to help her make her decision. The client may be advised that her options are to:

- Report the assault to the police and have them begin an investigation.
- Report the assault to the police but not agree to participate further. This option gives police information that may assist them in cases of multiple victims; maybe other victims will come forward.
- Complete a third-party report: the client has someone else report on her behalf. This may assist in cases of multiple victims, and the police may ask the third party to inquire whether the victim will identify herself to assist in the investigation.

It can be very difficult for a woman to feel clear about what she wants, particularly given the emotion she may be feeling. The worker can help her clarify and prioritize some important issues, such as:

- what she hopes to have happen, both for herself and to the offender, within the legal system, e.g., desire for punishment, expectation of guilty verdict, etc.
- what expectations of family and friends may have an effect on both her ability to make her decision and on the decision itself
- what happens in the court process, e.g., length of time it may take, possibility of delays, possibility of acquittal, etc.
- how she feels about her own ability to testify in court, and any other concerns the survivor may bring up
- implications for her own personal safety of reporting or not reporting to police

In both the decision-making process and the court process, it is crucial to keep in the forefront a concern for the well-being, empowerment and sense of autonomy of the survivor. This is easily misplaced in the midst of the legal terminology, excitement over rules of evidence, statements made by judges and defense counsel, legal strategy, etc. Almost everyone else involved in the system has those concerns. The survivor's counselor is the only person who really takes her needs into account exclusively. Making her healing a primary concern is crucial and not always easy.

# Police Procedures

## The Survivor Reports to the Police

The survivor makes a statement to the police. The statement is recorded in some way (possibly taped or transcribed if she is unable to write) by the police and signed by the survivor. She is asked to review the statement to ensure that it is accurate. If she does not feel it is accurate, she can ask to have it changed before she signs it.

## The Police Investigation

Once the survivor has reported the offense, the police conduct a preliminary investigation to determine whether there is enough evidence that an offense may have been committed. If there is sufficient evidence, a full investigation is conducted. If not, the offense is deemed “unfounded” and no further action is taken by the police. The preliminary investigation should include an assessment of the safety needs of the survivor and the possible implementation of protective measures.

The full investigation generally includes:

- interviewing possible witnesses
- gathering forensic evidence
- attempting to determine the identity of the alleged offender (if he is not known to the survivor)

Once the investigation is complete, the police prepare and submit to Crown counsel a Report to Crown Counsel (RCC). This Report contains recommendations as to whether charges should be laid.

## The Charging Decision

Crown counsel reviews the results of the investigation and decides whether charges should be laid and what those charges should be. The following test (often referred to as the charge approval standard) is applied to decide whether charges are appropriate:

- Is there a substantial likelihood of conviction, based on the information available?  
AND
- Is it in the public interest to seek a conviction?

If these two conditions are satisfied, an “Information” or charge is laid against the accused.

The Information sets out the specific charges. Laying the Information involves a police officer appearing before a justice of the peace and swearing that he or she has reasonable grounds to believe that the accused committed the offenses charged.

If the charge approval standard is not met, no charges are laid. In some situations, however, the Crown may refer the case back to the police with a request for further investigation.

The Crown may consult with police prior to charging. The Crown may also consult with the victim once a decision to charge or not to charge has been made.

# Critical Stages of a Sexual Assault Case within the Criminal Justice System

**The Survivor Reports to the Police** *(See section on police procedures)*

**The Police Investigate** *(See section on police procedures)*

**The Charging Decision** *(See section on police procedures)*

## **Preparation for Court / Pre-Trial Matters**

If the accused pleads not guilty, the case is scheduled for trial. Crown counsel reviews the evidence and interviews witnesses, including the survivor.

In some cases, Crown counsel discusses with defense counsel the possibility of dropping some of the charges or reducing the charge to a lesser offense. The aim of these “plea discussions” is to obtain a guilty plea. When deciding whether to consider plea discussions, Crown counsel may consider the possible harm to the survivor that the trial process may cause. Generally, Crown counsel informs the survivor of the outcome of any plea discussions.

In certain cases, before trial, defense counsel may request that Crown counsel disclose to them any of the survivor’s personal records which the Crown or police have in their possession. This might include, for example, psychiatric or medical records. If Crown counsel refuses to disclose the records, defense counsel can apply for their release, and a hearing is held to determine whether they are relevant to the trial. At this stage, Crown counsel may refer the survivor to legal aid so that she can obtain independent legal advice to ensure that her privacy rights are protected.

## **The Preliminary Inquiry**

If the case proceeds by indictment, a preliminary inquiry is held. This is a mini-trial which takes place before the main trial. The purpose of the preliminary inquiry is to determine whether the case is strong enough to obtain a conviction. If there is insufficient evidence to prove the charge, the prosecution will not be continued. If the judge finds that there is sufficient evidence to commit the case to trial, a trial date is set. The accused will be present at the preliminary inquiry and the survivor will be required to testify.

## **The Trial**

Generally, members of the public and the media have the right to attend court. The Crown may, however, request a ban on the publication of the survivor’s name, address and/or other identifying information. In exceptional cases, Crown counsel can apply to have the courtroom closed to the public.

The survivor will be required to give evidence in chief (with open-ended questions being asked by Crown counsel). She will then be cross-examined by defense counsel. Leading questions are permitted during cross examination, but harassment and abusive behaviour are not.

The aim of cross examination is to attack the credibility or believability of the survivor. In sexual assault cases, cross examination often focuses on the following issues:

- Did the survivor consent to the sexual acts?
- Did the accused reasonably believe that she consented, based on her actions?
- Was she too intoxicated to accurately remember what happened?
- Was the memory of sexual abuse imagined or planted by her therapist (in historical cases)?

The Crown generally calls other witnesses, such as the investigating police officer or the physician who performed the forensic exam, to support the state's case. The accused does not have to testify at the trial.

After all the evidence has been presented, the judge or the jury decide on the guilt or innocence of the accused. If the accused is found not guilty, this is generally referred to as an acquittal. In some cases, the judge decides on a sentence immediately. In others, this decision is postponed for a few weeks, after which a sentencing hearing is held.

### **The Sentencing Hearing**

If there is a guilty verdict (or the accused has pleaded guilty prior to trial), a sentencing hearing is generally held. If directed by a judge, a probation officer prepares a pre-sentence report. Its main purpose is to provide the court and counsel with information about the offender, the victim and sentencing options.

The Crown may also request that a victim impact statement be prepared. This information may then be presented to court at the sentencing hearing. The survivor may be asked to testify at the sentencing hearing.

### **An Appeal**

Defense or Crown counsel may appeal the decision or the sentence to a higher court. Generally, witnesses (including the survivor) are not required to present evidence at the appeal.

## Issues That May Arise Immediately After the Trial

Depending on the outcome of the trial, a survivor will have myriad reactions, ranging from pride, excitement, joy, elation, satisfaction, disappointment, distress, betrayal, anger, anxiety, fear, despair, etc.

### Factors that Affect How the Survivor Reacts to the Trial

- Her sense of how well she performed as a witness
- Amount of delay involved in bringing the process to a close
- Her belief in the Crown counsel and the quality of the prosecution
- The verdict and the judge's explanation of the decision
- Whether the judge and/or jury somehow convey their belief in her story, regardless of the verdict
- Her experience of seeing the accused and/or his family and supporters
- Amount and quality of support she has received, including knowledge about procedures and complete information about the process as it unfolds
- Inner confidence and belief that she is the victim and is not somehow responsible for the assault and/or the future of the accused

### Specific Issues

- Feeling of despair, hopelessness: "Why did I bother doing this?"
- Anger, distrust, a sense of re-victimization, a feeling of being unfairly treated, powerlessness: "I would never recommend that a woman report sexual assault."
- Satisfaction, closure, but unfinished emotional reactions, often surprising, distressing and despairing: "I'll never get over this."

### What a Worker Can Do

Listen, validate and support any and all feelings: Let her know that:

- These are normal.
- They will diminish over time.
- She can do something for herself.
- Help her access some kind of action if she feels unfairly treated, e.g., letter writing to appropriate personnel, phone calls, political action.

- Help her develop and participate in some kind of closure for herself that acknowledges her own progress in healing, her own strengths, her own future (for example, a celebration with people who have helped significantly throughout the process, or creating a piece of art work to symbolize her process, or anything your imaginations can create).
- Reinforce the idea that the legal system is only one avenue towards healing, that it is not always satisfactory, and that she has a lot of resources with which to continue her life.

# Third Party Reporting – Information Sheet

June 2008, Community Coordination For Women's Safety

## Rural Sex Trade

*The Vancouver Sun*, Fri 03 Nov 2006

*“The victims in the cases had specific histories of trauma, addictions, oppression, racism and a fear of not being believed...It was extremely time-consuming and challenging to find one victim who was willing to give a statement to the police.”*

We are pleased to announce that a provincial protocol has been developed regarding third party reporting in sexual offence cases. This protocol includes both RCMP and municipal police and is intended for survivors who are 19 years of age and older.

This protocol was rolled out in September of 2008 and will make third party reporting accessible through Community-Based Victim Assistance Programs throughout B.C.

## Background

For the general population, sexual assault is among the most under-reported crime in Canada, with only 8% of sexual assaults reported to police (Stats Canada 2003). For some groups of women, particularly those with fears and concerns about the justice system, the numbers are even lower. These victims are least likely to report to police

For many years, communities throughout BC have attempted to address the fact that very few victims of sexual assault report to the police, particularly those from communities such as Aboriginal women, new immigrants and women in the sex trade. In communities such as Vancouver, Victoria, Kamloops and Prince George, agreements have been developed between local police detachments and Community-Based Victim Service programs or Sexual Assault Services whereby the local community-based program provides third party information from victims to police.

## What Is A Third-Party Report?

In collaboration with police, a process has been developed whereby a community agency that specializes in responding to sexual assault accepts information from a victim about a sexual assault and passes that information on to the police without disclosing the identity of the victim.

This “Third Party Report” can be an option for victims who would not otherwise provide information to the police. Once the report is made, it enables the police to review the information, look for and evaluate trends, create a profile of the assailant, and/or take other actions such as instituting patrols in the area. The new Third Party Report process also establishes that police are able to contact the agency if they would like to follow up with the victim. The decision whether to engage in the process further rests with the victim.

## Barriers To Reporting

Survivors of sexual assault report being reluctant to come forward because of fear of retaliation by the assailant, fear that they will not be believed or that they will be judged, and feelings of humiliation and shame.

In the case of immigrant/refugee/visitor women, fear of police authorities because of the system in their country of origin, language barriers and cultural taboos can play a part in fear of reporting.

For women in the sex trade, or who are street involved, the chance of the victim reporting to police is even lower. This, along with other factors, makes this segment of the population even more vulnerable to sexual assault. A survey of sex trade workers in Vancouver's Downtown Eastside revealed that 62% had been sexually assaulted on the job during the previous six months (Currie et al 1995). Studies also show that sexual assault of sex trade workers is more likely to involve physical violence requiring hospitalization and more likely to involve more than one assailant (Miller and Schwartz 1995).

Women in the sex trade may be reluctant to report because of:

- Perception by the public that assault is part of the risk of their lifestyle,
- Mistrust of the system; belief that the system will not respond,
- Fear that they will not be believed,
- Fear that they will be arrested if they have outstanding warrants or
- Fear of retaliation by the assailant.

**The Cases of Donald Bakker, Robert Pickton and the Highway of Tears:** The need for Third Party Reporting was highlighted after the 2003 arrest of Donald Bakker in Vancouver. In December 2003 screams were heard coming from an area at Crab Park in East Vancouver. Police attended and arrested Bakker, who had been attacking a sex worker. It was later discovered that the gym bag he was carrying contained a video camera and tapes depicting images of extreme and degrading violence against women believed to be Downtown Eastside sex-workers. The tapes showed 60 victims, some of whom were sex trade workers and some who were child victims in Cambodia. The resulting investigation identified 44 victims and charges were laid in 16 of the cases; this was extraordinary considering there were no complaints to police at the time of the assaults. Bakker was convicted and sentenced to ten years in jail.

The question that has been posed is, "If police had had information about this predator earlier on, could some of these attacks have been prevented?" The same question can be asked in the case of Robert Pickton and the case of the murdered and missing women along Highway 16 in Northern BC.

**The Benefits of a Coordinated Provincial Response:** The newly created provincial response will ensure that the data gathered is reviewed provincially so that predators that move from one jurisdiction to another can be identified. Other benefits include:

- Allowing someone who has been sexually assaulted in one jurisdiction to report in another;
- Supporting local efforts to establish protocols;
- Facilitating the tracking of transient predators;
- Facilitating broad-based interagency cooperation and learning;
- Heightening awareness and
- Facilitating a consistent, effective response.

The development of a provincial template, will ensure a consistent response to victims of sexual assault, improve reporting statistics, potentially identify serial predators earlier on to increase the safety and wellbeing of women around the province.

### **Third Party Reporting (TPR); Roles And Responsibilities**

As of June 2008 only Community-Based Victim Assistance Program Workers have been trained and have the mandate and the necessary paper work to facilitate clients to fill out TPR's. A client who fits the criteria for a TPR should be referred to the nearest CBVA program. Unfortunately, at this time we are unable to provide this service locally to communities without CBVA programs.

Contact information for the closest CBVA program is available on the Victim Service Division website at: [www.pssg.gov.bc.ca/victim\\_services/directory/index.htm](http://www.pssg.gov.bc.ca/victim_services/directory/index.htm)

### **TPR Criteria:**

- The Third Party Reporting option is available to survivors of sexual assault, either recent or historical.
- Survivor must be 19 years of age or older in order to complete the report. (If the survivor was under 19 at the time of the assault, they would still be able to report via TPR as an adult).
- The worker should refer to their agency's policies and guidelines in determining whether the client's situation requires the need for immediate intervention; examples include when someone is a danger to self or others or a child is at risk. Third party reporting should not be used when a victim, or anyone else, is in immediate danger.

**Role of Referring Agency:** The third party report is the option of last resort. It is intended to be used with survivors who would otherwise not report to police. It is also intended for survivors 19 years of age or older.

If an adult victim of a sexual offence attends or contacts your program, and requests to complete a TPR, provide the victim with information about the TPR process, and refer the victim to the nearest community-based victim assistance agency.

If there is no Community-Based Victim Assistance program in your community, the survivor should be referred to the Stopping the Violence Counsellor, where they exist, for ongoing counselling.

**Role of Community-Based Victim Service Program:** When a victim discloses a sexual assault to a Community-Based Victim Service program; The community-based victim service worker will meet with the survivor with a focus on providing information and support. The process for making a police report will be discussed and options for reporting outlined.

Once TPR has been assessed as appropriate; the client will be given the TPR form to fill out with the information that s/he is comfortable in providing.

Once completed, the coversheet with the survivor's identifying information is removed and stored by the community agency. The TPR form (with the file number and community agency contact information) is forwarded to the nearest designated police agency without information that would identify the victim.

After the third party report has been made, the community-based victim assistance worker will ensure that support continues and that the survivor is connected with a Stopping the Violence Counselling Program and/or other appropriate resources.

**Role of Police:** Police review the report. The information is used to evaluate trends and look for commonalities between this sexual assault and other reports. Based on the amount and quality of information gathered, a preliminary investigation will be undertaken ensuring that the identity of the victim is not jeopardized through any inquiries conducted.

If there is a need/interest to interview the victim further, the police will contact the community-based victim service worker to follow up.

The community-based victim assistance worker will contact the victim and forward the police request to meet with her/him. If permission is given, the worker will arrange a meeting with the officer or give the victim's contact information to the investigating officer. The decision to give a full report rests with the victim.

## References

- Currie, Sue et al. *Assessing the Violence Against Street Involved Women in the Downtown Eastside/Strathcona Community*. Vancouver, BC: Ministry of Women's Equality, Downtown Eastside Youth Activities Society (DEYAS), and Watari Research Society, 1995.
- Miller, J. and Schwartz, M.D. (1995) "Rape Myths and Violence Against Street Prostitutes." *Deviant Behavior: An Interdisciplinary Journal*. 16:1, 1-23.
- Statistics Canada. "Sexual Offences in Canada." Juristat 85-002, Vol. 23, no. 6. 2003
- Vancouver Women Against Violence Against Women Sexual Assault Centre. *Third Party Reporting Form 2006*

### For further information contact us at:

Michelle Novakowski, CCWS, 250-862-2887 [micheno@telus.net](mailto:micheno@telus.net)

Tracy Porteous, E.D. BCASVACP, 604-633-2506, [porteous@endingviolence.org](mailto:porteous@endingviolence.org)

### Website

[www.endingviolence.org](http://www.endingviolence.org) (click on Community Coordination for Women's Safety)

## Victim Services

Anyone who has been a victim of a crime in British Columbia, their family members and witnesses to crime can use victim services.

In general, Victim Services offer:

- help understanding and dealing with the effects of a crime;
- emotional support;
- referrals to other community agencies that can help;
- help understanding what happens in court and providing support and guidance through the court process; and
- information about and applying for financial benefits

In Kelowna, there are two Victim Service Programs:

- Police-based victim services operate out of the RCMP department. They provide services to victims of all crimes.
- Community-based victim services are provided by the Central Okanagan Elizabeth Fry Society as the Specialized Victim Assistance Program. This program provides specialized services to victims of sexual violence or abuse from an intimate partner, family member, or person in a position of power. All services are confidential and victims do not have to report to the police to access community-based victim services.

Specialized Victim Assistance provides one-to-one support to adults and children who have experienced abuse, sexual assault, historical child physical/sexual abuse, or criminal harassment.

Program services are guided by the principles of the right of survivors to make choices based on their own understanding of their options, needs and goals, and recognize that power imbalances in Society lead women and children to being exposed to abuse and violence.

Services include emotional support; information (e.g. about the criminal justice system, resources in the community, trauma treatment); advocacy; accompaniment (e.g. to report to RCMP, to court, to hospital, to Crown Counsel); court and after-court support; referrals and community liaison.

The Role of Specialized Victim Assistance is as follows:

- To assist survivors in understanding and overcoming the impact of abuse or assault and assist in recovery
- To enhance safety and help prevent re-victimisation through individual safety planning and risk assessment

- To ensure that survivors are aware of their rights and options
- To increase the sense of empowerment while participating in the criminal justice system
- To increase the effectiveness and comfort of victims while acting as witnesses in court proceedings
- To assist survivors to have access to financial assistance and counselling options
- To coordinate with multiple sectors to improve community responses to violence and abuse

# Rape Trauma Syndrome

Research has shown that there is a common set of reactions most women experience following a sexual assault. This set of reactions is known as Rape Trauma Syndrome .

Rape Trauma Syndrome (RTS) was identified by Ann Wolbert Burgess and Lynda Lytle Holmstrom in the mid-seventies after studying the typical patterns of rape survivors. RTS describes a process that rape survivors go through in response to the fear experienced during a sexual assault.

Although each survivor has their own experience, there are common responses which are the direct result of the profound fear of death inherent in sexual assault. The responses are divided into two main phases:

- I. Acute Phase: immediately after and lasting up to several weeks, causing complete disruption.
- II. Reorganization Phase: possibly overlapping with Acute Phase and lasting for months or years.

## I. Acute Phase

Emotional Concerns are often characterized by:

- Shock
- Disbelief: “Did it really happen?” “Why me?”
- Wide range of emotions or expression

During this phase, the survivor experiences a complete disruption of their life, responding to the fear of death they experienced. Survivors may display any of a number of contrasting emotional responses. A survivor may cry, shout, swear, laugh nervously, be silent, discuss the weather, or sit calmly.

No response is inappropriate!

Responses fall into two main styles which reflect different ways of dealing with a crisis. A person may also exhibit characteristics of both styles:

**Expressed:** If a survivor uses the Expressed style, they openly display their emotions. They may be agitated and restless, talk a lot, cry, swear, shout, and laugh. Any emotion is appropriate--because every person has his or her own unique way of responding to events in their life.

**Controlled:** If a survivor uses the Controlled style, they contain their emotions. Most of the survivor's energy is directed toward maintaining composure. They may sit calmly, respond to questions in a detached, logical way, and downplay their fear, sadness, anger, and anxiety.

Many survivors may appear numb. Far from being inappropriate, this response provides an emotional “time-out” during which the survivor can acknowledge and begin to process the myriad components of the experience.

A survivor who was assaulted by an acquaintance may have a particularly difficult time overcoming shock and disbelief. The experience of an acquaintance rape can also make a person question the trustworthiness of others in their life.

If the assault was particularly terrifying or brutal, the survivor may experience an extreme shock response and completely block out the assault.

Following the shock and disbelief most survivors initially experience, they may experience a variety of emotions or mood swings. Survivors may feel angry, afraid, lucky to be alive, humiliated, dirty, sad, confused, vengeful, degraded.

All of these responses, as well as the many that are not listed, are normal. In short, whatever a survivor is feeling is valid because they are feeling it. It is how they express their reaction to the sexual assault.

#### Physical Concerns of the Acute Phase

- General soreness and aches throughout their body.
- Pain in the specific areas of the body that were targeted during the assault.
- Pains may be the result of actual physical trauma, or may be a psychosomatic response. Both reasons are equally valid and real.
- Disruptions in usual sleeping and eating patterns.
  - unable to eat or eat more than usual
  - unable to sleep or unable to stay awake
- Nightmares in which
  - the assault is relived
  - the survivor takes the violent role in some way, in effect reclaiming the control lost during the assault.
- Although both types of dreams may upset a person, they are part of the healing process. Sexual assault is such a traumatic event that the survivor may dream about it in some way throughout their life.

## II. Reorganization Phase

During this phase of RTS, the survivor reorganizes herself/himself and their life after the sexual assault. Basically, they learn to cope again. Many factors, including those discussed at the beginning of this handout, influence the survivor's ability to reorganize their life after the sexual assault.

There are 3 Stages of the Reorganization Phase:

1. Pseudo-Resolution Stage (also referred to as Outward Adjustment)
2. Working-Through Stage
3. Termination Stage

**Pseudo-resolution Stage/Outward Adjustment:** In this stage toward recovery, the realities of the survivor's life may be the focus. The survivor is trying to get their life back on track and trying to forget about the assault. She may express having "put it all behind her"... She may quit her job or school or move to a new community.

**Working-through Stage:** In this phase the survivor acknowledges the sexual assault and seeks to reintegrate the experience into their daily life. It is during this phase that the survivor is most likely to reach out for help. Many survivors feel they are losing control because they thought they had dealt with the assault already, and may think something is wrong with them because these feelings have come back.

**Termination Stage:** The survivor may mourn the former image of herself and her environment. She has been forced to give up the belief that she is inviolable or that others are unquestionably trustworthy.

### Social Concerns of the Re-organization Phase:

- Difficulty returning to pre-assault social patterns
- Increased distrust toward others in general
- With male rapists involved, an increased suspicion of men in particular
- A survivor may have a shorter temper, or easily break into tears
- Some reactions may be the result of a specific component of the assault
  - If the survivor was assaulted while alone, she/he may want to be with other people constantly.
  - If a survivor was gang-assaulted, she/he may withdraw socially and rely on a few significant others for companionship and support.
- Many survivors feel a strong need to "get away."
- A survivor may visit parents.
- They may move, especially if assaulted at home.
- Survivors may change jobs or leave school.

All these actions are “normal” in that they represent what the survivor needs to do in order to regain control over their life.

### Psychological Concerns

Denial of the effects of the assault, or of the assault itself, is a common reaction during the reorganization phase. Denial may be a component of the survivor’s recovery, since it gives a person space to catch their breath before beginning the stressful task of processing and resolving the trauma. Denial that lasts longer than a few hours or days, however, is detrimental to recovery.

Depression, guilt, and a general loss of self-esteem are all common psychological reactions. These symptoms suggest that a survivor has turned their anger inward, and that they have unresolved fears.

Remind a survivor that they are in no way responsible for the assault and that nothing they did could ever justify the violence they have experienced. Encourage survivors to direct these negative feelings toward the assailant and away from his or herself.

The survivor may experience fearful reactions to stimuli that remind them of the assault or the assailant.

Phobic reactions are extreme manifestations of anxiety. For example, if the survivor was assaulted outdoors, they may be afraid to leave the house. If the assailant had alcohol on his breath, this odor may remind a survivor of the assault and bring on nausea.

Survivors may experience a general paranoia, or panic attacks.

### Sexual Concerns

The assault may disrupt the sexual life of the survivor because sex, which usually involves pleasure, was instead used as a weapon to humiliate, control and punish.

It will probably take some time for the survivor to disassociate the sexual assault from consensual sex.

### Physical Concerns

The survivor may report continuing gynecological/genital problems. If a survivor was physically beaten, the survivor may continue to experience pain. Sexually transmitted diseases are a further concern, as well as pregnancy. Nightmares may also continue. If they continue in a manner that makes a person lose sleep or fills their waking hours, they might want to consider counseling.

### Sources

- BCASVACP/JIBC Sexual Assault Worker Training
- University of Alberta Sexual Assault Centre: [www.ualberta.ca/~uasac/RTS.htm](http://www.ualberta.ca/~uasac/RTS.htm)
- Rape Victim Advocates: [www.rapevictimadvocates.org/trauma.html](http://www.rapevictimadvocates.org/trauma.html)

## Trauma and The Brain

The triune brain: The brain is made up of three basic parts;

- The reptilian brain; which controls the body's vital functions such as heart rate, breathing.
- The limbic brain (also called the mammalian brain) which is responsible for emotions. The amygdala is a paired, almond shaped structure in the limbic system. The amygdalae are essential to your ability to feel certain emotions and to perceive them in other people. This includes fear and the many changes it makes in the body. Many of the body's alarm systems are grouped together in the amygdala. The amygdala receives sensory information from many other parts of the brain and lets us react almost immediately to any threat or perceived threat. This sensory input comes either from the sensory thalamus or from the various sensory cortexes.
- The neocortex, which is responsible for language, abstract thought and consciousness.

Research is ongoing into how the brain functions to handle stressors. The following is general overview of current theory:

- During a normal event the brain processes information coming to the amygdala from all of our senses. Information is connected to emotional responses and sent to the hippocampus and then the neocortex for processing and storage.
- During extreme fear: the amygdala short circuits the incoming information, bypassing the hippocampus and neocortex. The body has declared "red alert". When "red alert" is declared, information goes directly to the reptilian, or primitive, brain which takes over. This enacts an almost instantaneous reaction to the threat (or perceived threat). Generally our body makes one of three choices:
  - Fight,
  - Flight, or
  - Freeze.
- This choice is made more quickly than we can process and is a reflex action. It is important that our clients know that they could not control this, that their reaction was based on their body's (usually quite brilliant) assessment of what is the safest, most self-preserving way to react. Most sexual assault survivors carry guilt about how they responded in the face of sexual assault; this information can help allay some of that guilt.
- When our body goes on "red alert" several things happen. Chemicals and hormones are sent into the bloodstream to prepare us to run or fight. These include epinephrine, cortisol, and serotonin. These make our heart beat faster to pump blood to our extremities. Our pupils dilate so that we can see better, sugar is released into our body to give us energy. At the same time endorphins are released to keep us feeling calm and relaxed in order to think and react.

- In contrast, when norepinephrine is released it makes people freeze or go numb. This reaction is similar to the way animals will freeze in the face of danger such as the “deer in the headlights” response. When our body chooses to “freeze” the norepinephrine acts as an anesthetic to protect us from feeling pain.
- When young children are threatened they are often only able to react by going into a “freeze” mode. However, they may use a method of escape we call dissociation. In other words, they may disconnect from their body and may have little or no memory of the assault. Over time this can also become a learned response. Just as firefighters can learn to train their fight or flight response to run toward the danger – young children who are traumatized repeatedly may learn patterns of response that are enacted later in life.
- As mentioned earlier, the amygdala is connected to the hippocampus which is responsible for storing and retrieving memories. When this is bypassed, as during a traumatic event, memories and sensory input are not connected to events and stored as they would be normally. This means that events such as a similar sound, smell or sight may trigger a similar emotional response – fear or panic – even though the new event is not a threat. These are called triggers. Part of the work in the counselling or therapeutic relationship is to connect those triggering inputs to the event with the goal of eventually having the memory connected to the surrounding triggers.

Giving survivors information, when appropriate, about the biological and physiological response to trauma can free them from thoughts that they are “going crazy” when they are triggered by seemingly innocuous events. It can also help them to understand that they reacted in the best and safest way that they could.

Remind participants that this is a very simplistic overview of trauma response. For more information there are many excellent resources.

Sources for this overview include:

- “I Can’t Get Over It” Aphrodite Matskis, Ph.D.
- “ Post Traumatic Stress Disorder; the Victim’s Guide to Recovery and Healing” Raymond B. Flannery, Jr., Ph.D.
- Website: “The Brain Top to Bottom” [www.thebrain.mcgill.ca/flash/index\\_d.html](http://www.thebrain.mcgill.ca/flash/index_d.html)

# Psychological Needs and Belief Systems

As human beings, we all have psychological needs. These are:

**Frame of reference:** The need to understand oneself and the world, to integrate experience into a meaningful framework.

**Safety:** The need to feel safe and free from harm.

**Trust/dependency:** The need to rely upon one's own judgment, to receive support from others.

**Power:** The need to direct or exert control over others.

**Intimacy:** The need to feel connected to others in a meaningful way, the need to belong to a large community; attachments.

**Esteem:** The need to be valued by others, to have one's worth validated and to value others.

**Independence:** The need to control one's own behaviour and rewards.

## Psychological Needs and Belief Systems

Many of our psychological needs are supported through our belief system. Our beliefs inform our assumptions, judgments and images of the world.

We form our beliefs through our parents, through our friends and from our own experiences. Many of our beliefs are influenced and reinforced by societal values.

We rely on our belief system to help us function in a world of traumatic and unpredictable events.

When we experience an event that shatters our beliefs about ourselves, our families or our society, a crisis results.

To cope with the crisis and to reduce some of the anxiety that results, we are faced with a number of choices:

- we can reject our existing belief system,
- we can try to make the experience fit into our belief system, or
- we can create a new belief system based on our recent experience.

# Shattered Beliefs

Some of the ways beliefs are shattered for survivors of sexual assault:

## Frame of Reference

The need to understand oneself and the world, to integrate experience into a meaningful framework.

**Before:** The world is generally an okay place. “Do unto others as you would have them do unto you.” “If I am good and nice, then only good and nice things will come my way,” “Bad things happen to bad people.”

**After:** Many women question their whole foundation. Large global questions and issues come forward:

- “Why do bad things like this have to happen?”
- “I’ve been working so hard to follow the rules and it did no good at all; why did I bother?”
- “The world is not just or fair.”

## Safety

The need to feel safe and free from harm.

**Before:** “If we are in our homes or walking the streets at reasonable hours, no one will attack us. That happens only in dark alleys at night.”

**After:** “The world isn’t really safe” (rejecting former belief) or “I shouldn’t have been in that part of town.” (validating belief).

## Trust/Dependency

The need to rely upon one’s own judgment, to receive support from others.

**Before:** “If we have met someone (through a friend perhaps) and they seem very nice, we are safe with them. Sexual assault is perpetrated by some strange, perverted psychopath.

**After:** She often has no intellectual context in which to place her traumatic experience. She may deny or minimize the impact of the sexual assault, particularly if it did not involve gross physical injury. “We’ve been intimate before, so it’s not really sexual assault.” “He didn’t actually penetrate me; I wasn’t really raped.”

## Power

The need to direct or exert control over others.

**Before:** “If someone did attempt to sexually assault us, we probably could fight them off or talk them out of it.”

**After:** She may have attempted to fight off the perpetrator but was overpowered by his physical strength. She may have “frozen” or actually complied with his demands because of threats, real or implied. She may even feel that her body betrayed her by not responding in her time of need.

## Intimacy

The need to feel connected to others in a meaningful way, the need to belong to a large community; attachments.

**Before:** “If something really awful did befall us, we have our families and friends, who would support us in any way we might need them to.”

**After:** It is not uncommon for friends and family members of the survivor to deny or minimize the impact of the sexual assault or to “blame the victim”. This lack of support can be overt: for example, a family member may actually say something like, “Why did you stay out so late?” It can also take more subtle forms; family members may withdraw emotionally or change the subject whenever the assault is mentioned. If a woman blames herself for the assault or minimizes the effects, she may, out of a sense of shame, not seek support after what has happened to her.

## Esteem

The need to be valued by others, to have one’s worth validated and to value others.

**Before:** Our families and friends would believe us and continue to view us as the decent intelligent person they saw us to be before the assault. We would continue to see ourselves this way. Victims of sexual assault are generally morally loose women who drink and wear provocative clothing.

**After:** The woman may feel worthless and ashamed. She may think that no one will believe her or that her friends and family will want to reject her for what has happened. Or she may not define the experience as sexual assault. Either way, she can validate her original belief.

## Independence

The need to control one’s own behaviour and rewards.

**Before:** We would get on with our normal lives fairly quickly.

**After:** In her attempt to put it out of her mind and “get on with life,” in the weeks or months following the assault, she may be alarmed and confused as to why she feels like crying all the time, why she is afraid or why she feels “crazy.” She may attempt to deny or dissociate from these uncomfortable feelings.

# Consequences of Unconscious Beliefs About Sexual Assault

There are a number of important consequences of these unconscious beliefs:

## Self-blame

If the survivor has grown up incorporating these judgments and victim-blaming values into her subconscious, immediately following the assault she will likely feel bad, dirty; that it was her fault; that she must have been asking for it; that she must be sleazy; that she deserved it, is stupid, naive, etc. These feelings affect her ability to tell anyone or easily report to the police for fear of being blamed, not being believed or being judged as an “easy, loose woman.”

## Denial

Due to many of our beliefs about sexual assault - it takes place in a dark alley, by some strange, perverted psycho, on a drunk, loose woman - it is easy to deny the impact of a common sexual assault experience. This denial of the impact and importance of what she has experienced may result in the survivor dissociating from her feelings, and over a period of time this may cause her to feel disconnected from herself, her loved ones and the world in general. Her denial of feelings may cause prolonged post-traumatic stress disorder, and can be linked to the development of phobias and other psychological disturbances.

## No external validation

A woman who is sexually assaulted by a friend, acquaintance or intimate partner in her home may have no intellectual context in which to place her traumatic experience. She may therefore try to put it out of her mind, and in the following weeks or months, she may not know why she feels like crying all the time, why she is feeling crazy.

## Breakdown of world-view values

Most of the values women hold about their relationship with others - “Do unto others as you would have them do unto you,” “If I am good and nice then only good and nice things will come my way,” “Bad things happen to bad people,” etc. - are challenged following an assault. Many women find themselves questioning their beliefs about the world and themselves.

- The world isn't really a safe, just or fair place.
- Does this assault now mean I am not a nice person?
- Why do bad things like this have to happen?
- I've been working so hard to follow the rules and it did no good at all - why did I bother?
- Someone sold me a bill of goods.

# The Three I's of Secondary Victimization

Secondary victimization results from inadequate responses to victimization, and often stems from the acts of the criminal justice system, which has historically focused its attention on the offender rather than on the victim or her family.

(Secondary victims are those people related to the primary victim who are also affected by the crime. These secondary victims represent the informal and unofficial support system for the victim, and often develop the same reactions as those of the primary victim.)

## Injustice

- fear of reprisal
- lack of information
- perceived lack of interest by the police, courts and correctional system
- delays in the court process
- lack of contact and response from appropriate players in the system
- loss of income or job

## Indignity

- sexual assault examination
- police investigation and questioning
- blame from uninformed persons
- inability to pay funeral expenses

## Isolation

- exclusion by family, friends and others who may blame the survivor for the incident
- exclusion by others because of their own fears, suspicions, insecurities or feelings of vulnerability
- discomfort of others in talking about the incident with the survivor
- exclusion by others with the attitude that the incident has made the person or family different in some way
- As a victim service worker, you have an important role to play in reducing the impact of secondary victimization. The emotional support you can provide in helping the survivor cope with the primary victimization, and the information you can give about subsequent procedures and referrals, will help to minimize the survivor's feelings of injustice, indignity and isolation.

## How to Make an Effective Referral

If you are confident that a survivor will accept a direct referral, give her the name of the agency or individual. Tell her how to make contact and what to expect, including cost, kind of service, waiting periods, hours of operation, and intake procedure.

If a survivor seems slightly hesitant, talk about any concerns or suggest that you arrange the contact and have her follow up. If a survivor is very hesitant, suggest that you make the appointment and go with her. Check this procedure first with the staff or agency to which you are referring.

Unfortunately, many people believe that needing professional counselling or therapy is a sign of failure. It may help to remind survivors that the experience they have suffered is beyond the coping capability of most people. Help the woman reframe negative perceptions by explaining that professional counselling or therapy is a positive approach to regaining good health and attitudes, and that everyone deserves extra care and support in recovery.

Encourage a survivor's involvement as much as possible. Your goal is to empower her rather than to facilitate feelings of powerlessness or dependency.

If a survivor refuses to be referred, do not attempt to force the referral. Respect her ability to make choices affecting her life. Explain your limitations and remain available to provide whatever assistance you can.

If necessary, you can insist on the limitations of your agency's mandate and decline to work with a survivor. Discuss this situation with your coordinator or manager before taking such action. This happens very seldom, but the situation can arise.

## Impact of Sexual Assault on the Survivor's Family

Sexual assault affects not only the woman who has been assaulted, but also those closest to her, frequently touching on their own fears and misconceptions. Family members may experience reactions similar to those of the survivor: feelings of anger, helplessness, shock, disbelief, guilt, fear. They may feel angry with themselves or with the woman (“If only I had gone with her!” or “Why did she go there alone?”).

The anger of family members may be directed at the survivor (“Why didn’t you fight more, lock the door, walk with someone?” or “I told you this would happen if you went out with someone who is not from our community.” or “Why didn’t you tell me first?”).

It is important for family members to be able to voice these reactions to the sexual assault rather than internalize them. They may need to clarify their feelings and perhaps break down some of their personal misconceptions about sexual assault. Refusal to discuss the sexual assault or pretending that it didn’t happen because of a fear that the assault has brought shame on the family is a reaction that the woman may have to deal with in some communities.

While it is perfectly natural to feel angry, family members may need some assistance in directing anger at the appropriate person – the offender. People often distance themselves from their own feelings of anger, shock or powerlessness by judging or blaming the woman who has been assaulted. This tendency to blame is reinforced by the widely held misconception that somehow the woman asked or deserved to be assaulted. If family members blame the woman in any way, it will only hinder her recovery.

Family members may feel they need to protect the survivor after the assault. Initially, the woman may ask for this protection and appreciate it. However, family members need to be aware that they may be overprotecting the woman. Making sure she is never alone, always escorted and never out at night can be isolating and stifling for the survivor. She needs to feel that she is working towards normalizing her life, and the family must allow her to do this. The family should be encouraged to decide if their need to protect the woman constantly is in response to her fears or their own. There are positive ways family members can express their concern for the woman and support her:

- listen to her
- believe everything she says
- support her decisions in every way possible
- help her find the resources she may need (e.g., therapist, babysitters)
- help her out at home if she needs some time off from taking care of her family
- go with her to court to support her and to keep in touch with what is happening in the case
- recognize their own feelings as separate from hers
- realize their own limitations in supporting her (taking time out when they need it)
- acknowledge that whatever she is feeling or experiencing is a normal reaction to an abnormal situation
- Talk to other extended family members about the assault if necessary in order to quell gossip and rumours.

## Impact of Sexual Assault on the Survivor's Partner and Friends

The reactions of family members also apply to the partner and friends of the survivor. In addition, a partner may feel obliged to be patient, supportive and available 24 hours a day. This sense of obligation, particularly in intimate relationships, can lead to feelings of resentment if the disruption arising from the sexual assault continues over a long period of time.

It is often difficult for a partner or friends to witness the pain of the sexually assaulted woman. It can be agonizing for the partner to allow the woman to experience her pain fully without trying to “make it better.” It is, however, essential that both partner and friends give the woman room to experience her pain.

The sexual assault will inevitably introduce changes into the sexual relationships that a woman has. Sexual assault leads to an extremely stressful situation, and woman’s partner may find that personal issues are intensified, partially because of the sexual nature of their relationship.

A heterosexual partner may focus on the sexual nature of the crime more than the violent or dangerous aspects. Occasionally, men experience feelings of jealousy as a result of the attention and support the survivor receives. The sense of violation that the woman and her partner may feel after the assault may affect their ability to be intimate sexually. A survivor’s partner may experience the following reactions to the sexual assault:

- Disgust. He may feel that his partner has been “soiled” and is “unclean” or “damaged” and so is now sexually undesirable. This reaction will interfere with the survivor’s ability to regain a feeling of self-worth and will damage the relationship.
- Mistrust. Regardless of the survivor’s non-compliance with the assault, he may feel that she was deliberately unfaithful and thus reject her, or become sexually coercive with her.
- Blame. He may assume she allowed the sexual assault by not putting up enough resistance. This accusation questions her judgment and promotes her self-doubt.
- Disinterest. He may feel that she has overreacted to a simple sexual act, leaving her feeling isolated by his lack of understanding.

Previous problems in the relationship between a woman and her partner, whether in a heterosexual or lesbian relationship, may be magnified and a great deal of additional work may be required to maintain the relationship. The nature of the relationship before the assault will have a significant impact on the partner’s ability to cope.

(Adapted from Benson and Maier, *Sexual Assault: Information for Partners and Friends*, Victoria Women’s Sexual Assault Centre, 1987.)

# Culturally Learned Interaction and Communication

*Adapted from: Vancouver & Lower Mainland Multicultural Family Support Services Society. (1993). Through the eyes of a child: An introductory manual on the impact of family violence for multicultural home/school workers.*

One of the most constantly present sources of cultural misunderstanding lies in culturally learned methods of interaction and communication.

## Language

Literal translation can create confusion. This is particularly true when slang is used either in the original language or in the translation. Those with English as an additional language may have difficulty understanding how connotation and context can change the meaning of words and phrases. Some cultures use metaphor extensively. This less direct method of explaining is often met with impatience and suspicion in North America.

## Rules of conversation

The patterns of greeting one another vary considerably from culture to culture. Use of and reaction to silence is culturally conditioned. Many Western societies tend to react to silence negatively and with discomfort. Other societies may use silence as a sign of respect, to guard their privacy, and as an expression of politeness.

The volume and directness of speech also varies with culture. What some cultures may value as forthright may strike members of other cultural groups as immature, clumsy, aggressive, or even rude. What some groups may value as subtle and sensitive may be interpreted as evasive or noncommittal by others.

## Expressing emotion

Emotions expressed openly and spontaneously through gestures, facial expression, and tone of voice have a positive value for some cultural groups, while the masking of feeling may be taken as a sign of maturity and social politeness by other groups.

## Eye contact

Some cultures regard averting the eye as a sign of respect. This is in direct contrast to the Canadian expectation that we should be direct and look one another right in the eye.

## Touching and personal space

Comfortable speaking distance varies between cultures. This distance may range from inches to several feet. With respect to touch, in some cultures physical contact is frequent. In others, contact is less frequent or may even be taboo.

## Privacy

Some cultures value individual privacy very highly. In others, very few occasions are deemed private. Canadian culture and, more broadly, North American culture can be confusing in this regard. The right to privacy is highly valued while some individuals may be quite public about issues and feelings that others would invariably view as private.

Please note that within any culture there may be a range of culturally acceptable responses along any of the dimensions noted above. The range of acceptable responses within any culture will vary over time because every culture is dynamic and experiences change.

# Key Components of Sexual Assault Response Coordination

## 1. All players involved;

- Community-Based Victim Service or Sexual Assault Centre
- Police
- Hospital – emergency ward
- Crown Counsel

## 2. Development of protocol including:

- Intake
- Referrals to support/counselling services
- 24 hour response
- Evidence Storage
- Deadlines for storage of evidence
- Third Party Reporting

## 3. Training

- Both inter-sectoral and discipline specific

Developing the protocol will take work on the part of all of the players.

### Intake and Referrals

There are several ways that sexual assault survivors will enter the system, through calling 911, through calling or attending at the hospital or through contacting the local sexual assault centre or victim service. The links between the services, the referrals protocols and procedures for receiving medical and forensic will need to be worked by each part of the system, both collaboratively and within their own agencies.

### Evidence Storage

In September of 1999 the Attorney General's office of B.C. agree to pay for the collection of forensic evidence that has been gathered in sexual assault cases where no report had yet been made to police. This had long been a barrier for survivors of sexual assault, in that if they were reluctant to report to police in the immediate aftermath of an assault they had no time to consider their decision as evidence would not be collected. If a police report is made the police will pay for the service of collecting the evidence, where no one was willing to pay for the service, no evidence was collected.

The decision by the AG to pay for this service meant that women were able to delay their decision about reporting a sexual assault to a time when they were not in the immediate shock and trauma of the assault.

For hospitals and communities that are looking at the storage of forensic evidence there are many things to consider:

**Equipment:** The storage of forensic evidence requires access to a special non-cycling freezer.

**The Chain of Evidence:** There will also need to be consideration given to the continuity of the chain of evidence in order for it to hold up in court. This means that the freezer will need to have a lock with access restricted to a contained group of people—preferably one main person. This has been addressed in some jurisdictions by having a locking freezer and then each nurse examiner or physician on the SAR team having their own lockbox and key to store evidence they have collected. Whatever plan is developed, the continuity of evidence will need to be reviewed by the committee as a whole in order to have the confidence of everyone involved, including police and Crown.

**What will be stored:** In most hospitals there is little room for storage of more than the medical portion of the evidence; blood samples, swabs and residue or debris gathered. Items such as clothing is usually stapled into a large paper bag and sent home with the patient.

**Informed Consent:** It is important for the survivor to be informed that evidence that has been stored—particularly evidence that she has taken home, such as the clothing, is never as good as evidence turned over to the police immediately after the crime. However, in the case of the low reporting of sexual assault the goal is to increase reporting and support women in this time of distress, and to have the best case possible. Many cases where evidence is stored would never have been reported at all without this service. And, in fact, hospitals have reported that in most cases where evidence is stored the survivor reports within the first week after the assault or not at all.

**Timelines for Storage of Evidence:** Another factor to consider will be the timeline for storing evidence. Some hospitals set a date of one year from the time it is collected. In other hospitals where storage space is limited a time limit of six months is set. Patients can request that the evidence be stored for longer if they desire.

### Third Party Reporting

Sexual assault is the most under-reported crime in Canada. Over the last five years statistics have shown a reporting rate of between 6 and 10 percent of sex assaults. For some groups of women, particularly those with fears and concerns about the justice system, the numbers are among the lowest and these victims are least likely to report to police.

Third party reporting allows victims to pass on to police via a third party (usually a community-based victim support service) information about sexual crimes committed against them in a way that feels “safe” to them and provides an opportunity that may lead to a victim making a formal police report.

BC is the only province which has a consistent third party reporting protocol for all jurisdictions. Launched in 2008, currently Community-Based Victim Assistance Programs are the only programs taking third party reports.

For more information contact CCWS at 604-633-2506 local 15  
or our website: [www.endingviolence.org](http://www.endingviolence.org)

# Memorandum: Payment for Medical Forensic Evidence

30 September 1999

To: Health Authority CEOs  
Red Cross Health Care Facilities  
Police Forces/Detachments  
Victim Services

From: Ministry of Attorney General                      Ministry of Health  
Community Justice Branch                      and                      Acute and Continuing Care  
Victim Services Division                      Women's Health Bureau

Re: Payment for Medical Forensic Evidence in Sexual Assault Cases Where the Victim/Patient Has Not Involved the Police

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The Ministry of Health and the Ministry of Attorney General are committed to ensuring that victims of sexual assault are given comprehensive and sensitive care. The two ministries have collaborated to develop a protocol for payment for medical forensic evidence in cases where the victim/patient has not involved the police. This protocol will help to ensure that victims of a sexual assault are provided with sufficient time to make decisions about justice system involvement when they attend at a health care facility. **This protocol will apply to those medical forensic examinations conducted after October 12, 1999.**

## Protocol for Compensation for Medical Forensic Evidence and Medical Legal Reports in Sexual Assault Cases Where Police Are Not Involved

### Introduction

Sexual assault occurs in all areas of the province and victims present to hospital emergency departments throughout B.C. All sexual assault victims/patients who arrive at a health care facility should be offered a medical examination. The medical examination includes taking a history, providing a physical exam, offering medication and ensuring the provision of appropriate referrals, support and counselling.

As a result of the trauma of a sexual assault, the victim/patient will likely be in a fragile psychological state needing compassionate care by all service providers.

A victim/patient may not be ready to make a decision about reporting the assault to police but may be ready to have medical forensic evidence gathered while the evidence is present.

In approximately 70% of sexual assault cases that present at an emergency department, the victim/patient will decide to involve the police right away. In that situation, a physician or nurse examiner, with the victim/patient's consent, collects forensic evidence as outlined in the sexual assault medical forensic evidence kit and in *A Guide For Sexual Assault Care in a Medical Setting*, available from BC Women's Hospital Sexual Assault Service by calling 604-875-2881.

The physician or nurse examiner passes the evidence to the investigating officer. The physician or nurse examiner also prepares a medical forensic report in a timely manner and submits that report to the investigating officer. Payment for obtaining the evidence and preparing a legal report occurs through the local police or RCMP detachment.

### **When the Victim is Undecided About Involving the Justice System**

In some cases, a victim/patient may undergo a medical forensic examination and report the assault at a later time. In the past, if a victim decided to go ahead with collection of medical forensic evidence but had still not decided to involve police, compensation for health care providers for collection of evidence has been problematic.

The Ministry of Attorney General wishes to encourage all sexual assault victims to pursue criminal charges for sexual assault. The collection of medical forensic evidence is an important part of the police investigation for sexual assault charges. Therefore the Ministry of Attorney General is prepared to pay for the collection of evidence and the legal report in cases where the victim has consented to evidence collection, but has not yet decided to report the assault to the police.

Medical forensic evidence should be collected, stored and passed on to police in a manner that is consistent with guidelines included in sexual assault evidence kits, meets the standards set by your local police/RCMP detachment and ensures patient confidentiality. Detailed advice about collecting and storing medical forensic evidence can be found in *A Guide for Sexual Assault Care in a Medical Setting* and in supplementary guidelines available from BC Women's Hospital Sexual Assault Service (telephone 604-875-2881).

### **The Protocol**

The following protocol should be followed in billing for the collection and storage of medical forensic evidence and the preparation of a medical legal report in cases where the victim/patient has not involved the police.

- If the police request the medical forensic evidence and medical legal report within 90 days of the evidence being taken by the physician or nurse examiner, compensation for the professional service is paid by the police, in the following manner:
  - the physician bills the police directly; or
  - the hospital bills the police on behalf of the nurse examiner.

- If after 90 days the police have not requested the medical forensic evidence and report, the physician or nurse examiner will be compensated for professional services by the Ministry of Attorney General:
  - the physician bills the Ministry of Attorney General directly; or
  - the hospital bills the Ministry of Attorney General on behalf of the nurse examiner.
- Ministry of Attorney General compensation for professional services will be at the same rate paid for this service by the local police or RCMP detachment but will not exceed \$430.00.

Requests for compensation should be forwarded by mail or fax using the attached billing form to Medical Forensic Compensation, Victim Services Division, #302 - 815 Hornby Street, Vancouver, V6Z 2E6, fax (604)-660-5340.

## Sexual Assault Medical Forensic Examination Where the Victim/Patient Has Not Decided to Report to Police Within 90 days of Examination

Invoice Date: \_\_\_\_\_

Amount: \_\_\_\_\_ (Maximum \$430.00. Do not bill more than the amount your local police pay for sexual assault medical forensic evidence and reports.)

Examiner's Name: \_\_\_\_\_

Physician     Sexual Assault Nurse Examiner    (tick one)

Health Care Facility: \_\_\_\_\_

City/Town/District: \_\_\_\_\_

To whom cheque should be payable: \_\_\_\_\_

Address where payment should be sent (including postal code):

\_\_\_\_\_  
\_\_\_\_\_

Contact Name and telephone if there are any further questions:

\_\_\_\_\_  
\_\_\_\_\_

Victim/Patient Health No. (if no P.H.N. please provide victim/patient initials and date of birth):

\_\_\_\_\_

Date of alleged assault: \_\_\_\_\_

Date of examination: \_\_\_\_\_

Police jurisdiction where alleged assault occurred: \_\_\_\_\_

Examiner's Signature: \_\_\_\_\_

# Evidence Collection



Royal  
Canadian  
Mounted  
Police

Gendarmerie  
royale  
du  
Canada

Brian Beevers,  
C/O Vancouver Forensic Science Laboratory,  
5201 Heather St.,  
Vancouver, B.C. V5Z 3L7

Lianne Ritch,  
C/O Sexual Assault Service,  
4500 Oak St.,  
Vancouver, B.C. V6H 3N1

12 April, 2001

Dear Lianne:

The RCMP no longer requires that pubic hair and/or head hair be plucked. These plucked hairs were used as a known sample when doing microscopic hair comparisons to hairs that were found on items associated with the suspect. These hair comparisons are rarely done now.

Yours truly,

A handwritten signature in cursive script that reads "B. Beevers".

Brian Beevers, C/M, BSc.,  
FLV Biology Section  
(604)264-3444  
/bb

Security Classification/Designation  
Classification/Désignation sécuritaire

Unclassified

Your File    Votre référence

Our File    Notre référence

# Vicarious Traumatization

*An occupational hazard for helping professionals*

Michelle Srdanovic

My first job was at a transition house for women fleeing abuse. A co-worker shared that after years of working in the anti-violence field, she could no longer stand to watch violence on the news. I thought of her years later, when my husband and I were taking a walk around Stanley Park. My husband pointed out a man sitting alone in an area jam-packed with children and mentioned that he must be a kind grandfather. I had noticed the same man moments earlier, but I had targeted him as a sex offender. In that moment I grasped the extent to which my work with victims of sexual and relationship violence had influenced the way I see the world.

## Different names, similar experiences

It seems that Freud may have been on to something when he first identified countertransference. He viewed it as a condition that develops when therapists transfer their own unresolved issues onto their patients. Today, this term is more commonly used to describe the general emotional reaction a therapist has to a client.

For helping professionals who work with victims of trauma, their reaction to a client can be similar to the post-traumatic stress symptoms of a victim.

Researchers generally agree that these post-trauma-like reactions exist. There is, however, debate about naming and describing the experience. The terms secondary trauma, compassion fatigue, vicarious trauma and countertransference have all been used interchangeably, despite their differences.

Researchers identified secondary trauma in the 1970s by looking at emergency services workers who were repeatedly exposed to victims of trauma. The workers began to experience symptoms of post-traumatic stress disorder, such as nightmares and flashbacks.<sup>1</sup> In 1995, the term compassion fatigue was proposed to better describe the “cost of caring” that counsellors paid.<sup>2</sup>

The concept of vicarious trauma developed through studying therapists who worked with victims of sexual violence. Researchers Pearlmann and Saakvitne believe that when we listen to the traumatic stories shared by clients, our view of ourselves and the world is permanently transformed.<sup>3</sup>

## How do we change?

The constructivist self-development theory aims to give a deeper understanding of the impact of vicarious trauma. The theory is rooted in the idea that reality is not something that is simply “out there”. Instead, we construct our own reality based on our experiences. Thus, when we repeatedly experience exposure to traumatic material, it can change our perception of reality. Generally, these changes will occur in the following areas:

- the framework (“lens”) through which we see the world
- our self capacities, including our sense of self as worth loving
- our ability to get emotional needs met in relationships

For example, if we hear many stories about violence, we may begin to see the world as unsafe. We may even feel fearful of trusting others, and this can affect our relationships.

### How can you recognize vicarious trauma?

Visible changes include:

- becoming cynical or losing hope
- avoiding social or work contact
- becoming fearful and overprotective because the world is seen to be dangerous
- setting rigid boundaries in relationships or, displaying a lack of boundaries and rescuing others
- abandoning spiritual beliefs

The emerging research suggests that those with a history of trauma are more likely to experience the greatest impact. Newer, less experienced counsellors, are also more vulnerable.<sup>5</sup>

### Working toward solutions

The consensus is that vicarious traumatization is inevitable for those who work with trauma survivors. Yet we can address it and sometimes even prevent it by paying attention to our ABCs:<sup>6</sup>

- Awareness of our needs, emotions and limits
- Balance between our work, leisure time and rest
- Connection to ourselves, to others and to something greater (i.e.,spirituality)

Research shows that the most influential resource is a group of peers that we can talk to about our trauma-related work.<sup>7</sup> So, how can we become involved in the support offered by our organizations? Clinical supervision, team meetings and chances to debrief are all valuable in helping counsellors stay connected.

Our clients change us forever; to honour them and ourselves, we must practice self-care.

### Related resource

National Clearinghouse on Family Violence. (2001). Guidebook on vicarious trauma: Recommended solutions for anti-violence workers.

[www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/trauma\\_e.pdf](http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/trauma_e.pdf)

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Michelle has seven years professional experience supporting victims and survivors of trauma. She is pursuing an MA in Counselling Psychology at Simon Fraser University and works as a research assistant on a project addressing vicarious traumatization. Michelle plans to research how transition house workers manage vicarious trauma.

## Assessing Your Self-Care

The following self-care assessment scale is by Saakvitne and Pearlman from the Traumatic Stress Institute. It is designed as a tool to measure how well a worker is addressing his or her own self care. It is useful to revisit this assessment regularly.

Rate the following areas in frequency

5 = Frequently

4 = Occasionally

3 = Rarely

2 = Never

1 = It never occurred to me

### Physical Self-Care

- \_\_\_\_\_ Eat regularly (e.g. breakfast, lunch and dinner)
- \_\_\_\_\_ Eat healthily
- \_\_\_\_\_ Exercise
- \_\_\_\_\_ Get regular medical care for prevention
- \_\_\_\_\_ Get medical care when needed
- \_\_\_\_\_ Take time off when sick
- \_\_\_\_\_ Get massages
- \_\_\_\_\_ Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun
- \_\_\_\_\_ Take time to be sexual – with yourself, with a partner
- \_\_\_\_\_ Get enough sleep
- \_\_\_\_\_ Wear clothes you like
- \_\_\_\_\_ Take vacations
- \_\_\_\_\_ Take day trips or min-vacations
- \_\_\_\_\_ Make time away from telephones
- \_\_\_\_\_ Other: \_\_\_\_\_

### Psychological Self-Care

- \_\_\_\_\_ Make time for self-reflection
- \_\_\_\_\_ Have your own personal psychotherapy
- \_\_\_\_\_ Write in a journal
- \_\_\_\_\_ Read literature that is unrelated to work
- \_\_\_\_\_ Do something at which you are not expert or in charge of
- \_\_\_\_\_ Decrease stress in your life

- \_\_\_\_\_ Notice your inner experience – listen to your thoughts, judgments, beliefs, attitudes and feelings
- \_\_\_\_\_ Let others know different aspects of you
- \_\_\_\_\_ Engage your intelligence in a new area (e.g. go to an art museum, history exhibit, sports event, auction, theatre performance)
- \_\_\_\_\_ Practice receiving from others
- \_\_\_\_\_ Be curious
- \_\_\_\_\_ Say no to extra responsibilities sometimes
- \_\_\_\_\_ Other: \_\_\_\_\_

### Emotional Self-Care

- \_\_\_\_\_ Spend time with others whose company you enjoy
- \_\_\_\_\_ Stay in contact with important people in your life
- \_\_\_\_\_ Give yourself affirmations, praise yourself
- \_\_\_\_\_ Love yourself
- \_\_\_\_\_ Reread favourite books, review favourite movies
- \_\_\_\_\_ Identify comforting activities, objects, people, relationships, places, and seek them out
- \_\_\_\_\_ Allow yourself to cry
- \_\_\_\_\_ Find things that make you laugh
- \_\_\_\_\_ Express your outrage in social action, letters, donations, marches, protests
- \_\_\_\_\_ Play with children
- \_\_\_\_\_ Other: \_\_\_\_\_

### Spiritual Self-Care

- \_\_\_\_\_ Make time for reflection
- \_\_\_\_\_ Spend time with nature
- \_\_\_\_\_ Find a spiritual connection or community
- \_\_\_\_\_ Be open to inspiration
- \_\_\_\_\_ Cherish your optimism and hope
- \_\_\_\_\_ Be aware of non-material aspects of life
- \_\_\_\_\_ Try at times not to be in charge or the expert
- \_\_\_\_\_ Be open to not knowing
- \_\_\_\_\_ Identify what is meaningful to you and notice its place in your life
- \_\_\_\_\_ Meditate
- \_\_\_\_\_ Pray

- \_\_\_\_\_ Sing
- \_\_\_\_\_ Spend time with children
- \_\_\_\_\_ Have experiences of awe
- \_\_\_\_\_ Contribute to causes in which you believe
- \_\_\_\_\_ Read inspirational literature (e.g. talks, music)
- \_\_\_\_\_ Other: \_\_\_\_\_

### Workplace or Professional Self-Care

- \_\_\_\_\_ Take a break during the workday (e.g. lunch)
- \_\_\_\_\_ Take time to chat with co-workers
- \_\_\_\_\_ Make quiet time to complete tasks
- \_\_\_\_\_ Identify projects or tasks that are exciting and rewarding
- \_\_\_\_\_ Set limits with clients and colleagues
- \_\_\_\_\_ Balance your caseload so no one day or part of a day is “too much”
- \_\_\_\_\_ Arrange your workspace so it is comfortable and comforting
- \_\_\_\_\_ Get regular supervision or consultation
- \_\_\_\_\_ Negotiate for your needs (benefits, pay raise)
- \_\_\_\_\_ Have a peer support group
- \_\_\_\_\_ Develop a non-trauma area of professional interest
- \_\_\_\_\_ Other: \_\_\_\_\_

### Balance

- \_\_\_\_\_ Strive for balance within your work life and workday
- \_\_\_\_\_ Strive for balance among work, family, relationships, play and rest

Adapted from: *Transforming the Pain: A Workbook on Vicarious Traumatization* by Karen W. Saakvitne & Laurie Anne Pearlman. Copyright ©1996 by the Traumatic Stress Institute/Center for Adult & Adolescent Psychotherapy. Used by permission of W.W. Norton

# On Finding "Common Ground"

An Exercise for Coordination Initiatives

*"There has been a shift from linear thinking (in science) to systems thinking – for example, the shift from seeing things as structures to seeing them as processes. A tree is not an object, but an expression of processes, such as photosynthesis, which connect the sun and the earth. The same is true of our bodies, our jobs, our organizations, and ourselves."*

– Belonging to the Universe, Fritz Capra

A coordination initiative (on violence against women) is, like an "organization", an expression of processes interrelating with one another. A member of a coordination initiative brings not only themselves to the process, but the knowledge, attitudes, values and mandates of their discipline as well. These are likely to be very diverse and if not discussed can block the group from working effectively as a team.

## Creating Synergy

All of us at one time or another have been part of a great team. It may have been through sports, in a school play, or perhaps through work. What we remember about these experiences is the trust, the relationships, the comfort and acceptance for an exchange of ideas. This is the "synergy" teams strive to create. Through intentional dialogue, focused on creating a learning environment for everyone involved, a cross-discipline synergy can be created. This can be a powerful force when addressing the many and multiple-layered intersections that affect a woman's safety.

## Balancing Process and Product

As we acknowledge the work of a coordination initiative as a process and method for increasing women's safety (the product), we must acknowledge that how members of the coordination initiative work together (the process) is the key ingredient in the quality of the product - how well we improve safety for women.

## Finding Common Ground

The following is a process tool for coordination initiatives to use to build "common ground". Such a process will contribute to a collaboratively built foundation from which synergy can grow. The exercise is designed to help a group develop a set of "beliefs we have in common" from a brainstorm on common assumptions.

## Exercise: Finding Common Ground

### Brainstorm

Each of us has assumptions about violence against women, such as why it happens and what will stop it. Ask the group what *their* assumptions are and record on flip chart.

Eg. Sexual violence is a consequence of the victim's high risk behaviour.

### Option One

Go through each assumption and discuss in large group – find consensus on accepting or rejecting the assumption.

If time permits and the group is willing, do two rounds for each of the assumptions (if not, perhaps do one round of both questions):

1. The way I understand this assumption is:
2. I would change/eliminate this assumption. Change, how?

Edit the accepted assumption – discuss adopting the assumption as “a belief we have in common.”

### Option Two

Break the group into smaller groups – have each small group find consensus on accepting or rejecting 3 of the assumptions and present to the large group.

Small groups do two rounds for each of the assumptions:

1. The way I understand this assumption is:
2. I would change/eliminate this assumption. Change, how?

Edit the accepted assumption – discuss adopting the assumption as “a belief we have in common.”

Report back to larger group – discuss adopting the assumption as “a belief we have in common.”

# Sexual Violence Resources

## Books and Articles

- “An Exploration of the Role of Physical and Sexual Abuse for Psychiatrically Institutionalized Women”, Temi Firsten, Toronto: Ontario Women’s Directorate.
- “The Courage to Heal”, Ellen Bass and Laura Davis
- “The Courage To Heal Workbook” Laura Davis
- “I Can’t Get Over It” Aphrodite Matskis, Ph.D.
- ”Post Traumatic Stress Disorder; the Victim’s Guide to Recovery and Healing” Raymond B. Flannery, Jr., Ph.D.
- “Trauma and Recovery” Judith Herman, M.D.
- “Trauma, Trials and Transformation” Judith Daylen, Wendy van Tongeren Harvey and Dennis O’Toole
- “Waking the Tiger” Peter Levine with Ann Frederick

## Websites

Ending Violence Association of BC  
[www.endingviolence.org](http://www.endingviolence.org)

Education Wife Assault:  
[www.womanabuseprevention.com/html/sexual\\_assault.html](http://www.womanabuseprevention.com/html/sexual_assault.html)

The Brain Top to Bottom  
[www.thebrain.mcgill.ca/flash/index\\_d.html](http://www.thebrain.mcgill.ca/flash/index_d.html)

Missouri Coalition Against Domestic And Sexual Violence  
[www.mocadsv.org/Resources/CMSResources/pdf/dv101.pdf](http://www.mocadsv.org/Resources/CMSResources/pdf/dv101.pdf)

CENTRAL OKANAGAN  
**ELIZABETH FRY  
SOCIETY**  
Empowering Change

Central Okanagan Elizabeth Fry Society  
104 – 347 Leon Ave, Kelowna, B.C. V1Y 8C7  
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[www.empoweringchange.net](http://www.empoweringchange.net)



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[www.endingviolence.org/ccws](http://www.endingviolence.org/ccws)



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[www.cdnwomen.org](http://www.cdnwomen.org)

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