



SART TOOLKIT

Sexual Assault Response Toolkit

Created by the Sexual Assault Response Team of Waterloo Region

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USING THE TOOLKIT

This toolkit is intended to help service providers who support victims/survivors of sexual assault by providing specific information that can be useful in supporting their healing process.

There are sections on supporting trans survivors, LGBTQ+ survivors, survivors who are sex workers, Indigenous survivors, and survivors who are victims of human trafficking. Also, there is a section on the neurobiology of sexual assault; this section will help you to better understand what the body and mind experience during and after a sexual assault.

Finally, this toolkit contains the legal definition of sexual offences in Canada as well as tools to help understand the law. It also includes tools for service providers and survivors of sexual assault to help their healing process.

Sexual Assault Response Team

October 2017

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A | SUPPORTING TRANS SURVIVORS

UNDERSTANDING GENDER IDENTITY AND EXPRESSION

- Trans persons represent approximately 0.5% of the Canadian population.*
- 20% of trans Ontarians report being physically or sexually assaulted for being trans.†

Sexual assault can affect transgender individuals in a number of ways:

- It has been estimated that transgender individuals experience intimate partner violence at the same rate as heterosexual individuals.
- Transgender individuals may experience sexual assault during their childhood. In fact, they may be

targeted by adults who recognize their “difference.” Transgender individuals may face additional challenges when it comes to healing from childhood abuse, as such abuse is often viewed as causing their transgender identity.

- Transgender individuals may be sexually assaulted as a part of a hate crime.

The language that people use to describe themselves is very important. The right terms can affirm identities and challenge discriminatory attitudes. The wrong ones can disempower, demean, and reinforce exclusion.

REMEMBER:

WHEN YOU'RE NOT SURE, ASKING SOMEONE HOW THEY IDENTIFY AND THE PREFERRED NAME AND PRONOUNS THEY USE IS THE BEST PRACTICE.

* TransPULSE. (2016, January 8). Factors Impacting Transgender Patients' Discomfort with Their Family Physicians: A Respondent-Driven Sampling Survey. Retrieved from: transpulseproject.ca/research/factors-impacting-transgender-patients-discomfort/

† Bauer, G. R. & Scheim, A. I., for the TransPULSE Project Team. (2015, June 1). Transgender People in Ontario, Canada: Statistics to Inform Human Rights Policy.

GLOSSARY FOR UNDERSTANDING GENDER IDENTITY AND EXPRESSION

CISGENDER

Most people are “cisgender” (not trans); that is, their gender identity is in line with or “matches” the sex they were assigned at birth.

CISNORMATIVITY

Cisnormativity (“cis” meaning “the same as”) refers to the commonplace assumption that all people are cisgender and that everyone accepts this as “the norm.”

The term is used to describe prejudice against trans people that is less overt or direct and more widespread or systemic in society, organizations, and institutions.

GENDER

It is the expectations and stereotypes about behaviours, actions, and roles linked to being a “man” or a “woman.”

Social norms related to gender can vary depending on the culture and can change over time.

GENDER BINARY

A social system whereby people are thought to have either one of two genders: man or woman.

These genders are expected to correspond to birth sex: male or female. In the gender binary system, there is no room for interpretations, for living between genders, or for crossing the binary. The gender binary system is rigid and restrictive for many people who feel that the sex they were labelled with at birth does not match up with their gender, or that their gender is fluid and not fixed.

**GENDER
EXPRESSION**

How a person publicly presents or expresses their gender.

This can include behaviour and outward appearance, such as dress, hair, make-up, body language and voice. A person's chosen name and pronouns are also common ways people express their gender.

GENDER IDENTITY

Gender identity refers to each person's internal and individual experience of gender.

It is a person's sense of being a woman, a man, both, neither, or anywhere along the gender spectrum.

**GENDER NON-
CONFORMING**
or
GENDER VARIANT
or
GENDERQUEER

Individuals who do not follow gender stereotypes based on the sex they were assigned at birth.

They may identify and express themselves as "feminine men" or "masculine women" or as androgynous, outside of the categories "boy/man" and "girl/woman." People who are gender non-conforming may or may not identify as trans.

INTERSEX

Intersex individuals may have: external genitalia which do not closely resemble typical male or female genitalia, or which have the appearance of both male and female genitalia;

The genitalia of one sex and the secondary sex characteristics of another sex; or a chromosomal make-up that is neither XX or XY, but may be a combination of both. An intersex individual may or may not identify as part of the trans community.

PRONOUN

Words used to refer to an individual in the third-person.

Pronouns can be used to affirm an individual's gender identity. An individual's pronouns may not necessarily align with cisgender pronouns.

SEX

The classification of people as male, female or intersex.

Sex is usually assigned at birth and is based on an assessment of a person's reproductive systems, hormones, chromosomes and other physical characteristics.

TRANS
or
TRANSGENDER

An umbrella term that describes people with diverse gender identities and gender expressions that do not conform to stereotypical ideas about what it means to be a girl/woman or boy/man in society.

"Trans" can mean transcending beyond, existing between, or crossing over the gender spectrum. It includes but is not limited to people who identify as transgender, transsexual, cross dressers or gender non-conforming (gender variant or gender queer).

People who have transitioned from one gender to another may simply identify as female or male. Others may also identify as trans, as a trans woman or a trans man. Some people may identify as trans and not use the labels "female" or "male."

TRANSITIONING

Transitioning refers to a host of activities that some trans people may pursue to affirm their gender identity.

This may include changes to their name, sex designation, dress, the use of specific pronouns, and possibly medically supportive treatments, such as hormone therapy, sex-reassignment surgery or other procedures. There is no checklist or average time for a transition process, and no universal goal or endpoint.

TWO-SPIRIT

Two-spirit is a term used by Indigenous people to describe from a cultural perspective people who are gay, lesbian, bisexual, trans or intersex.

For some, the term two-spirit describes a societal and spiritual role that people played within traditional societies, such as: mediators, keepers

TRANS SURVIVORS

of certain ceremonies, transcending accepted roles of men and women, and filling a role as an established middle gender.

This glossary is adapted from the Ontario Human Rights Commission (2014). Glossary for Understanding Gender Identity and Expression. Toronto: Ontario Human Rights Commission.

IMPLICATIONS FOR PRACTICE

- **ALWAYS** use the survivor's pronouns and ways of referring to themselves
- Respect that a survivor may choose to use a name that is not their legal name
- Ask only appropriate questions
- Explain why you need the answer first when asking potentially sensitive questions
- Not all of the survivor's experiences are related to their trans identity
- Everyone has different trans experiences: there is no one way to transition, every individual will choose the transition that is right for them
- Not all transitions involve hormones, gender-confirming surgeries, name changes, pronoun changes or coming out to family, friends and acquaintances

BARRIERS TO REPORTING VIOLENCE AND ACCESSING JUSTICE FOR TRANS INDIVIDUALS

- Fear of being misgendered
- Fear of transphobia from police, medical personnel, and counselors
- Fear of being "outed" as trans by the perpetrator and/or service providers
- Fear of subjecting trans perpetrators to the criminal justice system, which is known to be hostile to these populations
- Fear of not being believed
- Fear of not being supported by service providers because of their gender identity
- Internalized transphobia may lead to feelings of responsibility

○ Conestoga Gay Straight Alliance

www.facebook.com/groups/conestogagsa

○ Glow Centre for Sexual and Gender Diversity

Student Life Centre, Room 2002

University of Waterloo

200 University Ave. W.

Waterloo, Ontario, N2L 3G1

519 888 4567 ext. 38569

www.feds.ca/glow

○ OK2BME

KW Counselling Services

480 Charles St. E.

Kitchener, Ontario, N2G 4K5

519 884 0000

ok2bme.ca

○ Rainbow Health Ontario

Sherbourne Health Centre

333 Sherbourne St.

Toronto, Ontario, M5A 2S5

416 324 4100

www.rainbowhealthontario.ca

○ Trans Lifeline

Toll-free: 1 877 330 6366

www.translifeline.org

○ Wilfrid Laurier University Rainbow Centre

Mac House, Room 104

Wilfrid Laurier University

75 University Ave. W.

Waterloo, Ontario, N2L 3C5

519 884 0710 ext. 3010

FURTHER READING

○ National Coalition of Anti-Violence Programs. *Community Action Toolkit for Addressing Intimate Partner Violence Against People of Color*. Retrieved from: nbc.org/sites/default/files/files/ncavp_poc_ipvtoolkit.pdf

○ National Sexual Violence Resource Centre and Pennsylvania Coalition Against Rape. (2012). *Sexual Violence and Individuals Who Identify as LGBTQ: Research Brief*. Retrieved from: www.nsvrc.org/sites/default/files/Publications_NSVRC_Research-Brief_Sexual-Violence-LGBTQ.pdf

○ FORGE Transgender Sexual Violence Project. (2015, September). *Transgender Sexual Violence Survivors: A Self Help Guide to Healing and Understanding*. Retrieved from: forge-forward.org/wp-content/docs/self-help-guide-to-healing-2015-FINAL.pdf

[self-help-guide-to-healing-2015-FINAL.pdf](http://forge-forward.org/wp-content/docs/self-help-guide-to-healing-2015-FINAL.pdf)

○ FORGE. (2015). *Pronouns & Trans People: Victim Service Providers' Fact Sheet*. Retrieved from: forge-forward.org/wp-content/docs/FAQ-Pronouns.pdf

○ Baker, L., Young, S., Straatman, A-L., Sfeir, M., & Etherington, N. (2015). *Intimate Partner Violence in Rainbow Communities: A Discussion Paper Informed by the Learning Network Knowledge Exchange*. London, Ontario: Centre for Research & Education on Violence Against Women & Children.

○ Kirkup, K. (2013, November). *Best Practices in Policing and LGBTQ Communities in Ontario*. Created for the Ontario Association of Chiefs of Police. Retrieved from: www.oacp.on.ca/Userfiles/Files/NewAndEvents/OACP%20LGBTQ%20final%20Nov2013.pdf

TRANS SURVIVORS

- Munson, M. & Cook-Daniels, L. (2012, July 12). *Transgender Survivors: Statistics, Stories, Strategies* [webinar]. FORGE. Retrieved from: forge-forward.org/event/transgender-sa-survivors

B

SUPPORTING LGBQ+ SURVIVORS

1 IN 5

**LGBQ+ INDIVIDUALS IN CANADA HAVE EXPERIENCED
SEXUAL VIOLENCE IN AN INTIMATE RELATIONSHIP***

* Sexual Assault Centre Hamilton Area. "Statistics." Retrieved from: sacha.ca/resources/statistics

UNDERSTANDING SEXUAL ORIENTATION AND SEXUAL ASSAULT

- Sexual violence against LGBQ+ individuals is often motivated by ignorance and hatred.
- Lesbian, bisexual, and transgender women encounter discrimination, stigmatization, and traumatic experiences of violence at a rate higher than heterosexual and cisgender women.*
- According to the CDC's National Intimate Partner and Sexual Violence Survey, half of bisexual men and 4 out of 10 gay men experience sexual violence in their lifetime.†
- LGBQ+ individuals may be sexually assaulted as part of a hate crime.

* Bucik, A. (2016). "Canada: Discrimination and Violence against Lesbian, Bisexual, and Transgender Women and Gender Diverse and Two Spirit People on the Basis of Sexual Orientation, Gender Identity and Gender Expression." Retrieved from: tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/CAN/INT_CEDAW_NGO_CAN_25380_E.pdf

† Walters, M.L., Chen J., & Breiding, M.J. (2013). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from: www.cdc.gov/violenceprevention/pdf/nisvs_sofindings.pdf

GLOSSARY FOR UNDERSTANDING SEXUAL ORIENTATION

ASEXUAL

An individual who does not experience sexual desire for people of any gender.

Some asexual individuals desire romantic relationships while others do not. Asexuality can be considered a spectrum with some asexual individuals experiencing a desire for varying types of intimacy.

BIPHOBIA

A fear or hatred of, an aversion to, and discrimination against bisexuals and bisexual behaviour.

Some examples of biphobia include disparaging jokes, verbal abuse or acts of violence, along with a dismissal of bisexuality as an inferior, invalid, or irrelevant expression of sexuality.

BISEXUAL

An individual who is attracted to and may form relationships with both men and women.

A bisexual individual may feel equally attracted to each gender, or may experience stronger attractions to one gender while still having feelings for another.

GAY

A person who is attracted to individuals of the same gender.

This term is often used to refer to men only.

HETERONORMATIVE

Refers to social roles or social structures that reinforce the idea that heterosexuality is the presumed norm and is superior to other sexual orientations.

HETEROSEXISM

A system of attitudes, bias, and discrimination in favour of opposite-sex sexuality and relationships.

This includes the assumption that everyone is, or should be, heterosexual and that heterosexuality is better than other sexual orientations.

HETEROSEXUAL

An individual who feels physically and emotionally attracted to people of the opposite gender.

HOMOPHOBIA

A fear or hatred of, an aversion to, and discrimination against homosexuals and homosexual behaviour.

HOMOSEXUAL

An individual who is attracted to people of the same gender.

Because the term has been widely used negatively, most individuals prefer the terms lesbian, gay, or queer.

LESBIAN

A woman-identified individual who is romantically and sexually attracted to woman-identified individuals.

PANSEXUAL

An individual who is attracted to and may form romantic and sexual relationships with men, women, and people who identify outside the gender binary.

QUEER

An individual who is nonheterosexual and/or noncisgender.

This is a reclaimed term that has largely replaced homosexual in the LGBTQ lexicon. However, this is a term used within the LGBTQ community and is not generally considered an acceptable reference from non-LGBTQ individuals. Note: not all trans people identify as queer.

QUESTIONING

A term used by individuals exploring their sexual orientation and gender identity.

SEXUAL ORIENTATION

An individual's feelings of sexual and romantic attraction.

These attractions may be towards individuals of the same gender, another gender or several genders. Many individuals experience sexual orientation fluidly, and feel degrees of attraction to different genders at different points in their lives. Sexual orientation is defined by feelings of attraction rather than behaviour.

The terminology used in this glossary has been adapted from QMUNITY's *Queer Terminology from A to Q* (2013, July). Retrieved from: qmunity.ca/wp-content/uploads/2015/03/Queer_Terminology_Web_Version_Sept_2013_Cover_and_pages_.pdf

BARRIERS TO REPORTING VIOLENCE AND ACCESSING JUSTICE FOR LGBQ+ INDIVIDUALS

- Fear of homophobia or biphobia from police, medical personnel, and counselors
- Fear of being “outed” as LGBQ+ by the perpetrator and/or service providers
- Fear of subjecting LGBQ+ perpetrators to the criminal justice system, which is known to be hostile to these populations
- Fear of not being believed
- Fear of not being supported by service providers because of their sexual orientation
- Internalised homophobia or biphobia may lead to feelings of responsibility

RESOURCES

- **Conestoga Gay Straight Alliance**
www.facebook.com/groups/conestogagsa
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Student Life Centre, Room 2002
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519 888 4567 ext. 38569
www.feds.ca/glow
- **OK2BME**
KW Counselling Services
480 Charles St. E.
Kitchener, Ontario, N2G 4K5
519 884 0000
ok2bme.ca
- **Rainbow Health Ontario**
Sherbourne Health Centre
333 Sherbourne St.
Toronto, Ontario, M5A 2S5
416 324 4100
www.rainbowhealthontario.ca
- **Wilfrid Laurier University Rainbow Centre**
Mac House, Room 104
Wilfrid Laurier University
75 University Ave. W.
Waterloo, Ontario, N2L 3C5
519 884 0710 ext. 3010

FURTHER READING

- National Coalition of Anti-Violence Programs. *Community Action Toolkit for Addressing Intimate Partner Violence Against People of Color*. Retrieved from: nbcj.org/sites/default/files/files/ncavp_poc_ipvtoolkit.pdf
- National Sexual Violence Resource Centre and Pennsylvania Coalition Against Rape. (2012). *Sexual Violence and Individuals Who Identify as LGBTQ: Research Brief*. Retrieved from: www.nsvrc.org/sites/default/files/Publications_NSVRC_Research-Brief_Sexual-Violence-LGBTQ.pdf
- Baker, L., Young, S., Straatman, A-L., Sfeir, M., & Etherington, N. (2015). *Intimate Partner Violence in Rainbow Communities: A Discussion Paper Informed by the Learning Network Knowledge Exchange*. London, Ontario: Centre for Research & Education on Violence Against Women & Children.
- Kirkup, K. (2013, November). *Best Practices in Policing and LGBTQ Communities in Ontario*. Created for the Ontario Association of Chiefs of Police. Retrieved from: www.oacp.on.ca/Userfiles/Files/NewAndEvents/OACP%20LGBTQ%20final%20Nov2013.pdf

C | SUPPORTING SEX WORKERS

TIPS

REMEMBER:

- A sex worker is a human being with the same rights as any other person
- Sex work (like any work) is only one part of a person's complex identity
- Approach sex workers in a whole-person, client-centric manner
- Every worker has the right to refuse work; consent can always be withdrawn

DON'T:

- Blame survivors for their assault
- Assume the client wants to "exit" sex work
- Stigmatize and treat the client as "less than"
- Act like assault is "expected" or "part of" sex work
- Act like you "know better" than the client
- Assume that you know the client, their background, or their situation
- Lecture the client on their behaviour or their risks
- Interrogate or impose doubt on the client's story

DO:

- Suspend your personal values; this is about the client
- Show compassion and a willingness to help
- Prepare the worker for systemic barriers to justice
- Prepare to advocate on the client's behalf
- Actively listen and "be with" the client
- Make sure that the client feels heard and believed

WHAT CAN YOUR AGENCY DO?

- Educate yourself on the lived realities of sex workers and their experiences
 - Know the local prostitution laws
 - Report it when authorities have been abusive to a sex worker
 - Encourage sex workers to talk to, work with, and support each other
 - Support sex workers who want to leave the sex industry as well as those who continue to work in it
 - Inform sex workers of available resources and facilitate access to these resources
 - Treat sex workers with the same amount of dignity as any other survivor
 - Treat sex workers and their lived experiences with sensitivity
 - Remember that workers have diverse identities, and these identities shape a person's experience
 - Sex workers can be female, male, transgender, nonbinary, or of various other equally valid identities
- (Based on suggestions in: www.berkeleyneed.org/resources/tricksmanual.pdf)

TIPS FOR SOCIAL SERVICE AND COMMUNITY WORKERS

- Do not assume that the “problem” is their involvement in sex work
 - Make sure to be aware of your own values, attitudes, and beliefs; do your best to suspend your bias and, if this is not possible, refer the client to someone who can help them
 - Do not automatically involve authorities solely due to involvement in sex work
 - Keep an open mind and actively listen to the client
 - Allow the person to use their own words and names for their experiences
 - Do your best to build trust and establish safety with your client
 - Recognise and check yourself when you fall back on sex worker stereotypes
 - Support and participate in the fight against the stigmatization of sex workers
- For a comprehensive guide to being sex worker friendly, please consult “The Toolbox: What Works for Sex Workers.”

BARRIERS TO REPORTING VIOLENCE AND ACCESSING JUSTICE

- Sex workers often face judgment and bias from judges, police, and juries
- Sex work is often used as a character reference against rape victims in court
- Rape victim compensation is often unavailable or reduced for sex workers, who are often deemed ineligible
- When sex workers report violence, they are sometimes arrested or blamed
- Victims who are sex workers rarely report sexual violence to police
- Sex workers are particularly vulnerable to police violence with the looming threat of arrest
- Due to intersecting bias, migrant sex workers, women of colour, trans women of colour, drug users, and those with criminal records are especially vulnerable to arrest, persecution, and sometimes even deportation
- Sex workers are especially vulnerable to sexual and intimate partner violence
- Sex workers often face structural violence from service professionals, even if they are well intentioned

Source: www.huffingtonpost.com/katherine-koster/16-facts-about-sexual-ass_b_8711720.html

RESOURCES

- **Sex Worker Assault Hotline (SASC 24-Hour Support Line)**
519 741 8633
 - Confidential
 - 24 hours, 7 days a week
 - Specific to sex workers who have experienced sexual assault or exploitation
- **Sex Trade Professionals of Canada: Bad Date Lists**
www.spoc.ca/bad.html
 - View a list of dangerous clients and bad dates
 - Safety resource for sex workers
- **Maggie's: The Toronto Sex Workers Action Project**
298A Gerrard St. E, 2nd Fl.
Toronto, Ontario, M5A 2G5
416 964 0150
maggiestoronto.ca
maggiescoord@gmail.com
 - Open: Tuesday and Thursday, 12:00 - 14:00
 - Drop-in: Wednesday, 14:00 - 17:00
 - Peer-run support services and advocacy for sex workers
 - A list of sex worker positive therapists and counsellors

FURTHER READING

FOR SEX WORKERS

- The Sex Worker Handbook: XXX Guide
 - **1.4:** Date rape drugs and advice for sex workers post-assault
 - **2.6:** Information on what to do about a sexual assault, where, and when
- SWOP Chicago: Screening 101
 - A useful guide of helpful screening tips for sex workers

- Trinks Manual

- Includes important tools on health, safety, prevention, and screening clients

FOR SERVICE PROVIDERS

- The Toolbox: What Works for Sex Workers
 - Toolkit of information, strategies, and tips for service providers working with sex workers

D | SUPPORTING INDIGENOUS SURVIVORS

61%

OF YOUNG INDIGENOUS WOMEN AND GIRLS AND 35% OF YOUNG INDIGENOUS MEN AND BOYS REPORT HAVING EXPERIENCED SEXUAL ABUSE AS CHILDREN*

* Ontario Federation of Indigenous Friendship Centres. (2016). Sexual Health & The Urban Aboriginal Community: a position paper. Retrieved from: ofifc.org/sites/default/files/content-files/2016%20Sexual%20Health%20Position%20Paper.pdf

UNDERSTANDING INDIGENOUS EXPERIENCES WITH SEXUAL ASSAULT

- 90% of federally sentenced Indigenous women have reported being sexually abused.*
- Indigenous women are more likely to be sexually assaulted than non-Indigenous women, and are almost three times more likely than non-Indigenous women to report having been a victim of violent crime.†
- Indigenous children and youth are at greater risk of exposure to institutionalised sexual violence because they are overrepresented in the foster care system.
- Indigenous children and youth who experience high levels of poverty and homelessness are at greater risk of being targets for sexual exploitation, including prostitution and human trafficking.
- Sexual violence is rooted in the legacy of residential schools, colonisation, and systemic discrimination that resulted in the loss of culture, roles, family, and community structure.
- Sexual violence is intergenerational.

* Elizabeth Fry Society of Manitoba. (2006). Facts sheet: Human and Fiscal Costs of Prison. Retrieved from: www.efsmanitoba.org/Facts-Sheet.page

† Brennan, Shannon. (2009). Violent victimization of Aboriginal women in the Canadian provinces, 2009. Retrieved from: www.statcan.gc.ca/pub/85-002-x/2011001/article/11439-eng.htm

BARRIERS TO REPORTING VIOLENCE AND ACCESSING JUSTICE FOR INDIGENOUS INDIVIDUALS

Some Indigenous women will want to access and use traditional approaches and culturally-specific strategies as part of their support and healing process, while others will not. While some Indigenous women may welcome alternatives to the mainstream legal system, such as healing or sentencing circles, others may consider that such alternatives minimise the seriousness of the crime that has been committed against them.

Indigenous women who experience violence may face the following barriers in disclosing sexual assault and accessing help:

- Stereotypical attitudes towards Indigenous people
- The impact of residential schools on Indigenous communities
- Distrust of “white institutions,” including the civil and criminal justice systems
- Family or community denial of the violence
- History of multiple forms of abuse (child sexual abuse, violence against women in relationships, sexual assault)
- Multiple barriers such as substance abuse, mental health issues, or use of violence towards peers or

children arising out of their own victimization

- The survivor’s involvement in the sex trade
- The survivor’s fear or history of apprehension of her children
- Fear of being isolated or shamed by her community for reporting the assault

The needs of Indigenous women who have been sexually assaulted are the same as those of other women: to be heard, to be respected, and to be safe. Some Indigenous women prefer to obtain services from an Indigenous organization or agency, while other Indigenous women have indicated that they prefer to access mainstream services for reasons of confidentiality.

Reproduced from Sexual Assault: Victim Service Worker Handbook, Ministry of Public Safety and Solicitor General, Victim Services and Crime Prevention Division. January 2007. British Columbia. Retrieved from: www2.gov.bc.ca/assets/gov/law-crime-and-justice/criminal-justice/victims-of-crime/vs-info-for-professionals/info-resources/victim-service-worker-sexual-assault.pdf.

RESOURCES

○ Healing of the Seven Generations

300 Frederick St, Upper Floor
Kitchener, Ontario, N2H 2N5
519 570 9118

healingofthesevengenerations.weebly.com

○ Native Women's Association of Canada (NWAC)

www.nwac.ca

Head Office:

155 International Rd, Unit #2
Akwasasne, Ontario, K6H 5R7
Toll free: 1 800 461 4043

Satellite Office:

1 Nicholas St, 9th Floor
Ottawa, Ontario, K1N 7B7
613 722 3033

○ Native Youth Sexual Health Network

2345 Yonge St.
PO Box 26069 Broadway
Toronto, Ontario, M4P 0A8

www.nativeyouthsexualhealth.com

○ 2Spirited People of the First Nations

145 Front St. E, Suite 105
Toronto, Ontario, M5A 1E3
416 944 8381

○ Wholistic Child & Youth

65 Hanson Ave.
Kitchener, Ontario, N2C 2H6
519 576 1329 ext. 2798

www.wholisticchildandyouth.ca/index.html

FURTHER READING

- Native Women's Association of Canada. (2015, May). *Fact Sheet: Violence Against Aboriginal Women*.

Retrieved from: www.nwac.ca/wp-content/uploads/2015/05/Fact_Sheet_Violence_Against_Aboriginal_Women.pdf

- Native Women's Association of Canada. (2015, May). *Fact Sheet: Root Causes of Violence Against Aboriginal Women and the Impact of Colonization*. Retrieved from: www.nwac.ca/wp-content/uploads/2015/05/Fact_Sheet_Root_Causes_of_Violence_Against_Aboriginal_Women.pdf

[Aboriginal_Women.pdf](#)

- Native Women's Association of Canada. (2014, October). *Sexual Exploitation and Trafficking of Aboriginal Women and Girls: Literature Review and Key Informant Interviews: Final Report*. Retrieved from: www.nwac.ca/wp-content/uploads/2015/05/2014_NWAC_Human_Trafficking_and_Sexual_Exploitation_Report.pdf

INDIGENOUS SURVIVORS

- Native Women's Association of Canada. (2015, October). *Our Spirits are NOT for Sale: A Handbook for Helping Sexually Exploited Aboriginal Women and Girls*. Retrieved from: www.nwac.ca/wp-content/uploads/2015/10/Our-Spirits-are-NOT-for-sale-English-web-version.pdf
- First Nations Centre/National Aboriginal Health Organization. (2011, March). *Sexual Health Toolkit: Sexuality and Relationships*. Ottawa: National Aboriginal Health Organization. Retrieved from: www.naho.ca/documents/fnc/english/2011_Sexual_Health_sexuality_relationships.pdf
- Consultation on Sexual Violence and Aboriginal Community. (2011, March). *After Healing is Healthy Living*. Retrieved from: www.onwa.ca/upload/documents/consultation-on-sexual-violence-report.pdf
- Ontario Federation of Indigenous Friendship Centres. (2016, January). *Sexual Health & The Urban Aboriginal Community: A position paper*. Retrieved from: ofjfc.org/sites/default/files/content-files/2016%20Sexual%20Health%20Position%20Paper.pdf

SUPPORTING SURVIVORS OF HUMAN TRAFFICKING

GENERAL INDICATORS OF TRAFFICKING FOR COMMERCIAL SEXUAL EXPLOITATION

Appearance (physical or emotional):

- Exhibits fear, anxiety, hypervigilance, or signs of depression
- Signs of physical abuse and/or sexual abuse
- Signs of poor health or malnutrition
- Indicators of substance use or misuse
- Indicators of self-harming behaviours (e.g. cutting)
- Individual is dressed in inappropriate clothing for the context or weather
- Tattoos on the neck and/or lower back that the individual is reluctant to explain (e.g. a man's name or initials) or other types of branding (e.g. cutting or burning)

Control or isolation:

- Evidence of controlling or dominating intimate relationships (e.g. accompanied by a partner who appears controlling, repeated phone calls from a partner, and/or excessive concern about displeasing a partner)

- Not allowed to speak for herself (e.g. a partner or third party speaks or translates for the individual)
- No access to personal documents of identification (e.g. ID card, health card, birth certificate)
- Inconsistencies regarding where she lives, how she came to be here, knowledge of her current location, or may claim to be "just visiting"
- Lack of personal possessions or money
- Has no access to her earnings
- History of frequent movement around the city, between cities, provincially, or internationally
- Not allowed to leave her living or working situation unless monitored
- Lack of contact with family or friends

Sex work involvement:

- Use of lingo or slang relating to the sex industry (e.g. referring to a boyfriend as "Daddy" or talking about "the game," "the life," "Johns," "tricks," etc.)
- Indicates that she is involved in the sex industry

SURVIVORS OF HUMAN TRAFFICKING

- and has a boyfriend, manager, "daddy," or pimp
- Engaged in sex work and has to meet a nightly quota or someone else "holds" her money

- Exchanging sex for food, a place to stay, drugs, or other material items

Created by the York Region Anti-Human Trafficking Committee, 2012.

SCREENING TOOL FOR TRAFFICKING FOR COMMERCIAL SEXUAL EXPLOITATION

This tool contains questions that can be used to assess a client for potential signs that she has been a victim of human trafficking for commercial sexual exploitation (CSE). The suggestions and indicators below are not exhaustive or cumulative in nature and each question taken alone may not indicate a potential trafficking situation. Assessment questions should be tailored to your context and your client's specific needs.

Screening for human trafficking for CSE should:

- Take place in a private setting. No friends, partners, or relatives should be present, including providing translation, as they may be involved in her trafficking.
- Be confidential. Clients should be informed of their right to confidentiality and the limits of confidentiality.
- Be conducted in the client's primary language with professional translation.
- Keep in mind that many victim-survivors do not self-identify as "human trafficking victims" due to lack of knowledge about the crime and also power and control dynamics involved in trafficking situations.

Framing the conversation:

- Explain why you care about the individual's situation and that you have worked with and assisted other individuals in situations that may be similar to her own. Explaining who you are and why you are there is particularly important to correct any misperceptions of your role. Do not promise anything you cannot deliver.
- When appropriate, attempt to engage in casual conversation about lighter topics and ask questions to try to get the individual to open up, even if it's not about their trafficking situation or service needs. Although the client might be confused, scared, and/or distracted, engaging in casual conversation before the assessment helps to build trust and set the tone for effective, nondefensive communication.
- In your initial assessment, try to focus predominantly on assessments of their service needs, but weave in other questions naturally and when appropriate.
- There is not a "standard script" that can be used with victim-survivors. Questions should fit the context and indicators you have observed in the situation.
- Use open-ended questions, allowing for the victim-survivor to share her story.

- Establishing rapport and a degree of trust is a key factor to a victim-survivor sharing their story. Keep in mind that her story will usually come out

over a series of interactions, not necessarily in one encounter.

Adapted from resources created by the York Region Anti-Human Trafficking Committee, 2012.

AREAS FOR SCREENING

CONTROL INDICATORS

Examples:

- Exhibits fear, anxiety, hypervigilance, or signs of depression
- Signs of physical abuse and/or sexual abuse
- Evidence of a controlling or dominating intimate relationships (e.g. Accompanied by a partner who appears controlling, repeated phone calls from a partner, and/or excessive concern about displeasing a partner)
- Not allowed to speak for herself: a partner or third party speaks or translates for the individual
- Lack of identification (Driver's license, health card, passport, etc.)

Example questions:

- Can you tell me what happened to your (injured area)?
- I notice you came in with someone, can you tell me a bit about your relationship with him/her?
- Is there anyone or anything in your life that you are afraid of right now?
- Can you tell me where your identification is?

ISOLATION INDICATORS

Examples:

- History of frequent moves around the city, between cities, provincially, or internationally
- Identification from another city, province, or country
- Lack of contact with family or friends

Example questions:

- What has brought you to Waterloo Region?
- Who do you normally turn to for support?
- Who are you staying with here in (city or town)?

SEX TRADE INDICATORS*

Examples:

- Use of lingo or slang relating to the sex trade (e.g. Referring to a boyfriend as "Daddy" or talking about "the game," "the life," "Johns," "tricks," etc.)
- Indicates that she is involved in the sex industry and has a boyfriend, manager, "daddy," or pimp
- Engaged in sex work and has to meet a nightly quota or someone else "holds" her money
- Exchanging sex for food, a place to stay, drugs, or other material items

* Keep in mind that not all women involved in the sex trade are trafficked. Ask questions to help determine whether she is working independently or whether she is under the control of a trafficker. Remember, many trafficking victim-survivors will not identify their controllers as traffickers, but may be in an intimate partner or family relationship with them.

SURVIVORS OF HUMAN TRAFFICKING

Example questions:

- How did you first get involved with sex work ("the game")?
- How do you keep yourself safe while you're working?
- Who holds on to your money when you're with clients?
- There is an organization here that provides support for women involved in sex work. Would you be interested in their info?

NEXT STEPS

- If through your conversation(s) you determine that this woman is potentially a trafficked individual,

offer her resources for assistance and help to contact those resources (e.g. Provide a private place for her to call and a telephone). Keep in mind that it often takes time and several conversations before a trafficked woman decides to seek help.

BASIC RESOURCES ACCESSIBLE TO VICTIM-SURVIVORS OF COMMERCIAL SEXUAL EXPLOITATION IN WATERLOO REGION

- Sexual Assault Support Centre of Waterloo Region: 519 741 8633 (24 Hour Support and Information)
- Victim Services of Waterloo Region: 519 585 2363 (24 Hour Response and Support)
- Waterloo Regional Police Service: 519 653 7700 (24 Hours)

Adapted from resources created by the York Region Anti-Human Trafficking Committee, 2012.

ETHICAL PRINCIPLES IN CARING FOR AND INTERVIEWING TRAFFICKED PERSONS

1. Do no harm
2. Ensure safety, security, and comfort
3. Ensure privacy
4. Ensure confidentiality
5. Provide information
6. Request informed consent
7. Ask questions in a sensitive and sensible manner
8. Listen actively and responsively
9. Observe for signs that an individual needs to stop during an interview or procedure
10. Consider any preconceptions and prejudices you may have
11. Believe; do not judge
12. Maintain professionalism while treating persons with respect and compassion
13. Ensure trafficked persons feel in control of their body and communications
14. Reassure trafficked persons they are not to blame
15. Inform trafficked persons of their right to a forensic medical exam and report
16. Inform the trafficked person of their rights to copies of all health and medical records
17. Remind the trafficked person of their strengths
18. Provide interpretation

Taken From: IOM (2007), IOM Handbook on Direct Assistance for Victims of Trafficking. Retrieved from: publications.iom.int/bookstore/index.php?main_page=product_info&cPath=19&products_id=116

FURTHER READING

- Online Training Initiative to Address Human Trafficking
 - This is a free online training program which includes resources, tools, and tips to assist service providers working with survivors of human trafficking in Ontario. This training has been developed by MCIS Language Services with funding from the Ministry of the Attorney General.
 - www.helpingtraffickedpersons.org
- *Operational indicators of trafficking in human beings: Results from a Delphi survey implemented by the ILO and the European Commission* (2009), International Labour Organization (ILO) and European Commission
 - An extensive list of sets of Indicators of trafficking of: adults for labour exploitation, adults for sexual exploitation, children for labour exploitation, and children for sexual exploitation. These indicators were developed to provide a standard for defining the indicators of human trafficking across the European Union.
 - www.ilo.org/wcmsp5/groups/public/---ed_norm/---declaration/documents/publication/wcms_105023.pdf
- Website for the Canadian Council for Refugees' Campaign: Protecting Trafficked Persons in Canada
 - This website contains a database of Anti-Trafficking Resources, access to a Trafficking Bulletin that provides cross-regional updates on trafficking issues in Canada, and a Starter Tool Kit for awareness-raising, among other resources.
 - ccrweb.ca/en/trafficking
- Website for the Human Trafficking National Coordination Centre, Royal Canadian Mounted Police
 - This website contains a list of frequently asked questions on Human Trafficking and many publications and multimedia resources on Human Trafficking.
 - www.rcmp-grc.gc.ca/ht-tp/index.htm

This section on human trafficking was replicated with permission from the Waterloo Region Anti-Human Trafficking Coalition 2015 publication: "A guide to supports for survivors of human trafficking."

THE NEUROBIOLOGY OF SEXUAL ASSAULT

UNDERSTANDING TRAUMA

Sexual assault is a traumatic experience. The physiological experience of trauma can impact behaviour, including a survivor's responses to the experience after the fact. An understanding of what trauma can look like can allow law enforcement and first responders to better support survivors. The physiological impacts of trauma can result in behaviour that may seem counter-intuitive, including flat emotional responses, fragmented stories, and unstable emotions with distinct highs and lows.

Dr. Rebecca Campbell is a professor in the Research Consortium on Gender-based Violence at Michigan State University and an award-winning researcher on the neurobiology of sexual assault. Dr. Campbell has identified that the reality of a survivor "having difficulty pulling together the pieces of a traumatic memory and

putting it in order" is a direct result of the way the brain stores memories from a trauma.* Understanding what trauma can look like can also help law enforcement and first responders understand the differences between the effects of trauma and a false account.

This section will discuss:

- Brain regions that are impacted by trauma,
- Memory processes that are impacted by trauma,
- Physiological changes that occur during a sexual assault,
- Tonic immobility,
- Secondary victimization, and
- Implications for practice for service providers.

This section has been adapted from the work of Dr. Rebecca Campbell and Dr. Lori Haskell.

* National Institute of Justice (Producer). (2012, June 18). Interview with Dr. Rebecca Campbell on the Neurobiology of Sexual Assault [Video file]. Retrieved from: nij.ncjrs.gov/multimedia/video-campbell.htm

BRAIN REGIONS IMPACTED BY TRAUMA

Brain regions impacted by trauma include:

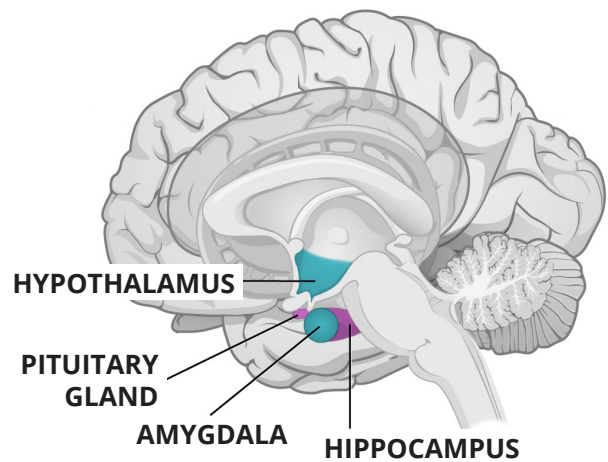
- Hypothalamus
- Pituitary gland

The hypothalamus interacts with the pituitary gland during traumatic events in order to help regulate the body following a stressful situation by releasing various chemicals. This interaction also signals to the adrenal glands to release hormones to help the body deal with trauma.

The 4 main chemicals secreted by the adrenals during a trauma are:

- **Catcholomines:** trigger the fight-or-flight response (adrenalin)
- **Cortisol:** helps give the body a burst of energy to fight back or flee
- **Opioids:** prevent pain
- **Oxytocin:** promotes positive feelings

This process is important for the emotional aspects and physical safety of the body.



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MEMORY PROCESSES IMPACTED BY TRAUMA

The hippocampus processes information into memories by:

- **Encoding:** organizing sensory information
- **Consolidating:** grouping information into memories and storing them

The amygdala works with the hippocampus and

specialises in processing emotional memories. The way the brain processes memories is very sensitive to hormonal fluctuations, such as those secreted from the adrenals during trauma that can make the processes of encoding and consolidating memories difficult for the brain to manage.

WHAT HAPPENS DURING A SEXUAL ASSAULT

AMYGDALA DETECTS THREAT → ACTIVATES HYPOTHALAMUS → HORMONE FLOOD

- Can trigger tonic immobility

CATECHOLOMINES INCREASE → IMPAIRS RATIONAL THOUGHT

OPIOIDS INCREASE → CAUSES EMOTIONLESS BEHAVIOUR

CORTICOSTEROIDS DECREASE → REDUCES ENERGY

As a result of the hormone flood that occurs during an assault, rational thought simply is not possible.

Tonic immobility is an uncontrollable autonomic response that explains why victims might freeze during an attack instead of fighting back. Also known as “rape-induced paralysis,” tonic immobility occurs in extremely fearful situations. It results in rapid breathing, eye closure, and paralysis. Tonic immobility is more common in victims that have experienced a prior assault.

Increased stress hormones lead to impaired functioning of the hippocampus, leading to fragmented memories and slow or difficult memory recall. As a result, the process of retrieving the memories is like putting together a puzzle because the memories are

fragmented and disorganized. Unfortunately, alcohol use prior to or during the assault may prevent the memory encoding process from occurring, which means that there are no memories to recall.

In order to support the survivor in the process of recalling the memory of the assault, it is important to:

- Slow down
- Give the survivor a chance to think
- Give the survivor a chance to piece the experience together in their mind

ONLY THEN SHOULD THE SURVIVOR BE ASKED TO RECOUNT THE DETAILS OF THEIR EXPERIENCE ONCE ONLY TO AVOID SECONDARY VICTIMIZATION.

12-50%

OF SEXUAL ASSAULT VICTIMS EXPERIENCE TONIC IMMOBILITY

SECONDARY VICTIMIZATION

MOST SURVIVORS EXPERIENCE AT LEAST ONE SECONDARY VICTIMIZATION BEHAVIOUR DURING THE FIRST REPORTING PROCESS

Secondary victimization describes the attitudes, beliefs, and behaviours of service providers that “victims experience as victim-blaming and insensitive. It exacerbates their trauma and it makes them feel like what they’re experiencing is a second rape.”*

Common secondary victimization behaviours include:

- Discouraging the survivor to report
- Telling the survivor that their experience is not severe enough to pursue in the criminal justice system
- Asking the survivor about their dress and behaviour
- Asking the survivor what they might have done to provoke the assault

* Campbell, Rebecca. (2012, December 3). The Neurobiology of Sexual Assault in the United States Department of Justice Research for the Real World. Retrieved from: nij.gov/multimedia/presenter/presenter-campbell/Pages/welcome.aspx

IMPLICATIONS FOR PRACTICE

- Listen to the survivor’s story once:
 - Don’t interrupt
 - Take notes
 - After listening once, cycle back to parts of the story for clarification or more information
 - Don’t judge the assault, but investigate the crime
- Explain what tonic immobility is and normalize it:
 - Tonic immobility is often frightening to victims
 - Tonic immobility is associated with increased self-blame and decreased likelihood to seek help
 - Reactions of others to tonic immobility can be hurtful to the survivor
- Be aware of neurobiological changes due to trauma
 - Neurobiological changes can lead to emotionless behaviour, “strange” emotional responses, or unstable emotions for up to 96 hours after an assault
- Remember that trauma can affect memory recall
 - Survivor’s story may appear fragmented or unreliable
 - Don’t misinterpret survivor’s story as evasiveness or lying
 - Content of survivor’s memories are accurate, but may take some time and patience to come together

REFERENCES

- Campbell, R. (2012, December 3). *The Neurobiology of Sexual Assault*. Webinar presented at the National Institute of Justice's Translational Criminology Seminar Series. Retrieved from: nij.gov/multimedia/presenter/presenter-campbell/Pages/welcome.aspx
- Haskell, L. (2015). *Understanding and Responding to the Psychological Harms of Sexual and Domestic Violence: A Trauma-Informed Approach*. In Ending Violence Association of British Columbia newsletter. Retrieved from: endingviolence.org/wp-content/uploads/2016/07/EVABC_NL_Fall2015_v4_lowRes.pdf
- NHS Lanarkshire EVA Services - Trauma and the Brain: Understanding abuse survivors responses. Video available at: www.youtube.com/watch?v=4-tcKYx24aA

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CONSENT TO SEXUAL ACTIVITY INFORMATION

LEGAL DEFINITIONS

Section 150.1 of the Criminal Code, as it pertains to children and consent, states the following:

- (1) Subject to subsections (2) to (2.2), when an accused is charged with an offence under section 151 or 152 or subsection 153(1), 160(3) or 173(2) or is charged with an offence under section 271, 272 or 273 in respect of a complainant under the age of 16 years, it is not a defence that the complainant consented to the activity that forms the subject matter of the charge.
- (2) When an accused is charged with an offence under section 151 or 152, subsection 173(2) or section 271 in respect of a complainant who is 12 years of age or more but under the age of 14 years, it is a defence that the complainant consented to the activity that forms the subject matter of the charge if the accused
 - (a) is less than two years older than the complainant; and
 - (b) is not in a position of trust or authority towards the complainant, is not a person with whom the complainant is in a relationship of dependency and is not in a relationship with the complainant that is exploitative of the complainant.
- (2.1) If an accused is charged with an offence under section 151 or 152, subsection 173(2) or section 271 in respect of a complainant who is 14 years of age or more but under the age of 16 years, it is a defence that the complainant consented to the activity that forms the subject-matter of the charge if the accused
 - (a) is less than five years older than the complainant; and

CONSENT TO SEXUAL ACTIVITY INFORMATION

(b) is not in a position of trust or authority towards the complainant, is not a person with whom the complainant is in a relationship of dependency and is not in a relationship with the complainant that is exploitative of the complainant.

(2.2) When the accused referred to in subsection (2.1) is five or more years older than the complainant, it is a defence that the complainant consented to the activity that forms the subject-matter of the charge if, on the day on which this subsection comes into force,

(a) the accused is the common-law partner of the complainant, or has been cohabiting with the complainant in a conjugal relationship for a period of less than one year and they have had or are expecting to have a child as a result of the relationship; and

(b) the accused is not in a position of trust or authority towards the complainant, is not a person with whom the complainant is in a relationship of dependency and is not in a relationship with the complainant that is exploitative of the complainant.

(3) No person aged twelve or thirteen years shall be tried for an offence under section 151 or 152 or subsection 173(2) unless the person is in a position of trust or authority towards the complainant, is a person with whom the complainant is in a relationship of dependency or is in a relationship with the complainant that is exploitative of the complainant.

(4) It is not a defence to a charge under section 151 or 152, subsection 160(3) or 173(2), or section 271, 272 or 273 that the accused believed that the complainant was 16 years of age or more at the time the offence is alleged to have been committed unless the accused took all reasonable steps to ascertain the age of the complainant.

(5) It is not a defence to a charge under section 153, 159, 170, 171 or 172 or subsection 286.1(2), 286.2(2) or 286.3(2) that the accused believed that the complainant was eighteen years of age or more at the time the offence is alleged to have been committed unless the accused took all reasonable steps to ascertain the age of the complainant.

(6) An accused cannot raise a mistaken belief in the age of the complainant in order to invoke a defence under subsection (2) or (2.1) unless the accused took all reasonable steps to ascertain the age of the complainant.

A common issue in sexual assault cases is whether or not the sexual activity was consensual. In legal terms, consent is the voluntary agreement of the complainant to have engaged in the sexual activity in question. According to s. 273.1(1) of the Criminal Code, consent for sexual assault purposes is defined as the following:

273.1(1) Meaning of "consent" - Subject to subsection (2) and subsection 265(3), "consent" means, for the purposes of sections 271, 272 and 273, the voluntary agreement of the complainant to engage in the sexual activity in question.

(2) No consent is obtained, for the purposes of sections 271, 272 and 273, where:

- (a) the agreement is expressed by the words or conduct of a person other than the complainant;
- (b) the complainant is incapable of consenting to the activity;
- (c) the accused counsels or incites the complainant to engage in the activity by abusing a position of trust, power or authority;
- (d) the complainant expresses, by words or conduct, a lack of agreement to engage in the activity; or
- (e) the complainant having consented to engage in the sexual activity, expresses, by words or conduct, a lack of agreement to continue to engage in the activity.

273.2 It is not a defense to a charge under section 271, 272 or 273 that the accused believed that the complainant consented to the activity that forms the subject matter of the charge, where:

- (a) the accused's belief in consent arose from the accused's:
 - (i) self-induced intoxication, or (ii) recklessness or willful blindness; or
- (b) the accused did not take reasonable steps, in the circumstances known to the accused at the time, to ascertain that the complainant was consenting.

TOOLS TO AID WITH UNDERSTANDING CONSENT TO SEXUAL ACTIVITY

AGE OF CONSENT TO SEXUAL ACTIVITY

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

CANADA'S AGE OF CONSENT TO SEXUAL ACTIVITY

The age of consent for sexual activity is 16 years. 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).

EXCEPTIONS TO AGE OF CONSENT

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 5 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 2 years older and with whom there is no relationship of trust, authority, or dependency, or other exploitation of the young person.

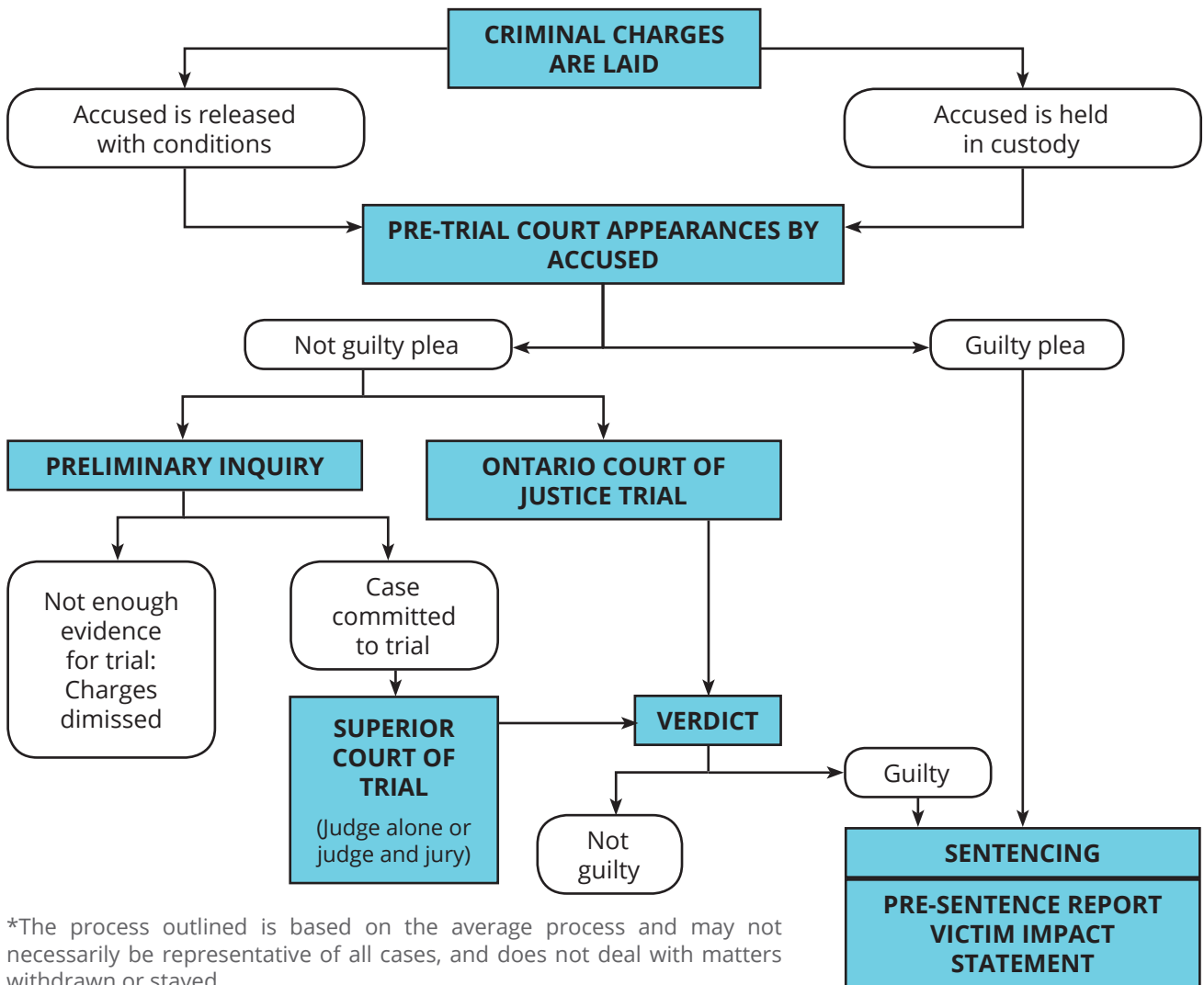
AGE OF CONSENT FOR 16- AND 17-YEAR-OLDS

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.

Adapted from Canada's Department of Justice website at www.justice.gc.ca

FLOWCHART OF THE CRIMINAL JUSTICE SYSTEM

CRIMINAL JUSTICE PROCESS



*The process outlined is based on the average process and may not necessarily be representative of all cases, and does not deal with matters withdrawn or stayed.

SAFETY, AWARENESS, & SELF-CARE TOOL

Name: _____

Date: _____

**YOU HAVE SURVIVED THIS EXPERIENCE – YOU HAVE AMAZING STRENGTH.
SEXUAL VIOLENCE IS NEVER THE FAULT OF THE VICTIM/SURVIVOR – IT WAS NOT YOUR FAULT!**

The following is a tool for talking about personal safety and risk, awareness of safety and risk, and self-care (how to take care of yourself). These questions are designed to help you think about safety and risk in some of the areas of your life, and talk about ways you can practice healthy self-care in ways that are right for you.

Safety is simply the state of being “safe.” Being safe is the condition of being protected against physical, social, spiritual, financial, political, emotional, occupational, psychological, or educational harm as a result of neglect, error, accidents, or intent. Safety can also be defined to be the control of recognized hazards to achieve an acceptable level of risk.

**PLEASE KNOW THAT NONE OF THESE QUESTIONS ARE MANDATORY.
YOU DO NOT HAVE TO TALK ABOUT ANYTHING YOU DO NOT FEEL COMFORTABLE DISCUSSING.**

PHYSICAL SAFETY: MY PHYSICAL SELF

Some people who have experienced sexual assault are at greater risk for engaging in behaviours that are risky, such as: self harm, eating disorders, substance use, being in conflict with the law, making risky sexual choices, and suicidal ideation and attempts.

Some questions to think about:

SAFETY, AWARENESS, & SELF-CARE TOOL

- Are my basic needs being met – for example, clothing, shelter, food, and water? Is my physical body safe?
- Have I had my medical needs addressed?
- Is there anything in the way of me taking good care of myself? Am I being good to my body?
- Am I eating well? Am I getting enough sleep? Has my use of substances changed?
- Are my relationships with others safe? Am I safe around the other people in my life?
- Would legal action, such as a restraining order or peace bond, be helpful for me?

These are some things I am already doing to be safe, to feel safe, and to take care of myself:

To take care of my basic needs:

To address my medical needs:

To keep my physical body safe:

In my relationship with others:

Some other things I am already doing are:

These are some things I can, and will, do to be safe, to feel safe, and to take care of myself:

PHYSICAL SAFETY: HOUSING/SHELTER

Some questions to think about:

- Am I safe where I live? Am I safe where I work? Am I safe where I go to school?
- Do I have any dependents: children, grandchildren, older adults, or persons with disabilities? Are my dependents safe?
- Where am I unsafe? What are the risks to my safety?

These are some things I am already doing to be safe, to feel safe, and to take care of myself:

At home:

At work:

At school:

Some other things I am already doing are:

These are some things I can, and will, do to be safe, to feel safe, and to take care of myself:

EMOTIONAL SAFETY

I realise that I have been through a lot, and I may be feeling exhausted and emotionally drained. Some questions to think about:

- Do I feel safe? Are there times or situations when I do not feel safe? When do I feel the safest?

These are some things I am already doing to be safe, to feel safe, and to take care of myself:

These are some things I can, and will, do to be safe, to feel safe, and to take care of myself:

COPING STRATEGIES

These are some healthy things I am already doing and thinking to help me feel better or to distract myself:

These are some things I can do and think to help me feel better or to distract myself:

IF I FEEL I MIGHT BE UNSAFE OR AT RISK IN ANY WAY, I CAN:

- Contact an emergency support service such as the police or a crisis line
- Contact a counselling or community support service
- Talk to my friend/relative, _____, by calling them, going to their house, or
- Stay with my friend/relative, _____, who lives at
- Go to the shelter located at _____
- OR _____
- OR _____

SAFETY, AWARENESS, & SELF-CARE TOOL

J | SERVICE PROVIDER SELF-ASSESSMENT CHECKLIST

The Service Provider Self-Assessment Checklist reflects the general intervention principles in dealing with a victim/survivor of sexual assault. The underlying goal of any intervention is to empower the victim/survivor by providing support, services, and information which will allow them to make choices for themselves.

It is important to be aware of the diversity of victim/survivors and their experiences, as well as the range of reactions that can follow a traumatic experience. All interactions should be based on the principles laid out in the Sexual Assault Response Protocol of Waterloo Region.

This checklist does not reflect the specific roles and procedures of each agency. Its purpose is to allow service providers to evaluate and reflect back on the interactions they have with victim/survivors and to ensure ongoing commitment to the protocol. It can also be used as a training tool.

SELF-ASSESSMENT CHECKLIST

In assisting a victim/survivor, indicate which of the following you feel you achieved during the intervention(s).

When I first met the victim/survivor, I:

- Introduced myself and my role
- Asked how s/he would prefer to be addressed
- Explained the kind of assistance I could attempt to provide
- Assessed immediate risk and safety issues (This is ongoing throughout the process.)

SELF-ASSESSMENT CHECKLIST

- Told the victim/survivor that s/he had the option of having someone present for support
- Ensured that the victim/survivor understood her/his options and choices regarding medical treatment, reporting to the police, shelter, and counselling resources
- Explained confidentiality in accordance with my agency's policy standards
- Told the victim/survivor the limits of confidentiality and the possibility of records being subpoenaed if the case went to court
- Actively listened to what the victim/survivor had to say
- Treated the victim/survivor with respect and dignity
- Was inclusive in my interaction (to sex, gender identity, race, age, ability, sexual orientation, culture, socioeconomic, and religious issues)
- Made the victim/survivor as comfortable as possible
- Explained all procedures/interventions in detail before they were done
- Let the victim/survivor control the intervention to the extent that this was possible
- Offered resources and numbers to the victim/survivor and discussed how to access service
- Responded in a timely fashion to request for service
- Discussed safety planning with the victim/survivor (considering suicidality and self-harm behaviours)
- Discussed how to provide any feedback with regards to the service they received
- Was willing to assist the victim/survivor in obtaining services to any agency that s/he requested
- Told the victim/survivor how to contact me in the future

*Adapted from the Halton Community Response Protocol for Sexual Assault & Domestic Violence, 2002

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WHAT NOW?

WHAT TO DO AFTER YOU HAVE BEEN SEXUALLY ASSAULTED

**YOU HAVE SURVIVED THIS EXPERIENCE – YOU HAVE AMAZING STRENGTH.
SEXUAL VIOLENCE IS NEVER THE FAULT OF THE VICTIM/SURVIVOR – IT WAS NOT YOUR FAULT!**

WHAT IS SEXUAL ASSAULT?

Sexual assault is an assault committed in circumstances of a sexual nature such that the sexual integrity of the victim is violated. A person who directly or indirectly applies force intentionally to another person, or who attempts or threatens to do so, has committed an assault. An assault of this nature can be committed by anyone, including a spouse.

Sexual harassment is any behaviour, comment, gesture, or contact of a sexual nature that could be considered objectionable or offensive. It includes unreciprocated actions, remarks, or looks of a sexual nature which treat the recipient as a sexual object. It may threaten a person's safety and security, or prejudice the recipient's job security or promotion prospects while creating a stressful working environment. It may also prejudice a user of services. Sexual harassment is a form of sexual violence and is considered an offence under the Ontario Human Rights Code.

Sexual violence can take many forms including date rape, sexual harassment, and sexual assault. It is first and foremost an act of violence, hatred, and aggression characterized by an attempt to threaten, intimidate, coerce, or engage in any unwanted behaviour of a sexual nature. Sexual violence includes, but is not limited to, sexual assault and other sexual offences included in the Criminal Code.

Consent – All sexual activity without consent, regardless of age, is a criminal offence. Consent is not given in situations where:

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- (a) agreement is expressed by someone other than the person engaging in the activity,
- (b) the person is incapable of consenting to the activity (e.g. if a person is intoxicated or has a developmental disability that hinders their ability to consent),
- (c) there is a relationship of trust, authority, or dependency between the parties involved, or
- (d) the person indicates that they do not consent or, having already given consent, withdraws consent.

The age of consent for sexual activity is 16 years. 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). Exceptions to the Age of Consent are dependent 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).

WHAT TO EXPECT

People who have experienced sexual violence respond in a variety of ways. Everyone reacts differently. It is normal to have all, some, or none of these responses:

- Difficulty with intimacy
- Changes in sexual activity
- Changes in interest in sex
- Questioning of sexual orientation
- Self-blame
- Guilt
- Shame
- Embarrassment
- Shock
- Numbness
- Disbelief
- Denial
- Disgust
- Revulsion
- Confusion
- Disorientation
- Memory loss
- Dissociation (loss of touch with present reality and time)
- Recurring thoughts of the abuse
- Fear
- Insecurity
- Anxiety
- Panic
- Anger
- Rage
- Vengefulness
- Sadness
- Grief
- Depression
- Loneliness
- Isolation
- Feelings of powerlessness
- Helplessness
- Loss of control
- Loss of trust in self and others
- Betrayal
- Pain
- Headaches
- Body memories
- Physical sensations
- General health complaints
- General body pains
- Loss of appetite
- Overeating
- Nausea
- Vomiting
- Gagging
- Fainting
- Dizziness
- Fatigue

○ Nightmares

○ Sleep problems

○ STIs

WHAT TO DO NEXT

REMEMBER – YOU ARE NOT ALONE!

Whether you have experienced sexual violence recently or in the past, here are some things you can choose to do to access immediate and long-term supports:

- Talk (to friends, family, counsellors, support groups, or other support people)
- Take care of yourself (eating well, sleeping well, and exercising)
- Seek medical care
- Report to authorities
- Find safe and healthy ways to express yourself (songs, poetry, journaling, art, dance, drama, *etc.*)
- Seek out hobbies and recreational activities (reading, cooking, TV, movies, music, sports, *etc.*)

SEEKING SUPPORT

If you choose to seek support, there are several options open to you:

- **Medical** – an examination and treatment for any physical injury, treatment for sexually transmitted infections (STIs), and/or an assessment and prevention of pregnancy
- **Legal** – collection and documentation of forensic evidence, police involvement, and/or legal assistance
- **Supportive** – counselling, access to a variety of other supportive services in the community

IT IS YOUR RIGHT TO ASK QUESTIONS REGARDING YOUR OPTIONS AND THE SERVICES YOU CHOOSE.

IF YOU WANT MORE INFORMATION, A LIST OF IMPORTANT PHONE NUMBERS AND WEBSITES WILL BE PROVIDED TO YOU.

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SEXUAL ASSAULT

SUPPORT SERVICES FOR RURAL AREAS

WILMOT FAMILY RESOURCE CENTRE

ADDRESS Unit 1-175 Waterloo St.
New Hamburg, Ontario
N3A 1S3

www.wilmotfamilyresourcecentre.ca

PHONE 519 662 2731

FAX 519 662 2158

HOURS

Monday to Thursday: 9:00AM to 4:30PM

Friday: 9:00AM to 12:00PM

(Open until 6:00PM on the first Thursday of each month)

WOOLWICH COMMUNITY SERVICES

ADDRESS 73 Arthur St. S.
Elmira, Ontario
N3B 2M8

www.woolwichcommunityservices.com

PHONE 519 669 5139

FAX 519 669 4210

HOURS

Monday to Friday: 9:00AM to 5:00PM

WOOLWICH COUNSELLING CENTRE

ADDRESS 65 Memorial Ave.
Elmira, Ontario
N3B 2R9

www.woolwichcounselling.org

PHONE 519 669 8651
FAX 519 669 0980

HOURS
Monday to Friday: 9:00AM to 5:00PM

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RESOURCE LIST

If you are injured or in immediate danger, go to your nearest emergency department or call 911.

If you suspect a child is in need of protection, please contact Family & Children's Services at 519 576 0540.

RESOURCE LIST LEGEND

HOURS

Where specified, hours of availability are denoted using 24-hour time notation.

24h	Open 24 hours each day, every day
M-T	Monday to Thursday
M-F	Monday to Friday
T	Thursday
F	Friday
S	Saturday

GENDER

M	Male-identified
F	Female-identified
T	Trans-identified
All	All genders on the gender spectrum including, but not limited to, male-, female-, and trans-identified persons

IMMEDIATE SUPPORTS

AGENCY/PROGRAM/ SERVICE	CONTACT INFORMATION	SERVICE TYPE	HOURS	GENDER	AGE	COMMENTS
EMERGENCY						
In case of an emergency	Call 911	Emergency response	24h	All	All	
24-HOUR CRISIS SUPPORT						
EARS Line for Male Survivors	1 800 553 3277 www.cmhagrb.on.ca/casam	Crisis line	24h	M	All	
Sexual Assault Support Centre of Waterloo Region	519 741 8633 www.sascwr.org	Crisis line	24h	All	All	
MEDICAL SERVICE						
Waterloo Region Sexual Assault/Domestic Violence Treatment Centre Cambridge Memorial Hospital St. Marys Hospital	519 749 6994 www.keepingsafe.ca	Medical exam/ support	24h (Office hours: M-F 08:30-16:30)	All	All	Access through Emergency Department.
POLICE SERVICE						
Waterloo Regional Police Service	519 653 7700 www.wrps.on.ca		24h	All	All	
Waterloo Regional Police Service, Victim Services Unit	519 743 7243 www.wrps.on.ca	Support and information	24h	All	All	Access through answering service.

ON-GOING SUPPORTS

AGENCY/PROGRAM/ SERVICE	CONTACT INFORMATION	SERVICE TYPE	HOURS	GENDER	AGE	COMMENTS
CRIMINAL/LEGAL SERVICES						
Child Witness Centre	519 744 0904 admin@childwitness.com www.childwitness.com	Impartial court preparation for child witnesses	M-F 09:00-16:30	All	Under 18	Appointments available outside hours listed.
Community Justice Initiatives	519 744 6549 www.cjwr.com	Healing justice	M-F 08:30-16:30	All	All	Appointments available outside hours listed.
Criminal Injuries Compensation Board	1 800 372 7463 www.sjto.gov.on.ca/cicb	Responsible for criminal injuries compensation	M-F 08:30-17:00	All	All	For help with applications, call the Victim Support Line (1 888 579 2888) and choose option 1.
Crown Attorney	519 741 3222	Responsible for criminal prosecutions	M-F 08:30-17:00	All	All	
National Parole Board, Federally Incarcerated Offenders (Sentenced to 2 years or more)	1 866 789 4636 www.pbc-dlcc.gc.ca	Information for victims/survivors	M-F 09:00-16:30	All	All	Call to register. Leave a message after hours.
Victim/Witness Assistance Program, Waterloo Region	519 741 3351 (Kitchener)	Information/support for victim/witness after criminal charges laid until a disposition	M-F 08:30-17:00	All	18 and over	
Waterloo Regional Police Service, Special Victims Branch	519 653 7700 www.wrps.on.ca	Follow-up information	24h	All	All	

RESOURCE LIST

AGENCY/PROGRAM/ SERVICE	CONTACT INFORMATION	SERVICE TYPE	HOURS	GENDER	AGE	COMMENTS
COUNSELLING, SUPPORT, AND REFERRAL SERVICES						
Carizon Family and Community Services	519 743 6333 www.carizon.ca	Counselling	M-T 08:00-21:00 F 08:00-17:00 S 08:00-16:00	All	All	Individual and group counselling.
Community Justice Initiatives	519 744 6549 www.cjivr.com	Healing and support	M-F 08:30-16:30	All	All	Appointments available outside hours listed.
Family & Children's Services of Waterloo Region, Sexual Abuse Treatment Program (located in Kitchener, services available in Kitchener and Cambridge)	519 576 0540 www.facswaterloo.org	Crisis support and on-going individual and group counselling	M-T 08:30-16:30 F 09:00-16:00	All	Under 18	Services for children/youth under 18 and their families. Appointments available outside hours listed. No open child protection file necessary to receive service.
Family Counselling Centre of Cambridge and North Dumfries	519 621 5090 www.fcccnd.com	Counselling	M-T 09:00-21:00 F 09:00-14:00 Walk-in: T 13:30-19:30	All	All	Located in Cambridge and Ayr.
The Healing of the Seven Generations	519 570 9118 healingoftheseven generations.weebly.com	Healing and support		All	All	Indigenous community supports.
Interfaith Community Counselling Centre	519 662 3092 www.interfaithcounselling.ca	Counselling				Located in New Hamburg.
KW Counselling Services	519 884 0000 www.kwcounselling.com	Counselling	M-T 09:00-20:00 F 09:00-17:00 Walk-in: T 12:00-18:00	All	All	

AGENCY/PROGRAM/ SERVICE	CONTACT INFORMATION	SERVICE TYPE	HOURS	GENDER	AGE	COMMENTS
COUNSELLING, SUPPORT AND REFERRAL SERVICES						
Lutherwood Family Counselling Services	519 622 1670 www.lutherwood.ca	Counselling	M-T 09:00-20:00 F 09:00-17:00	All	All	Located in Cambridge
Sexual Assault Support Centre of Waterloo Region	519 571 0121 info@sascwr.org	Counselling, advocacy, court support, and referrals	M-F 09:00-16:30	All	All	Appointments available outside hours listed. Trans-positive space.
Shalom Counselling Services	519 886 9690 www.shalomcounselling. org	Counselling	M-T 09:00-16:00			Appointments available outside hours listed.
Waterloo Region Sexual Assault/Domestic Violence Treatment Centre	519 749 6994 www.keepingsafe.ca	Counselling, support and referrals	M-F 08:30-16:30	All	All	Appointments available outside hours listed.

RESOURCE LIST

REFERENCES

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