



# A SURVEY OF SURVIVORS OF SEXUAL VIOLENCE IN THREE CANADIAN CITIES

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## **Executive Summary**

Child sexual abuse (CSA) and adult sexual assault (ASA) can have devastating effects on survivors. While these crimes occur across all demographics, females are the most common victims of these crimes, representing 70% of survivors of self-reported sexual assault in 2009 and 87% of survivors of police reported sexual assault in 2012.

The purpose of this study was to better understand the experiences of female survivors of child sexual abuse and adult sexual assault. This study asked survivors about their experiences of CSA and ASA, the psychological and emotional effects of their trauma, as well as the mechanisms they have adopted to cope with this trauma. In addition, survivors were asked about a number of elements related to the criminal justice system, including about how they learn about the criminal justice system and their confidence in the justice system, and sought suggestions on how the justice system can better meet the needs of survivors of sexual violence.

## **Methodology**

This study involved 114 interviews with survivors of sexual violence in urban centres of three Canadian provinces. The Research and Statistics Division worked closely with three sexual assault centres in the three provinces in developing the interview tool. The interview tool, which was a 76-item survey, included both categorical and open-ended questions. The sexual assault centres were also involved in recruiting the participants. Interviews were conducted via telephone by trained contractors with experience interviewing vulnerable populations.

## **Findings**

All of the participants in this study were female. The age of the participants ranged from 20 to 70 years old and 85% self-identified as Caucasian. More than half (58%) of the participants indicated that their annual income was less than \$15,000.

Over half (52%, n=59) of the participants in this study experienced both CSA and ASA.

Over three-quarters of the participants (76%, n=87) stated that they experienced child sexual abuse, with 80% (n=70) of these individuals experiencing multiple incidents. In most of cases, the offender was known to survivor (87%, n=76), many having been abused by a family member or family friend. Less than one-third (30%, n=26) of those who experienced CSA reported the child sexual abuse to police or to another individual who reported the abuse. The most common reason provided by those who did report the abuse was because they felt as though they needed to take action. Those who did not report the abuse provided a number of reasons, including because they did not have family support or because they were afraid of the offender.

Three-quarters of the participants (75%, n=86) experienced adult sexual assault, with 54% (n=46) of these individuals experiencing multiple assaults. The offender was known to the survivor in 70% (n=60) of these cases and included intimate partners, friends and acquaintances. More than one-third (36%, n=32) reported the adult sexual assault to the police or had another person report the assault. Reasons for reporting included because the individual felt as though

they needed to take action, because a family member, friend or counsellor recommended it, and because they wanted to address negative feelings. Reasons provided by those who did not report the assault included shame and embarrassment, lack of confidence in the criminal justice system and fear of the offender.

The participants described a number of different emotional and psychological effects of the trauma. The psychological harm experienced as a result of CSA was very similar to the harm experienced as a result of ASA. The participants also indicated that the effects were ongoing and long-term. The effects included depression, difficulties with trust and forming relationships, and anxiety, fear and stress.

The participants also described a number of different mechanisms for coping with the effects of the trauma, both positive and negative. Positive coping mechanisms included emotion-focused coping, engaging in activities that involved taking control of their lives and turning to natural and professional supports. Negative coping strategies included addictive behaviours, non-suicidal self-harm and attempting suicide.

In addition, the participants were asked a number of questions relating to the criminal justice system. The participants stated that they learned about the criminal justice system through many different sources and formats, include media, the police and sexual assault centres. The participants were also asked to rate their confidence in the police, the court process and the criminal justice system in general. While 53% of participants stated that they were not confident in the police, two-thirds stated that they were not confident in the court process and in the criminal justice system in general.

Finally, the participants were asked to provide suggestions for survivors of sexual violence on what they need to know about the criminal justice system. The participants provided a number of different suggestions, including that survivors should be informed about the criminal justice system, to know that assistance is available for survivors and that the criminal justice process can be lengthy. The participants indicated that the best way to share this information with survivors is through school programs and counsellors.

The participants also provided a number of suggestions on how the criminal justice system can better meet the needs of survivors of sexual violence. The suggestions reflected three overarching themes: making survivors feel safe and comfortable; providing survivors with information and education on sexual violence and on the criminal justice; and changing various aspects of the criminal justice system as a whole (e.g., providing more timely processing, balancing the treatment of the survivor and the offender).

## **Conclusion**

The findings of this study provide important insight into the experiences and needs of female survivors of sexual violence. The survivors shared their experiences of CSA and ASA and revealed a number of findings that are consistent with previous research on survivors of sexual violence, including that many did not report their victimization to police. They also provided a number of reasons for their decisions to report and/or not report the sexual violence. In addition,

they described a number of psychological and emotional after-effects, such as depression and anxiety, that are common among survivors of sexual violence, as well as a number of coping strategies which are common among victims of crime more generally. Finally, the survivors also described their experiences with the criminal justice system and provided a number of suggestions on how the criminal justice system can better meet the needs of survivors. By better understanding the experiences of survivors and by listening to their suggestions, victim service providers and the criminal justice system as a whole can be in a better position to support and assist survivors of sexual violence.



## 1. Purpose and Background

The purpose of this study was to better understand experiences of survivors of child sexual abuse (CSA) and adult sexual assault (ASA). CSA and ASA can have devastating effects on survivors and unfortunately, in Canada in 2012, there were approximately 21,900 incidents of sexual assault reported to the police, the majority of which (98%) were Level 1 sexual assaults (Perreault 2013). Incidents of sexual assault that are reported to the police, however, only reflect a small proportion of the actual incidents that occur. Findings from the 2009 General Social Survey on Victimization (GSS) revealed that an estimated 88% of incidents of sexual assault were not reported to the police (Perreault and Brennan 2010); 67,000 Canadians reported experiencing sexual assault in the 12 months preceding the survey, with females representing 70% of survivors of sexual assault. Females also represented the majority (87%) of survivors of police-reported sexual assault (Levels 1, 2 and 3) in 2012.<sup>1</sup>

The current study builds from a survey of sexual assault survivors conducted in the late 1990s (Hattem 2000) which posed questions about the production and disclosure of third party records<sup>2</sup>. With the passage of former Bill C-46, *An Act to amend the Criminal Code (production of records in sexual offence proceedings)*,<sup>3</sup> survivors were specifically asked about their knowledge of and feelings around the production and disclosure of third party records. In addition to the questions about disclosure of third party records, this study also asked survivors about their confidence in the criminal justice system, how they obtain information about the justice system, and sought suggestions on how to improve understanding of the criminal justice system and how the justice system can better meet the needs of survivors of sexual violence.

## 2. Methodology

Working through three sexual assault centres in urban centres in three different provinces, a total of 128 interviews were conducted with survivors of sexual violence.<sup>4</sup> Fourteen participants were parents of a child under 18 who had been sexually abused, or of a vulnerable adult that had experienced sexual violence. These participants were removed from the sample in order to focus on the experiences of direct survivors. The experiences of these parents will be explored in a separate report. As such, the analyses below reflect interviews conducted with 114 survivors of sexual violence. The interviews were conducted by telephone in 2009.

The specific research questions that guided this study included:

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<sup>1</sup> These data are based on data obtained from the Canadian Centre for Justice Statistics.

<sup>2</sup> During the 1980s and 1990s, there were significant changes to Canadian sexual assault law through both legislation and the courts (see McDonald et al. 2004). One such change involved the amendment of the *Criminal Code* that added provisions around the disclosure of third party records, which resulted from the passing of Bill C-46 in 1997. This legislation was upheld in the 1999 Supreme Court of Canada case of *R. v. Mills* (*R. v. Mills*, [1999] 3 S.C.R. 668).

<sup>3</sup> 2d Sess., 35<sup>th</sup> Parl. 1997 (assented to 25 April 1997), S.C. 1997, c.30 (Bill C-46).

<sup>4</sup> The participating sexual assault centres provide services regardless of the survivors' involvement with the criminal justice system (i.e., whether the survivor had reported the sexual violence and was involved in the criminal justice process).

1. What were the experiences of sexual abuse and sexual assault as children and/or as adults? To what extent did participants experience both types of sexual violence?
2. What was the impact of the sexual assault/abuse on the participants? What kind of coping mechanisms did the participant employ?
3. What factors facilitated and/or impeded reporting to the police?
4. What are the experiences of survivors with the criminal justice system in cases where they did report the sexual assault to the police? What is the participant's overall level of confidence with the criminal justice system?
5. What are the main sources of information from which survivors learn about the criminal justice system?
6. What are the main suggestions provided by the participants in terms of what survivors of sexual violence need to know about the criminal justice system and in terms of how the criminal justice system can better meet the needs of survivors of sexual violence?

The interview tool was a 76-item survey that included both categorical and open-ended questions. The survey consisted of questions relating to demographic information and experiences of childhood sexual abuse and adult sexual assault. The survey also included questions pertaining to the psychological effects of abuse, coping, reporting practices and experiences with, and confidence in, the criminal justice system. The survey was based on that used in Hattem's (2000) study and was further developed by the Research and Statistics Division in collaboration with several sexual assault centres.

The participating centres recruited participants in different ways. In two centres, the counsellors recruited clients of the centre. In the other centre, participants were recruited through the centre's counsellors, community groups and newspaper advertisements. The interviews themselves were conducted by hired contractors who had experience interviewing vulnerable populations. Participants were reimbursed for child care and travel. Prior to the interviews, the participants were provided with information regarding the study, including information regarding the confidential nature of the survey. Follow-up counselling services were also offered by the centres where needed.

Many participants indicated that they appreciated the opportunity to talk about their experiences. Many hoped that their participation would help improve the criminal justice system for survivors, help survivors obtain the support they need and prevent others from being victimized.

### 3. Findings

#### 3.1 Demographics

All of the participants in this study were female.<sup>5</sup> The age of the survivors ranged from 20 to 70 years old and the median age was 44. Most of the participants self-identified as Caucasian (85%, n=97), followed by Aboriginal (4%, n=5), and mixed race (4%, n=4). The remainder of the

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<sup>5</sup> As females are predominantly the survivors of sexual offences, the research team wanted the sample to reflect the gendered representation of survivors of such offences by approaching centres who primarily served female survivors. Note, however, that the research team also wanted to look specifically at men and undertook another study focusing on male survivors of sexual assault, the results of which are presented in a separate report.

participants self-identified as Black, South Asian, Arab, and Chinese. Many of the participants were single (38%, n=43), just over one-fifth were married (21%, n=24), and the remainder were dating, in a common-law relationship, separated or divorced. Just under one-fifth of participants indicated that the highest level of education that they completed was elementary school (16%, n=18), while just over one-fifth (22%, n=25) indicated that high school was the highest level of education they completed. Another 22% (n=25) stated that they had completed some university or college, 18% (n=20) had completed university, 16% (n=18) had completed college and 7% (n=8) had received a Masters or PhD. The annual income of more than half of the participants (58%, n=63) was less than \$15,000.

### **3.2 Child Sexual Abuse**

Over half (52%, n=59) of the participants in this study reported experiencing both CSA and ASA. In this section and in Section 3.3, the two types of experiences are explored in detail separately; however, in the remainder of the report, the experiences are considered together, unless otherwise specified.

More than three-quarters of the participants (76%, n=87) reported experiencing child sexual abuse. Of those who had experienced CSA, most (80%, n=70) experienced multiple incidents of abuse. The participants reported experiencing CSA between the ages of two and 17 years old and the most common age range at which the participants had experienced CSA was between six and 10 years old. Most of the survivors knew their offender (87%, n=76) and many had been abused by their father, brother, uncle or family friends.

The participants experienced different forms of abuse, from fondling to penetration. More than one-third of participants (36%, n=29) described being threatened orally by the perpetrator and just over one-fifth (21%, n=17) stated that the perpetrator had made oral threats to the safety of others. More than half of participants (54%, n=44) stated that physical force had been used by the perpetrator, and in 21 cases (24%), this force resulted in injury. Six participants (7%) reported that the perpetrator used a weapon during the abuse. In all six of these cases, the offender used a knife or multiple knives. Nine participants reported that they had been given a drug (e.g., alcohol) prior to the commission of the offence.

#### **3.2.1 Reporting Child Sexual Abuse**

Among those who experienced CSA, 64% (n=56) did not report their abuse to police or to another individual who then reported the abuse to police. At the time of the interview, no participants were considering reporting the abuse to the police. Some participants chose not to report because they did not have the support of their family, they were afraid of the offender, they did not know they could report or thought they would not be believed. Table 1 below highlights common reasons why participants chose not to report.

**TABLE 1. COMMON REASONS FOR NOT REPORTING CHILD SEXUAL ABUSE TO POLICE (N = 55 TO 56)<sup>6</sup>**

<b>Reason for Not Reporting CSA</b>	<b>n (%)</b>
No family support	18 (32%)
Did not know they could report	15 (27%)
Fear of the offender	15 (27%)
Thought they would not be believed	12 (21%)
Shame/Embarrassment	11 (20%)
For the sake of the family	10 (18%)
No confidence in the CJS	2 (4%)
Felt there was not enough evidence	2 (4%)
Previous bad reporting experience	2 (4%)

Source: Survey of Survivors of Sexual Violence, 2009

Twenty-six participants (30%) reported the abuse.<sup>7</sup> Of those who reported, most (69%, n=18) did so because they felt that they needed to take action. Other reasons for reporting included recommendations to report made by family (32%, n=8), counsellors (8%, n=2), or friends (8%, n=2), and the need to release repressed feelings (12%, n=3). The time that participants took to report the abuse ranged from immediately to over 30 years.

### 3.3 Adult Sexual Assault<sup>8</sup>

Eighty-six participants (75%) reported experiencing adult sexual assault. Of those who stated that they experienced ASA, 54% (n=46) experienced multiple sexual assaults. The participants reported experiencing ASA between the ages of 15 and 61, with the most common age being 18. In 70% of the cases (n=60), the participant indicated that they knew the offender. Many of the offenders were described as intimate partners (33%, n=20), friends (17%, n=10) and acquaintances (17%, n=10).

The participants reported different forms and severity of sexual assault, from fondling to penetration. Just over one-quarter (26%, n=22) of participants stated that they had been orally threatened by the perpetrator and five participants reported that the offender had made such threats about the safety of others (e.g., family and friends). Over two-thirds (67%, n=58) of participants stated that the offender used force during the commission of the offence, which resulted in injury for 45% (n=39) of the participants. Just under one-third (30%, n=26) of the participants required medical attention as a result of their assault.

<sup>6</sup> Note that percentages do not add up to 100% as participants could list more than one reason.

<sup>7</sup> Note that the percentage of survivors of CSA who did and did not report their abuse does not add up to 100% as data were missing for 5 participants.

<sup>8</sup> In the *Criminal Code of Canada*, the age applied in the definition of a child in the various child sexual abuse-related offences varies. For example, in S. 151 (sexual interference) and S. 152 (invitation to sexual touching), a child is defined as being under 16 years old, while in S. 163.1 (child pornography) and S. 172.1 (luring a child), a child is defined as being under 18 years. Also, the provisions concerning the use of testimonial aids (Sections 486.1 to 486.3) pertain to children under the age of 18 years. In this study, 11 participants were noted as experiencing adult sexual assault when they were teenagers. It is unclear if the participants considered themselves to be adults at the time of the assault, or if the surveyor classified the participants as being adults at the time of the assault. For the purposes of this report, the research team determined to consider these participants as adults. The age range of these participants was 15 to 17 years old.

Sixteen participants (19%) stated that a weapon was used during the commission of the offence, including knives and guns. Seventeen participants (20%) reported that a drug was used in the commission of the offence, including alcohol, drugs, drugs placed in alcoholic beverages and the placement of a cloth on the survivor's face on which there was a chemical substance.

### 3.3.1 Reporting Adult Sexual Assault

As was the case with CSA, many participants (59%, n=51) who experienced ASA did not report the incident to the police or have another person report the assault. At the time of the interview, two participants were considering reporting the adult sexual assault to the police. The most common reasons for not reporting the sexual assault were shame and embarrassment; they did not have confidence in the criminal justice system; and fear of the offender. Table 2 below highlights the most common reasons for not reporting.

**TABLE 2. COMMON REASONS FOR NOT REPORTING ADULT SEXUAL ASSAULT TO POLICE (N = 50)<sup>9</sup>**

<b>Reason for Not Reporting ASA</b>	<b>n (%)</b>
Shame/Embarrassment	18 (36%)
No confidence in the criminal justice system	17 (34%)
Fear of the offender	12 (24%)
Thought they would not be believed	11 (22%)
Other <sup>10</sup>	9 (18%)
For the sake of their family	7 (14%)
Did not know they could report	6 (12%)
No family support	5 (10%)
Previous bad experience	5 (10%)
Felt there was not enough evidence	4 (8%)

Source: Survey of Survivors of Sexual Violence, 2009

Over one-third (36%, n=32) of the participants who experienced ASA reported the assault to police or had another person report the assault. Reasons for reporting included the need to take action, because a family member, friend, or counsellor recommended it, and to address negative feelings. The time it took for participants to report the assault ranged from immediately after the incident to 16 years later.

### 3.4 Supports

Supports, both natural and professional, play an important role in helping to mitigate the impacts of violent victimization, particularly in cases of sexual violence (Hill 2009). Whether the support was through natural supports, such as family or friends, or professional supports, such as counsellors or medical professionals, some participants stated that they had supportive people in their lives during the time of the abuse or assault. A larger percentage (65%, n=56) of those who stated they experienced ASA indicated that they had supportive individuals in their lives around the time of the assault in comparison to those who indicated that they experienced CSA (28%,

<sup>9</sup> Note that percentages do not add up to 100% as participants could list more than one reason.

<sup>10</sup> "Other" includes reasons such as: the victim had repressed the assault, the offender or the offender's family member asked the survivor not to report, the survivor was dependent upon the offender and the participant thought the experience was normal.

n=24). The use of these supports to help mitigate the impacts of the abuse and/or assault is discussed in Section 3.6.

### 3.5 Emotional and Psychological Effects

*The trauma is – I mean, it’s absolutely unbearable.*

Participants were asked whether they experienced emotional and/or psychological harm as a result of their experience(s). Every participant who responded to this question stated that she suffered from some form of traumatisation. The participants were also asked to describe, through an open-ended question, the emotional and psychological trauma they experienced. The psychological harm experienced as a result of child sexual abuse was very similar to the harm experienced as a result of adult sexual assault and participants described a number of different emotional and psychological effects.

The participants stated that the effects were ongoing and long-term. The participants described feeling the effects for years after the incident and many indicated that they were still experiencing the effects of the abuse/assault at the time of the interviews.

#### *Depression*

*...he stole my soul...*

The most common psychological and emotional effect of victimization described by participants was that of depression and associated feelings, such as worthlessness, helplessness, powerlessness, sadness, lack of motivation and suicidal ideation. The participants also described feelings of betrayal, devastation, numbness, insecurity and for some who had experienced multiple victimization experiences, re-traumatisation. Many also stated that they became introverted, timid, isolated and withdrawn after their victimization.

A number of participants described suffering from low self-esteem, loss of self-respect and self-identity, and becoming very self-conscious. Many participants described feeling shameful about their bodies and feeling as though their bodies were “bad” in some way. In addition, participants described feelings of betrayal, shock, confusion, disgust and disbelief. It was also very common for participants to describe feelings of guilt, shame, self-blame, humiliation and an overall feeling of degradation. One participant described this feeling:

*It just made me feel defiled and dirty and sick and ill - like a piece of garbage.*

#### *Trust and Forming Relationships*

Participants also described experiencing difficulties with trust after their victimization. For many, this resulted in difficulties forming friendships and connections with others. While some participants indicated that they have difficulties trusting others, some stated that they trust too easily, are easily manipulated and have problems with boundaries. Others indicated that they are afraid of making others angry and have difficulty dealing with those who are angry or upset.

For some participants, difficulty with trust was limited to men.<sup>11</sup> One participant described her reasons behind this mistrust:

*...to trust a man is so hard for me...even now, because I always feel like you know, somebody could just fool me, and I just feel like you know if it happened to me it could happen again...*

Many described difficulties in forming healthy relationships with men and problems with intimacy, including sexual intercourse. While some described difficulties in being intimate with men, others stated that they allowed men to do whatever they liked, with some believing that the only way to get attention from men was through sex.

### *Anxiety, Fear and Stress*

Other very common effects described included anxiety, fear and stress. Some participants stated that they suffer from a general feeling of anxiety and nervousness, with some participants indicating that they are easily startled, hyper-vigilant and always worried. A few participants stated that they have difficulty leaving their home. For some, this high level of anxiety led to the feeling of a breakdown. For other participants, their fear was limited to men or to the offender specifically. Flashbacks and panic attacks were also commonly noted, with a few participants stating that they have suffered from a panic disorder and symptoms related to Post-Traumatic Stress Disorder.

It was also common for participants to describe a constant need to feel in control and to have a plan. Some participants stated that they are now hyper-vigilant with their children and fear that their children will be abused and/or assaulted as well.

### *Physical Reactions*

Many participants suffered from physical reactions as a result of the psychological and emotional effects, including: difficulty sleeping, eating, and concentrating, migraines and headaches, night terrors and nightmares, hernias, asthma attacks and memory loss.

### *Other Reactions*

There were a number of other psychological and emotional effects experienced by the participants. Some participants described feeling angry, frustrated and bitter. These feelings were reflected in the way that some participants treated others, with some indicating that they treat others with disrespect, can be defensive, uptight and are generally harsh toward others. A few participants stated that they have thoughts of revenge. In addition, some stated that they are resentful towards men and find it difficult to befriend men.

In addition, some participants stated that they suffered from some serious mental health disorders, including Borderline Personality Disorder, Dissociative Identity Disorder and

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<sup>11</sup> The participants were not asked to indicate the gender of the offender; however, for some participants, their difficulties with trust were limited to men.

obsessive compulsive tendencies. It is not clear whether these disorders were present prior to their abuse and/or assault.

### *Multiple and Ongoing Effects*

Although the psychological and emotional effects are described uniquely, the majority of participants described multiple and profound psychological and emotional effects. One participant described the emotional impact as such:

*Fear, shame, guilt. Afraid to go out. Afraid to pursue my dreams. Broken relationships. Lack of self-esteem. Lack of worthiness – my whole life.*

## 3.6 Coping Mechanisms

The participants also described, through an open-ended question, mechanisms that they used to cope with the effects of their trauma. The majority of participants described using multiple approaches to coping, both positive and negative. Of the 79 participants who described the mechanisms they adopted for coping with CSA, 52 (66%) described engaging in both positive and negative coping strategies, while 22 (28%) described engaging in only negative coping strategies and 5 (6%) engaged in only positive coping strategies. Of the 78 participants who described the mechanisms they adopted for coping with ASA, 45 (58%) described engaging in both positive and negative coping strategies, while 22 (28%) described engaging in only positive coping strategies and 12 (15%) engaged in only negative coping strategies. Many of the coping strategies used by those who had experienced CSA were also used among those who experienced ASA.

### 3.6.1 Positive Coping Strategies

The participants described adopting several positive coping strategies, including emotion-focused coping, activities for taking control, natural and professional supports, religion and spirituality, and volunteering and helping others.

#### *Emotion-Focused Coping*

One of the most common forms of coping described by participants was that of emotion-focused coping, which is coping that “involves activities that try to directly change how the victim feels” (Hill 2009, 47). Participants described partaking in several activities to help themselves relax and take their mind off the trauma, including: reading, exercising, education, listening to music, writing in a journal and working. Some participants stated that they sometimes like to spend time with animals, in nature and find water to be relaxing.

Many also stated that they employ different thinking techniques to help take control and reframe their thoughts, such as grounding techniques, positive self-talk and overall positive thinking.



### *Activities for Taking Control*

The participants also described coping strategies focused on taking control of their lives. Many described how they became more independent and stronger as a result of the trauma. Others also stated that they left the situation they were in, either by moving, running away from home or spending time away from home.

In addition, some participants said that they are now aware of the triggers that may lead them to become upset. Others said that they are now much more careful in social situations, will no longer go to bars or are very careful at bars and have taken self-defence courses. Other activities for taking control described by the participants included confronting the offender, planning on reporting, or reporting, the abuse and/or assault and seeking information.

### *Natural and Professional Supports*

Natural supports, including family members, friends, and members of the community (e.g., doctors, elders, priests and sponsors) provided another positive strategy. More survivors of adult sexual assault indicated that they talked to natural supports about their experiences in comparison to those who experienced child sexual abuse.

Many participants also described turning to professionals for support, including counsellors, doctors, psychologists, psychiatrists and support groups. The use of professional supports was just as commonly used as a coping mechanism for those who experienced CSA and ASA. Adults, however, were more likely to indicate that they turned to support organizations, such as shelters, transition homes, crisis lines, recovery programs and sexual assault centres, with many naming the specific sexual assault centres involved in this study. One participant highlighted the benefit she received from a sexual assault centre:

*And until I actually called the sexual abuse centre, I didn't really get at what I really needed to work with, and I just never imagined what a difference it would make to go to a specific trauma therapist. It's a night and day difference.*

### *Religion and Spirituality*

Another coping mechanism identified by survivors was religion, including attending church and prayer, and spirituality more generally. One participant described how spirituality helped her cope with her traumatic experience:

*I knew I was going to get through it. I knew there was something that was going to help me get through it and that's carried me through right to this day.*

### *Volunteering and Helping Others*

Some participants began to volunteer their time and help others as a way of coping. Some participants chose to share their experiences with children's groups and become involved in the community, while others chose to focus on taking care of, and protecting, others.

### 3.6.2 Negative Coping Strategies

Although many participants used positive approaches to help cope with the abuse and/or assault, negative approaches were also used. The negative coping strategies adopted by the participants included: addictive behaviours, non-suicidal self-harm, suicide attempts, avoidance, denial and isolation, avoiding and seeking attention, aggression and unhealthy relationships.

#### *Addictive Behaviours*

The most common negative coping strategy described by survivors of both child sexual abuse and adult sexual assault was addictive behaviour, including the abuse of alcohol, drugs, cigarettes and prescription drugs. Drug and alcohol abuse were particularly prominent as coping mechanisms, and were just as commonly used among survivors of CSA and ASA. Some participants also struggled with an ongoing cycle of addiction.

#### *Non-Suicidal Self-Harm*

In addition to substance misuse, participants also described other forms of non-suicidal self-harm and self-damaging behaviour. Many participants, especially those who experienced CSA, described struggling with an eating disorder. Other examples of self-harm included physically harming oneself through burning or cutting, overeating, inappropriate sexual behaviour at an early age and promiscuity. One participant described her feelings towards engaging in promiscuous behaviour:

*...sex had no meaning to me whatsoever...and it was something that if someone wanted it they could just take it so, it didn't matter, you know?*

In addition, some participants stated that they would put themselves in dangerous situations or engage in risk taking behaviour, such as hitchhiking and prostitution.

#### *Suicide Attempts*

Some participants also described attempting suicide to cope with their experience. More survivors of CSA described attempting suicide as a coping mechanism than survivors of ASA.

#### *Avoidance, Denial and Isolation*

One of the most common forms of coping was that of avoiding thinking about the trauma and blocking out the memories of abuse and/or assault. As one participant described:

*I separated myself from it and I compartmentalized it in my brain and I shut that part of my brain off...*

Some participants also described repressing the memories and others stated that they would mentally escape to avoid thinking about the abuse and would dissociate or daydream. Some

described dissociating during the actual abuse and/or assault incidents themselves, especially those who experienced ongoing abuse and/or assaults.

Denial was another very common coping mechanism. Some participants described rationalizing the abuse, or downplaying the severity of the incident and even trying to laugh it off. Some described changing the story in their mind and lying to themselves and to others. As one participant describes:

*A lot of the time I told myself and I told people that it wasn't an assault. I think that was to make myself feel better; to tell myself that, again, I wasn't a victim.*

Another very common coping mechanism was isolation. Many indicated that they do not socialize, or limit their socialization, with others. Some participants stated that they remain single or do not have relationships with men, and some choose to stay away from men all together. It was also common for participants to cope by being quiet so as to not attract attention. In addition, participants described shutting down, not showing emotion and not allowing themselves to feel emotion. Others described putting up a barrier around themselves:

*I kept people at arm's length and I wouldn't let them in, because they would probably see something I didn't want them to see...*

#### *Avoiding and Seeking Attention*

Although some participants described focusing their attention on others as a positive coping strategy, others used this method as a means of avoiding feeling, and dealing with, their own emotions. Some survivors described focusing on their children and taking care of others to the extent of forgetting about themselves.

Others, conversely, described the need for attention and constantly seeking it through various mechanisms, such as by acting out or rebelling in school, always having a partner, and allowing men to take advantage of them.

#### *Aggression*

Some participants described coping through acting aggressively towards others, such as yelling, fighting, or challenging authority.

#### *Unhealthy Relationships*

Another coping mechanism was forming unhealthy relationships with men, as well as using men and using sex as a manipulation tool against them.

### **3.7 The Criminal Justice System**

Participants were also asked about the criminal justice system. First, they were asked how they learn about the criminal justice system and their confidence in it. In addition, there were

questions about their own experiences with the criminal justice system including, for those who reported their abuse, how they were kept informed throughout the criminal justice process and, for those whose cases went to trial, the specifics of their trial.

### 3.7.1 Learning about the Criminal Justice System

As can be seen in the table below, the participants learn about the criminal justice system through many different sources and formats. The most common sources of information about the criminal justice system included the media, the police and sexual assault centres. In addition to the sources of information listed below, participants also stated that they learn about the criminal justice system through self-learning, school, professional and volunteer work and through word of mouth.

**TABLE 3. SOURCES OF INFORMATION ABOUT THE CRIMINAL JUSTICE SYSTEM (N = 114) <sup>12</sup>**

<b>Source of Information about CJS</b>	<b>Number of Participants (n, %)</b>
Media	61 (70%)
Police	57 (50%)
Sexual Assault Centre	53 (47%)
Friends	42 (37%)
Family	39 (34%)
Public Legal Education and Information Material (e.g., pamphlets)	33 (29%)
Psychologist/Psychiatrist/Therapist	22 (20%)
Internet	22 (19%)
Victims Services/Community Services	21 (18%)
Crown/Lawyer	17 (15%)
Doctors/Nurses	17 (15%)
Personal Experience	12 (11%)

Source: Survey of Survivors of Sexual Violence, 2009

### 3.7.2 Confidence in the Criminal Justice System

The participants were asked to rate their confidence in the police, the court process and the criminal justice system in general. As can be seen from Table 4 below, approximately half of the participants were not confident in the police, while two-thirds were not confident in the court process and the criminal justice system in general.

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<sup>12</sup> Note that percentages do not add up to 100% as participants could list more than one source of information.

**TABLE 4. PARTICIPANTS' LEVEL OF CONFIDENCE IN THE CRIMINAL JUSTICE SYSTEM (N = 114)<sup>13</sup>**

	<b>Very Confident</b>	<b>Fairly Confident</b>	<b>Not Very Confident</b>	<b>Not Confident At All</b>	<b>Don't Know</b>
Police	13 (12%)	37 (33%)	37 (33%)	22 (20%)	4 (4%)
Court Process	4 (4%)	17 (15%)	40 (35%)	35 (31%)	17 (15%)
Criminal Justice System in General	5 (4%)	26 (23%)	38 (33%)	36 (32%)	9 (8%)

Source: Survey of Survivors of Sexual Violence, 2009

### 3.7.3 Staying Informed throughout the Criminal Justice Process

Overall, 55 participants reported their child sexual abuse or adult sexual assault to police either themselves or through another individual. Of these, thirty-five (64%) participants stated that they were kept informed throughout the criminal justice process. Some participants (34%, n=12) reported receiving information from multiple sources. The most common mechanism through which participants were kept informed was through the police (94%, n=33), including through face-to-face contact, telephone and email. Other sources of information included Crown Prosecutors, victim services, legal aid, the Parole Board, sexual assault centres and a group home.

### 3.7.4 Trial Information and Disclosure of Third Party Records

Twenty-two of the cases went to trial. Two participants did not know if the case went to trial. There was a conviction in 18 of the cases and a dismissal in the remaining four. In five cases, the defence sought third party records for disclosure. The records sought were doctor's records, mental health records, education records, counselling records and police records. One participant did not know what kind of record was sought. The records were disclosed in two cases, were not disclosed in two cases and one participant did not know if the record was disclosed. In the cases in which the records were released, partial records were released in one case and full records were released in the other. One participant whose records were disclosed indicated that she was very upset by the disclosure.

## 3.8 Suggestions

The participants were asked to provide suggestions for survivors of CSA and ASA, as well as for the criminal justice system, through three open-ended questions. They were asked what those who have experienced sexual assault need to know about the criminal justice system, what they believe is the best way to share this information and how the criminal justice system can better meet the needs of survivors of sexual violence.

<sup>13</sup> Note that percentages may not add up to 100% due to rounding.

### 3.8.1 What Survivors Need to Know about the Criminal Justice System

First, the participants were asked to indicate what they think individuals who have been sexually assaulted need to know about the criminal justice system. The advice provided by the participants reflected both positive and negative aspects of the criminal justice system.

Some participants stressed that it is important for survivors to know as much as they can about the criminal justice system by asking questions and knowing their rights. They also encouraged survivors to report the incident quickly and to press charges, but also noted that if the survivor does not report the incident right away, he or she can report it at a later time. Many participants also indicated that survivors should know that assistance, such as victim services, is available and that these services are helpful. The participants indicated survivors should know that criminal justice professionals are encouraging and supportive and that going through the criminal justice process can be helpful for healing.

Some participants who had gone through the criminal justice process had unfortunate experiences which led them to perceive that the survivor does not have as many rights as the offender and to believe that some criminal justice professionals are not helpful or sympathetic to survivors. Some survivors indicated that it is easy to get the impression that the justice system works better for those who have money. Some participants also indicated that survivors should be prepared for a lengthy process and to be prepared for an outcome that they may not want.

### 3.8.2 Informing Survivors

The participants were also asked what they think is the best way to share the above information with survivors of sexual assault. The most commonly suggested mechanism for sharing information with survivors of sexual assault was through school counsellors and school programs (e.g., by bringing in a survivor who has gone through the criminal justice system and can describe their experiences), victim services (e.g., via the counsellors who work at the centres) and media (e.g., via a section on the news dedicated to providing this information). Table 5 below presents the suggested mechanisms of sharing information with survivors.

**TABLE 5. BEST WAY TO SHARE INFORMATION WITH SURVIVORS (N = 111) <sup>14</sup>**

<b>Best Way to Share Information</b>	<b>Number of Participants</b>
School Programs and Counsellors	43 (39%)
Victim Services and Sexual Assault Centres	39 (35%)
Media	37 (33%)
Pamphlets and Posters	31 (28%)
Medical Clinics	22 (20%)
Libraries and Recreation Centres	20 (18%)
Internet	15 (14%)
Police Offices	14 (13%)
Abuse Hotlines	13 (12%)
Billboards	6 (5%)

Source: Survey of Survivors of Sexual Violence, 2009

<sup>14</sup> Note that percentages do not add up to 100% as participants could list more than one source of information.

N Missing=3

### 3.8.3 How the Criminal Justice System can Better Meet the Needs of Survivors

The participants provided a number of suggestions on how the criminal justice system can better meet the needs of survivors of sexual violence. These suggestions reflect three overarching themes: making survivors feel safe and comfortable; providing information and education; and making changes to the criminal justice system as a whole.

#### 3.8.3.1 Making the Survivor Feel Safe and Comfortable

The participants provided many suggestions that reflected the need for survivors to feel safe and comfortable throughout their involvement with the criminal justice system. Within this overarching theme, four subthemes emerged, which are all interconnected: enhancing support for survivors, facilitating the testimony of survivors, treating survivors with respect and educating criminal justice professionals.

#### Support

*I think it's really important that anyone who has gone through sexual victimization have help, have people that make them feel safe, that really reassure them that it wasn't their fault, that they have no reason to feel guilty and they feel safe and comfortable and...really, really cared for and listened to.*

The above quotation demonstrates the importance of support for survivors. Indeed, one of the most common suggestions provided by the participants was that of more help and support. Many participants indicated that support in all forms, including psychological help, needs to be provided to survivors throughout the entire criminal justice process, including from the time the incident occurs through to the court process and after. In addition, several participants indicated that more services are needed for survivors and that victim services require more funding. Similarly, a number of participants indicated that financial assistance should be provided to survivors, as should free counselling. Many participants also indicated that survivors need more forums where they can share their experiences and concerns. As one participant stated:

*...the victim needs to have a voice.*

The participants offered a number of other suggestions on how the criminal justice system can provide more support to survivors of sexual violence:

- Provide more outreach to survivors (e.g., have an individual approach the survivor to offer help);
- Provide support and information to survivors from an individual who is knowledgeable about sexual violence, such as other survivors;
- Establish more survivor groups where survivors can support one another;
- Where the survivors are female, ensure that the professionals providing support to the survivors are female rather than male;

- Provide more Aboriginal counsellors for youth and adults who are fluent in Aboriginal languages; and
- Allow survivors to work with the same professional throughout the entire criminal justice process, to help reduce the number of times survivors have to tell their story to different professionals.

### Facilitate Testimony/Trial Process for Survivors

Within the same goal of ensuring that survivors feel safe and comfortable, a number of suggestions were provided to facilitate the testimony/trial process for survivors. These suggestions included:

- Ensure that Crowns who prosecute the case are specialized in cases of sexual violence;
- Have the judge meet with the survivor and the accused in separate rooms;
- Provide mediation;
- Do not make information about the case public;<sup>15</sup> and
- Utilize the testimonial aids available in the *Criminal Code*.

### Treating Survivors with Respect

*I think at all times the victim should be given the utmost of respect. If it's proven, it's proven...and it isn't, it isn't, but by disrespecting the person who was victimized doesn't prove anything. It should be based on proof. The victim shouldn't have to be humiliated once more.*

Several participants voiced their concern over how survivors are treated by the criminal justice process, especially in the trial setting. Some participants stated that they feel as though the accused has more rights than the survivor and that the system protects the accused before they protect the survivor. In addition, some indicated that survivors are treated as if they are the perpetrator and that they are on trial for the crime. On this point, one participant noted:

*...the woman is guilty, she's just got to prove that she's innocent – she didn't commit the crime. So, it's reversed. It's backwards, this so-called justice system.*

Participants offered a number of suggestions regarding how the justice system can treat the survivor with more respect:

- When the police come to talk to survivors, ensure that is done privately;
- Use language that accurately describes the reality and severity of the experience (e.g., do not use the term “making love” when the survivor clearly does not interpret the incident as such);

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<sup>15</sup> Note that information regarding sexual assault cases is not made public. In Section 3.8.3, some of the suggestions that participants provided reflect functions/services that are already in place. These particular suggestions are noted by an asterisk.



- Place the focus on the survivor instead of the offender; and
- Avoid language and actions that make the survivor feel that she is to blame for the incident.

### **Educating Criminal Justice Professionals**

Some participants described feelings of re-victimization as a result of the way they were treated by criminal justice professionals (e.g., judges, lawyers and police). Many participants indicated that they believed that professionals within the criminal justice system, in particular the police, would benefit from training on working with survivors of sexual violence. Some of the elements that participants indicated that these professionals require training on include:

- The impacts of sexual violence;
- How to be empathic toward survivors;
- Treating survivors with respect;
- The prevalence of sexual violence;
- Information to provide to survivors; and
- How to talk to and interview survivors of sexual violence.

One participant provided some additional elements on which justice professionals should receive training:

*...I think they really, truly need to understand there needs to be better education on the side of law enforcement, or on the judicial side, as to why it is so under-reported; why people feel such a sense of shame; why victims will blame themselves or feel responsible [...] why people tend to get away with this and why people are reluctant to come forward...*

In addition to the above suggestions, other participants suggested that justice professionals should spend more time with front-line workers or others who know about sexual assault and its effects, as well as more one-on-one time with the survivors prior to trials.

#### *3.8.3.2 Information and Education*

Another theme that emerged was that of the need for information and education. Several participants indicated that survivors need to be provided with more information, including on victim's rights, the criminal justice system in general and what to expect from the criminal justice system. Many also indicated that survivors need to be kept updated on the status of their case and that information needs to be provided to the survivor in a timely manner and throughout the entire process, including after the case has finished. One participant suggested that updating the survivor should be mandatory. In addition, the participants indicated that survivors and their families need to be provided with information about the support that is available and where to find these services, including information on how to access financial aid. The participants offered a number of other suggestions on providing information to survivors:

- Offer information on statistics (e.g., the number of individuals who press charges in cases of sexual violence and the number of positive outcomes in trials), so that survivors can weigh the risks and benefits of reporting/pressing charges;
- Provide a simplified breakdown (e.g., a flowchart) to the survivors about the criminal justice system after they have completed the medical examination;
- In situations in which the case has gone to trial and a decision has been reached, explain the decision to the survivor; and
- Inform the survivor of when and where the offender will be released.

In addition, many participants suggested that children and youth should be provided with education on sexual violence, as well as on the criminal justice system. Indeed, it was suggested that everyone should receive education on sexual violence and what steps one needs to take if assaulted. Other suggestions regarding education included:

- Provide education to teachers and daycare workers on the signs of abuse;
- Educate survivors to not minimize the effects of sexual violence; and
- Educate young people about the repercussions of offending.

### 3.8.3.3 Changes to the Criminal Justice System

*I believe you know that they should really make it a priority to have their cases dealt with as quickly as possible. Because you can't go forward and put it behind you when it's not dealt with and it is totally out of your control.*

The above quotation highlights one participant's views on the need for more timely processing by the criminal justice system, which was also a view shared by a number of other participants. In addition, some participants suggested that offenders should receive psychological help to decrease the likelihood of re-offending and that programs that teach offenders about the effects of sexual violence should be established. There were also a number of other suggestions made regarding changes to the criminal justice system:

- Establish a specialized sex crimes division/police team that is trained in, and responds to, only sexual violence\*;
- Have a team of women all the way through, including women police and a woman judge;
- Make the system more accessible (e.g., provide transportation);
- Allow the Parole Board of Canada to hear from survivors\*;
- Increase the collaboration between the criminal justice system and support services; and
- Consider victim impact statements at sentencing\*;

### Balancing the Treatment of the Survivor and the Offender

Many participants expressed frustration with the perceived unfairness between how the survivor and the accused are treated by the criminal justice system. There was a perception among some that survivors are blamed and must cope with the traumatic experiences, while the accused are not punished, or when there is a punishment, it does not reflect the gravity of the crime. One CSA survivor:

*Like for me, I have a lifetime sentence. Like this will never leave me, it will always be there. We can only manage to, hope to get through our lives and have a happy and fulfilling life. But I'm forty and I'm still not there yet. So why do these people get no time, or just a little bit of time, when they could steal some money and it's considered more of a crime. Like what makes us so invaluable that we don't deserve justice...*

#### 4. Conclusion

The purpose of this study was to better understand the experiences of a number of survivors of sexual violence. The participants shared their abuse and/or assault experiences and described the difficult emotional after-effects of their experiences. The emotional after-effects described by the survivors, such as depression, anxiety, PTSD-related symptoms and behavior problems, are consistent with past research on the emotional and psychological effects of CSA and/or ASA (Mullers and Dowling, 2008; Wathen 2012). The participants also described a number of mechanisms that they use to cope, both positive and negative. Many of the coping mechanisms described, such as seeking support and self-harm, are common mechanisms used by victims of crime (Hill 2009).

Results from the 2009 General Social Survey on Victimization found that 88% of victims of self-reported sexual assault did not report the incident to police (Perreault and Brennan 2010). As with these previous findings, most of the survivors of CSA and ASA in this study did not report their abuse and/or assault to police, or have another individual report the incident. The survivors provided a number of reasons for not reporting. Among survivors of CSA, the most common reasons for not reporting included a lack of family support, not knowing that they could report and a fear of the offender. Among survivors of ASA, the most common reasons for not reporting included shame and embarrassment, no confidence in the criminal justice system and a fear of the offender.

The participants were also asked how they learned about the justice system. Responses included many formats (e.g., face-to-face contact, media) and different sources (e.g., police, sexual assault centres). The survivors also shared a number of insights regarding what survivors of sexual violence should know about the criminal justice system and provided a number of suggestions on how this information could be shared with survivors, including through school programs and counsellors, victim services, sexual assault centres and the media.

The majority of the participants in this study had low confidence in the criminal justice system. Many participants felt as though they were not treated fairly by the justice system and many felt re-victimized by the process and the professionals involved. The survivors provided a number of suggestions on how the criminal justice system can better meet the needs of survivors. The suggestions centered on three main themes: making the survivor feel safe and comfortable; providing information and education on sexual violence and the criminal justice system; and making changes to certain elements of the criminal justice system.

Throughout this study, it became clear that survivors do not fully understand the criminal justice system and how it operates. Indeed, one of the most common suggestions provided by the survivors on how the criminal justice system can be improved was to provide information and education on the criminal justice system to both survivors and the general public. Furthermore,

some survivors suggested that functions/services be put into place that already exist (e.g., not making information about the case public, allowing the Parole Board of Canada to hear from the victim). This not only points to a lack of understanding of the justice system, but to the fact that services may not be working the way that they are intended. Victims may not be aware of the services/functions that exist because this information has not been supplied to them, or if it has, it has not been understood. It is important that victims be provided with public legal education and information (PLEI) materials that are easily understood. Furthermore, the participants suggested that all Canadians should be provided with education on the criminal justice system at a young age to ensure that citizens are aware of how the justice system operates.

The lack of understanding of the criminal justice system may also be playing some part in the low confidence in the justice system that participants described. Some participants were displeased with the way that the criminal justice system handled their case and with the various case outcomes (e.g., sentencing decisions). With additional information on how the criminal justice system operates, the factors that Crowns consider when determining whether to press charges, and the factors that judges consider when determining whether to convict an offender and which sentence to impose, the survivor may be less inclined to perceive the system as unfair.

While understanding the criminal justice system is very important for victims and witnesses, research has shown that trauma, such as sexual assault, impacts learning (see McDonald 2000, 2002; Horsman 1999). Trauma can result in many negative cognitive outcomes, including memory problems, decision-making deficits, increased susceptibility to social influence, disorientation and concentration problems, all of which impact learning (Horsman 1999; Rundle and Ysabet- Scott 1995). Because of the impact of trauma on learning, there will be individuals who will not understand or retain information that is given to them by victim services providers. Training on the impacts of trauma on learning should be provided to victim services and other criminal justice professionals so that they are better equipped to deliver information in a way that ensures that survivors are able to understand, retain and apply the information they are provided.

Although this study provided insight into the experiences of sexual assault survivors in Canada's provinces, it is limited to those jurisdictions that participated and is not generalizable to all survivors of sexual violence in Canada. Furthermore, the participants in this study represent survivors who sought help from specific sexual assault centres and therefore may not necessarily reflect the same views as those who sought help from other centres, or who did not seek services. As such, the experiences of these survivors may not necessarily be the same as other survivors. In order to gain a more fulsome understanding of the experiences of survivors of sexual violence from across the country, future research should examine the experiences of survivors from each province and territory, including those who have not accessed services from the sexual assault centres that participated in this study.

The experiences of sexual assault survivors are broad and their needs are far-reaching. By better understanding these experiences and needs, victim service providers and the justice system as a whole can be in a better position to support survivors of sexual violence throughout the criminal justice system.

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## Appendix A

### **Sexual Abuse and Assault Interview Guide**

Try to make the participant feel at ease try to build a rapport with her. How are you doing today, what is the weather like, and so on. Next offer a sincere thank you for taking the time to participate in this study, especially given the sensitivity of the crime the survivor has experienced.

Please remind the participant about the information that has been provided to date. Do you recall the information provided by the counselors and outlined in the information sheet? To briefly recap, the main purpose of this study is to understand your experience as a survivor of sexual abuse and assault, to understand its impact, reporting practices and your overall confidence in the criminal justice system. Also, the information you provide will remain confidential and anonymous to the extent outlined in the consent form. Also, should you feel distressed or uncomfortable during the interview, please rest assured that you can skip a question or to stop the interview at any point in time. In this case, an agreed upon word that indicates the participant needs to stop will be discussed prior to conducting the interview.

I would like to remind you that you can seek counselling from your centre after the interview should you need to do so. Do you have any questions prior to commencing the interview? Are you comfortable beginning the interview? It would be great if we could start by asking you some basic information, such as age, marital status, etc.

#### **Demographic Information**

1. What is your age? \_\_\_\_\_
2. What is your relationship status?
  - ☐ 1. Single
  - ☐ 2. Dating
  - ☐ 3. Common-law spouse
  - ☐ 4. Legally married
  - ☐ 5. Separated but still legally married
  - ☐ 6. Divorced
  - ☐ 7. Widow
3. Were you born outside of Canada?
  - ☐ 0. No (*Skip to Q. 5*)
  - ☐ 1. Yes
4. Where were you born? \_\_\_\_\_
5. What is your ethnicity?
  - ☐ 1. Aboriginal
  - ☐ 2. White/Caucasian
  - ☐ 3. Chinese

- ☐ 4. South Asian (East India, Pakistani, Sri Lanka, etc.)
- ☐ 5. Black
- ☐ 6. Filipino
- ☐ 7. Latin American
- ☐ 8. South East Asian (Vietnamese, Cambodian, Malaysian, Laotian, etc.)
- ☐ 9. Arab
- ☐ 10. West Asian (Iranian, Afghanistan, etc.)
- ☐ 11. Korean
- ☐ 12. Japanese
- ☐ 98. Other \_\_\_\_\_

6. How long have you lived in Canada? \_\_\_\_\_

7. What is your sexual orientation?

- ☐ 1. Heterosexual
- ☐ 2. Gay/lesbian
- ☐ 3. Bisexual
- ☐ 98. Other \_\_\_\_\_

8. Do you have a physical disability?

- ☐ 0. No
- ☐ 1. Yes

9. Please tell me the highest level of education you have completed:

- ☐ 0. None
- ☐ 1. Elementary/Primary
- ☐ 2. High School
- ☐ 3. Some university/college
- ☐ 4. Completed diploma/certificate/apprentice
- ☐ 5. Completed university degree
- ☐ 6. Completed Masters
- ☐ 7. Completed Ph.D.

10. Last week, how many hours did you spend doing unpaid housework? Such as caring for children or elderly family.

- ☐ 0. None
- ☐ 1. Less than 5 hours
- ☐ 2. Five to 9 hours
- ☐ 3. Ten to 19 hours
- ☐ 4. 20 hours or more

11. Last week, how many hours did you spend working for pay?

- ☐ 0. None (*Skip to Q. 13*)
- ☐ 1. Less than 5 hours
- ☐ 2. Five to 9 hours

- ☐ 3. Ten to 19 hours
- ☐ 4. 20 hours or more

12. During the past year, during most weeks, did you work

- ☐ 1. Part-time
- ☐ 2. Full-time
- ☐ 97. N/A

13. Last year, what was your total personal annual income range?

- ☐ Less than \$15,000
- ☐ \$15,000 to \$25,000
- ☐ \$25,000 to \$35,000
- ☐ \$35,000 to \$45,000
- ☐ \$45,000 to \$55,000
- ☐ More than \$55,000

## CHILD SEXUAL ABUSE

**The next set of questions is about childhood sexual abuse. I understand this involves recalling difficult memories associated with abuse. Please pause or stop at any point in time if you need to.**

### Child Sexual Abuse History

14. Did you experience sexual abuse as a child?

- ☐ 0. No (*skip to Q.38*)
- ☐ 1. Yes

15. Was the child sexual abuse:

- ☐ 0. One single incident
- ☐ 1. Multiple incidents

### Description of the Sexual Abuse Incident

**If multiple incidents, please ask the participants to discuss one incident they would like to discuss in order to answer the next set of questions.**

16. How old were you when the sexual abuse began? \_\_\_\_\_

17. Was the offender known to you?

- ☐ 0. No
- ☐ 1. Yes, (*if yes, please describe the nature of the relationship to the offender? Family, friend, acquaintance, etc*).



18. If you are comfortable, could you please describe the sexual abuse you experienced as a child?

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19. Do you recall if there were any explicit verbal threats to your safety during this time(s)?

☐ 0. No  
☐ 1. Yes

20. Do you recall if there were any explicit verbal threats to the safety of others during this time(s)?

☐ 0. No  
☐ 1. Yes

21. Was there any physical force used when the sexual abuse was happening?

☐ 0. No  
☐ 1. Yes

22. Did you suffer any physical injuries as a result of the sexual abuse?

☐ 0. No (*Skip to Q. 25*)  
☐ 1. Yes, Type \_\_\_\_\_

23. If you are comfortable, could you please describe the nature of the physical injury?

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24. Did you receive medical attention for issues related to the sexual abuse?

☐ 0. No  
☐ 1. Yes, Type \_\_\_\_\_

25. Was any type of weapon used during the sexual abuse, such as a knife or gun?

☐ 0. No  
☐ 1. Yes (type) \_\_\_\_\_

26. Do you suspect that you were given a drug, without your knowledge prior to the sexual abuse?

☐ 0. No (*Skip to Q. 30*)  
☐ 1. Yes

27. What made you suspect that you were drugged?

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28. Could you please tell us how you think you were drugged? (location, whether it was through a drink, etc)

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29. Did you undergo medical tests to determine what kind of drug was employed? Please explain.

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## **Psychological/Emotional Harm and Coping Mechanisms**

**The next set of questions involves asking you about the impact the sexual assault had upon you.**

30. Did you experience any emotional and/or psychological harm because of the child sexual abuse, such as depression and/ or anxiety?

- ☐ 0. No (Skip to Q. 34)  
☐ 1. Yes

31. Could you please describe the emotional/psychological trauma you experienced?

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32. Please describe the ways you used to cope with the trauma? Please probe for both negative and positive coping strategies, such as volunteering or religious activities.

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33. Did you have supportive people, such as friends, family in your life during that time? If so, could you please explain?

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## Reporting Practices

**It appears that a large number of victims of child sexual abuse do not report the crime to the police. As such, it is important to ask you questions about your own reporting practices.**

### Factors Influencing Reporting Practices

34. Did you report the child sexual abuse to the police?

- ☐ 0. No  
☐ 1. Yes (*Skip to Q. 36*)  
☐ 2. In the process of considering this option

35. What factors influenced your decision to NOT report the child sexual abuse to the police?

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***Skip to Q. 38***

36. What factors influenced your decision to report it to the police?

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37. How much time elapsed between the incident and when you reported it?

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## ADULT SEXUAL ASSAULT

**Thank you again, for discussing this very personal issue with me. The following questions are about your experiences as an adult – Do you have any questions before we continue the interview?**

**Sexual Assault History as an Adult (Reported, if not reported, discuss the most serious incident or event for which you are attending the centre)**

38. Did you experience a sexual assault as an adult?

☐ 0. No (*Skip to Q. 62*)

☐ 1. Yes

39. Was the adult sexual assault:

☐ 0. One single incident

☐ 1. Multiple incidents

**If multiple incidents, please ask the participant to discuss one incident they would like to discuss in order to answer the next set of questions.**

40. How old were you when the sexual assault happened? \_\_\_\_\_

41. Was the offender known to you?

☐ 0. No

☐ 1. Yes, (*if yes, please describe the nature of the relationship to the offender? i.e.: spouse, boyfriend, friend, acquaintance, family member, etc*).

42. If you are comfortable, could you please describe the sexual assault you experienced as an adult?

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43. Do you recall if there were any explicit verbal threats to your safety during this time(s)?

☐ 0. No

☐ 1. Yes

44. Do you recall if there were any explicit verbal threats to the safety of others during this time(s)?

☐ 0. No

☐ 1. Yes

45. Was there any physical force used when the sexual assault was happening?

☐ 0. No

☐ 1. Yes

46. Did you suffer any physical injuries as a result of the sexual abuse?

☐ 0. No (*Skip to Q. 49*)

☐ 1. Yes, Type \_\_\_\_\_

47. If you are comfortable, could you please describe the nature of the physical injury?

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48. Did you receive medical attention for issues related to the sexual assault?

☐ 0. No

☐ 1. Yes, Type \_\_\_\_\_

49. Was any type of weapon used during the sexual assault, such as a knife or gun?

☐ 0. No

☐ 1. Yes, Type \_\_\_\_\_

50. Do you suspect that you were given a drug, without your knowledge prior to the sexual assault?

☐ 0. No (*Skip to Q. 54*)

☐ 1. Yes

51. What made you suspect that you were drugged?

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52. Could you please tell us how do you think it happened? (location, whether it was through a drink, etc)

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53. Did you undergo medical tests to determine what kind of drug employed? Please explain.

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## Psychological/Emotional Harm and Coping Mechanisms

**The next set of questions involves asking you about the impact the sexual assault had upon you.**

54. Did you experience any emotional and/or psychological harm because of the sexual assault, such as depression and/ or anxiety?

☐ 0. No (*Skip to Q. 58*)

☐ 1. Yes

55. Could you please describe the emotional/psychological trauma you experienced?

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56. Please describe the ways you used to cope with the trauma? Please probe for both negative and positive coping strategies, such as volunteering or religious activities.

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57. Do you have supportive people, such as friends, family in your life? If so, could you please explain?

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## Reporting Practices

**It appears that a large number of victims of sexual assault, do not report the crime to the police. As such, it is important to ask you questions about your own reporting practices.**

### Factors Influencing Reporting Practices

58. Did you report the adult sexual assault to the police?

☐ 0. No

☐ 1. Yes (*Skip to Q. 60*)

☐ 2. In the process of considering this option

59. What factors influenced your decision to NOT report it to the police?

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***Skip to Q. 62***

60. What factors influenced your decision to report it to the police?

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61. How much time elapsed between the incident and when you reported it?

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### **Staying Informed Throughout CJS Proceedings**

The criminal justice process can be confusing, and the next set of questions is about your perception as to whether you were kept informed throughout the entire process. (In general, which is the average view that applies for either child sexual abuse or assault or both).

62. Who kept you informed and how were you kept informed? (check all that apply)

1. Police	<input type="checkbox"/> Face-to-face	<input type="checkbox"/> Telephone	<input type="checkbox"/> E-mail	<input type="checkbox"/> Letter
2. Crown	<input type="checkbox"/> Face-to-face	<input type="checkbox"/> Telephone	<input type="checkbox"/> E-mail	<input type="checkbox"/> Letter
3. Victim Services	<input type="checkbox"/> Face-to-face	<input type="checkbox"/> Telephone	<input type="checkbox"/> E-mail	<input type="checkbox"/> Letter
98. Other, type _____	<input type="checkbox"/> Face-to-face	<input type="checkbox"/> Telephone	<input type="checkbox"/> E-mail	<input type="checkbox"/> Letter

63. Can you tell me the outcome of the court case?

- ☐ 0. No
- ☐ 1. Conviction secured
- ☐ 2. Accused found not guilty

- ☐ 3. Case dismissed  
☐ 98. Other \_\_\_\_\_

64. Do you know whether there were/are any plea bargain negotiations?

- ☐ 0. No  
☐ 1. Yes  
☐ 99. Unknown

## Disclosure

**Access to personal records appears to be a main issue of concern affecting reporting practices. We would like to know what factors encouraged or discouraged you from reporting the crime.**

### Access to personal records

65. During the court case discussed, did the accused person try to have access to get any of your personal records, like your counseling, medical, employment or education records?

- ☐ 0. No (*Skip to Q. 70*)  
☐ 1. Yes  
☐ 99. Unknown

66. What kinds of records were requested? (Please check all that apply)

- ☐ 1. Doctor's records  
☐ 2. Mental health records  
☐ 3. Counseling records  
☐ 4. Social services records  
☐ 5. Victim services records  
☐ 6. Employment records  
☐ 7. Education records  
☐ 98. Other \_\_\_\_\_

67. Were the records (or parts of it) released to the accused/defence?

- ☐ 0. No (*Skip to Q. 70*)  
☐ 1. Yes, partial record disclosure  
☐ 2. Yes, complete record disclosure  
☐ 99. Unknown

68. How were the records used?

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69. How did you feel about the disclosure of records?

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## **CONFIDENCE IN CJS**

**We are almost finished with the interview. The last few questions are about your level of confidence and knowledge about the criminal justice system.**

### **Confidence & Knowledge about the CJS**

70. On a scale of 1 to 4, where 1 is the highest score, how confident do you feel about the police?

- ☐ 1. Very confident
- ☐ 2. Fairly confident
- ☐ 3 Not very confident
- ☐ 4. Not confident at all
- ☐ 99. Don't know

71. On a scale of 1 to 4, where 1 is the highest score, how confident do you feel about the court process?

- ☐ 1. Very confident
- ☐ 2. Fairly confident
- ☐ 3 Not very confident
- ☐ 4. Not confident at all
- ☐ 99. Don't know

72. On a scale of 1 to 4, where 1 is the highest score, how confident do you feel about the criminal justice system in general?

- ☐ 1. Very confident
- ☐ 2. Fairly confident
- ☐ 3 Not very confident
- ☐ 4. Not confident at all
- ☐ 99. Don't know

73. How do you learn / hear about the criminal justice system? (Please check all that apply)

- ☐ 1. Counsellor from sexual assault centre
- ☐ 2. Counsellor from victims' services
- ☐ 3. Police
- ☐ 4. Crown

- ☐ 5. Psychologist
- ☐ 6. Psychiatrist
- ☐ 8. Therapist
- ☐ 9. Family
- ☐ 10. Friend
- ☐ 11. Doctor
- ☐ 12. Internet
- ☐ 13. Media
- ☐ 14. Pamphlets
- ☐ 98. Other \_\_\_\_\_

## **Suggestions**

**Lastly, it would be great if you could provide us with key suggestions that would help the development of suitable programs and policies for survivors of sexual abuse, assault.**

74. Based on your experience, what do persons who have been sexually assaulted need to know about the criminal justice system?

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75. Based on your experience, what would be the best way to get this information to survivors of sexual assault?

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76. Based on your own experience, do you have any suggestions as to how the criminal justice system can better meet the needs of survivors of sexual violence?

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**Thank you for your participation in this study**