

Issue Brief: Sexual Violence Against Women in Canada

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Introduction

One of the most pressing human rights issues facing Canadians today is the high rate of sexual violence against women. While of personal concern to individual women given the profound physical, emotional, and mental repercussions, the predictability and patterning of sexual violence makes this an urgent social issue. Sexual violence against women acts as a barrier to gender equality and stands in the way of human rights and fundamental freedoms (Sinha, 2013). Yet, there is no clear sense of the range, severity and effects of the problem. Readers may recall statistics that as many as 1 in 3 women in Canada will experience sexual assault at some point over the course of their lives (Government of Ontario, 2011), and that sexual assault is one of the top five most common violent offences committed against women in Canada (Sinha, 2013:8); however, population-based statistics such as these barely scratch the surface of this complex problem.

The purpose of this issue brief is to provide a comprehensive picture of what is known about sexual violence against women in Canada. This includes a discussion of some of the challenges associated with measuring the prevalence of sexual violence, as well as some of the broader historical, political, and social processes that contribute to sexual violence and shape public understanding of the problem. This is followed by a discussion of available national and provincial data on the incidence of sexual violence in Canada, calling attention to particular sub-populations of women with increased vulnerability, or about whom little is known. The issue brief also includes a brief discussion of some of the program and policy changes taking place in Canada around the issue of sexual violence, as well as examples of innovative and effective interventions. It should be noted that this report focuses on sexual violence against *adult women*. Sexual violence against children and adolescents is an important but distinct issue that deserves specialized attention and action.¹

The objective of this brief is to raise awareness and understanding of the issue as well as support policy and program development and decision making for governments, non-governmental organizations, service providers, academics and others working to address sexual violence against women in Canada.

¹ Violence against men may be discussed to illustrate differences in gender-based sexual violence; however, given the inequalities that persist, women are the primary focal point. The category of “women” theoretically includes trans women but because of the lack of empirical data available on the issue, trans women are not a focus of the brief.

Background/Context

What is “Sexual Violence”?

The World Health Organization (WHO) defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (2013:2; see also Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002 and Parkes et al., 2007). The WHO elaborates by saying that “sexual violence is any sexual act, attempt to obtain a sexual act, or other act directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting” (2013:2). Sexual violence thus exists on a continuum from obscene name-calling to rape and/or homicide, and includes on-line forms of sexual violence (e.g., Internet threats and harassment) and sexual exploitation (usually thought of with regard to minors but can include adults with particular vulnerabilities – e.g., social, physical, or cognitive disabilities).

Challenges in Accurately Assessing the Scope of the Problem

Given the breadth of experiences that fall under the category of sexual violence, it is important to outline some of the challenges in determining the incidence and prevalence of the problem, and the consequences for women. Some of these issues are complex and are therefore discussed in multiple sections of the brief.

Inconsistency in Language

There is a vast array of terms used to debate this issue in policy, research, and intervention contexts. These include, but are not limited to: “domestic violence/abuse,” “intimate partner violence/abuse,” “sexualized violence,” “violence against women,” “wife abuse,” “dating violence,” “gender-based violence,” and “gendered violence” (Klein, 2013; Ruiz-Perez, Plazaola-Castaño, & Vives-Cases, 2007). What these various terms have in common is the implicit recognition that violence is gendered. The term “gender-based violence,” for instance, has wide currency and highlights how patterns of violence are shaped by gender roles, behaviours, and norms that contribute to patterns wherein men are significantly more likely to be physically violent toward women than the reverse. However, what is not always clear is whether or not the violence being referred to is sexual in nature. When research and public documents fail to distinguish between various forms of violence, it is difficult to understand the factors that make sexual violence a distinct issue requiring a tailored public response. In light of these kinds of concerns, the information presented here is primarily drawn from statistical reports, research briefs, and intervention and prevention efforts that specifically speak to sexual violence in Canada.

Sexual Violence: An Under-reported Crime

One of the central issues affecting the measurement of sexual violence in Canada is that it is known to be significantly under-reported (Browne, Smye, & Varcoe, 2007; Dunn & Dyck, 2000; DuBois, 2012; Johnson, 2012; Shannon et al., 2008; Sinha, 2013; Varcoe & Dick, 2008; Vissandjee, Thurston, Apale, & Nahar, 2007). Some of the most commonly cited reasons for not reporting sexual violence to police or in research interviews are: 1) the perception that the incident was not serious enough to report (Brennan & Taylor-Butts, 2008); 2) lack of clarity about what constitutes sexual violence (Ahmad, Riaz, Barata, & Stewart, 2004); and 3) fear, shame, and embarrassment of being judged, blamed, or not believed (Johnson, 2012). In terms of lack of clarity, some people who experience verbal forms of sexual assault, or on-line sexual harassment, may be unaware that this is a form of violence. Others have indicated that sexual violence may be experienced so routinely by some that it is no longer seen as a violation (Ahmad et al., 2004). These kinds of problems can become compounded within certain ethnic and cultural communities. For instance, many South Asian immigrants are unlikely to report even extreme cases of violence and abuse because of the stigma that comes from within their communities when they do not conform to cultural standards around what it means to be a “good wife” – which in some groups means being submissive and self-sacrificing (Shirwadkar, 2004). The issue for many women is that reporting sexual or other forms of violence not only means a loss of status for themselves, but also for their immediate family.

Under-Reporting and the Criminal Justice System

An important reason why national and provincial sexual violence statistics do not capture the full extent of the pervasiveness of sexual violence is because the two primary national data sources – the General Social Survey (GSS) and the Uniform Crime Reporting survey (UCR) – are limited to “those acts that reach the criminal threshold” (Sinha, 2013:4) as outlined in the *Criminal Code* of Canada (CC). The CC uses the term “sexual assault” to refer “to all incidents of unwanted sexual activity, including attacks and sexual touching” (Brennan & Taylor-Butts, 2008). This term includes indecent assault and rape, and emphasizes the physically violent nature of the offence rather than the sexual aspect (see below for elaboration) (Brennan & Taylor-Butts, 2008).

There is also concern around Canada’s criminal justice response to the issue of sexual assault. Many scholars have documented the ways in which police investigations, arrests and convictions of sexual assault are inconsistent and discriminatory towards women (DuBois, 2012; Kong, Johnson, Beattie, & Cardillo, 2003; Johnson, 2012). These charges may explain why fewer women are reporting sexual assault to the police than in the past, even though self-reported data suggests the prevalence of sexual violence has not decreased (DuBois, 2012). Some of the reasons women do not report sexual violence include fear of stigma and general distrust of the efficacy and neutrality of the Canadian judicial system (DuBois, 2012; Johnson, 2012). This may especially be the case for

vulnerable² women, including lesbian and bisexual women (Balsam & Szymanski, 2005; Wolf, Ly, Hobart, & Kernic, 2003); indoor and street-based sex workers (Benoit, McCarthy, & Jansson, 2015, 2015a, ; McCarthy, Benoit, & Jansson, 2014; Shannon & Csete, 2010; Shannon et al., 2009); as well as Aboriginal³ women (Browne & Fiske, 2001; Browne & Smye, 2002; Benoit, Carroll, & Chaudhry, 2003).

Theoretical Approach to Sexual Violence

As the information throughout this report highlights, sexual violence in Canada is gendered and socially-patterned. Women are more likely to experience sexual violence than men and this is persistent across time and jurisdictions. At the same time, some women are clearly more vulnerable than others due to factors that include their cultural and ethnic background, immigrant status, income and education level, age, sexual orientation, and physical, cognitive, and emotional abilities. To understand the way sexual violence disproportionately affects vulnerable populations it is necessary to look at the broader social and political contexts that shape the prevalence of sexual violence in Canada.

Structural Violence

Canada's Justice MacFarland noted a quarter decade ago that rape is "an act of power and control rather than a sexual act. It has to do with perpetrators' desire to terrorize, to dominate, to control, to humiliate; it is an act of hostility and aggression" and it "acts as a method of social control over women" (as quoted in Sheehy, 2012:33). In this sense, sexual violence is much more than a physical or emotional assault. It is deeply rooted in a history of gender relations and societal attitudes and beliefs. The concept of "structural violence" is useful in this regard. Structural violence draws our attention to how there are systems of oppression that organize our everyday lives, leaving some people more vulnerable to violence and suffering than others (Farmer, 2001). These systems of oppression are rooted in historical, political-economic and social processes that shape the ways some groups of people, in this case women, are treated. Patriarchy – which is loosely defined as a power system organized around male authority and male privilege – constitutes a form of structural violence against women wherein there are systematic ways in which women are treated as inferior to men (Johnson, 1997). This is rooted in a long history in which women have traditionally been seen as second-class citizens and valued largely in terms of their ability to give birth and provide domestic labour (Ortner, 1972). Patriarchy takes many forms in everyday activities, such as the routine ways in which women are sexualized in the popular media (i.e., television, film, and advertising) and portrayed as sexually available; the ways women are held to different sexual standards than men (as is the case with "slut shaming"); the ubiquitous

² Frohlich & Potvin (2008: 218) define vulnerable populations as those "groups who, because of their position in the social strata, are commonly exposed to contextual conditions that distinguish them from the rest of the population. As a consequence, a vulnerable population's distribution of risk exposure has a higher mean than that of the rest of the population."

³ The term Aboriginal women is used throughout this document to refer to First Nation, Inuit and Métis women.

jokes about wife-beating and sexual coercion; and indeed the salacious violence on television and in films wherein female victims are often shown as sexualized objects (Johnson, 1997).

These images and ideas are so pervasive that they often shape people’s response to the issue of sexual violence. Holding women to different standards of sexual behaviour than men can lead to “victim blaming” – i.e., suggesting women in some way invite or deserve to be sexually assaulted because they dress or behave in a manner that is considered sexually inviting. Victim blaming is often associated with the concept of “rape myths,” widely held but inaccurate ideas about rape. Some examples of rape myths include the idea that only young, sexually desirable women are raped, that women who work in the sex industry cannot be raped, that strangers most often commit sexual assault, and that women often lie about sexual assault to create an alibi, to get revenge, or to elicit sympathy or attention (DuBois, 2012; WAVAW, 2014). Research has shown that rape myths and negative stereotypes are gendered and closely associated with our society’s dominant masculine and feminine scripts (Benoit et al., 2009). Dominant gender roles are also closely associated with culture and religion, and the combination of these social contexts can influence beliefs and behaviours in response to sexual violence (Johnson, 2012).

The impact of rape myths can be profound as they have been shown to influence police investigations, arrests and convictions of sexual assault in Canada (Sheehy, 2012). A small body of research suggests that some men internalize these beliefs and use them to justify sexually violent behaviour toward women, although, there is a lack of rigorous empirical research on this subject (Lonsway and Fitzgerald, 1994; WAVAW, 2014). Other research indicates that women internalize these beliefs and blame themselves, which may contribute to under-reporting (Heath, Lynch, Fritch, & Wong, 2013).

Structural Violence in Canada’s Judicial System

In the precedent setting case, *Jane Doe v. Metropolitan Toronto Commissioners of Police* (1998), Madam Justice MacFarland found that the Toronto Police Service was biased in their investigation of sexual assault (Sheehy, 2012). Specifically, police were criticized for blaming victims of sexual assault, for showing an unwillingness to help victims, for doubting the veracity of women’s claims, and for maintaining a cold and detached demeanor. Specifically, Madam Justice MacFarland noted that the police “act as a filtering system for sexual assault cases” wherein they allow “rape myths” to influence their investigations, oftentimes leading them to close or dismiss cases as “unfounded” (DuBois, 2012). As Madam Justice MacFarland noted in her judgment (as quoted in Dubois, 2012:192):

One of the reasons suggested for the higher “unfounded” rate in relation to sexual assaults is the widespread adherence among investigating police officers to rape mythology, that is, the belief in certain false assumptions, usually based in sexist stereotyping, about women who report being raped.

The case of Jane Doe was a watershed moment in the legal response to sexual assault in Canada as it brought to light the way that the legal system has been, and in many ways remains, a form of structural violence towards women. Such biased and discriminatory beliefs entrenched in the Canadian judicial system can profoundly impact the health and safety of women. Dubois (2012) notes the following three concerns. First, women whose cases are dismissed as “unfounded,” and who know their perpetrator, may risk being re-victimized by their assailant, especially if it is known that she was not believed and therefore not protected by the police. Second, women whose sexual assaults have been “unfounded” face long-term danger because the police are less likely to believe them if they report another sexual assault in the future. Third, and most importantly, the “unfounding” of women’s reports leaves perpetrators free and possibly emboldened to repeat crimes, thereby placing more women in harm’s way (DuBois, 2012).

In response to the above-mentioned court challenge, changes have been made in Canada in terms of the way police are trained to respond to sexual assault. However, a decade after this case, major inconsistencies and biases in police investigation and conviction rates for sexual assault remain. Specifically, while it has been discovered that the number of sexual assault complaints being considered “unfounded” are now relatively low in provinces like Ontario (especially compared to some American states where rates are as high as 25-43 percent) (Johnson, 2012), a disproportionate number of Canadian cases simply go unsolved – meaning that an accused cannot be identified or it is deemed that there is insufficient evidence to lay charges (Sinha, 2013:102). Du Mont and Myhr (2000) suggest that while police in Canada are now more reluctant to label cases “unfounded” after the Jane Doe case, gender biases remain in the processing of sexual assault cases in our country. Other reports highlight marked disparities within and between different jurisdictions in Canada in terms of the investigation and classification of sexual assault reports (Auditor General Report, 2004; DuBois, 2012). It is important to highlight that, while there is ample documentation of the problems surrounding the police response and investigation of sexual violence, little research has been done to determine what police see as barriers to investigating sexual crimes. There have been widespread policy changes following the Jane Doe case where police departments have implemented new procedures for training officers and investigating sexual assault. Further, in some jurisdictions efforts have been made to engage in community collaboration around the provision of police services (Auditor General Report, 2004). One of the challenges for departments is the uneven adoption of these policies by individual police officers (Auditor General Report, 2004).

As noted above, there is some evidence suggesting that there are inherent biases in investigatory procedures (rape investigation procedures and statement analysis) wherein police are less likely to believe women who are most vulnerable to being sexually assaulted, including Aboriginal women, homeless women, women with a history of mental illness, and those working in the sex industry (Denicke, 2002; DuBois, 2012; Renner, 2002). Similar problems arise in the court system. Claire L’Heureux-Dubé, former justice of the Supreme Court of Canada, has identified a list of rape myths and

stereotypes that skew the legal treatment of sexual assault claimants and therefore conviction rates. Some of those myths include: rapists are strangers, women are less credible witnesses if they have had prior sexual relationships, women who are sexually assaulted will struggle against their attacker, women mean “yes” even when they say “no”; women who are raped deserve it “because of their conduct, dress, and demeanor” (Johnson, 2012:625). According to Renner’s (2002) review of Canadian court documents, courts are less likely to convict and, when they do, they give lighter sentences if the victim and the perpetrator are known to each other (including in the case of sexual assaults within intimate relationships), if there were no physical injuries, and if the offender is not considered otherwise dangerous, all of which support the observations of the former Supreme Court Justice.

In sum, while there have been changes made to Canada’s judicial response to sexual assault of women over the last three decades, sexual violence remains a structural crime against women because discriminatory attitudes persist, and the implication for women is that “criminal justice processing of these cases continue to minimize women’s experiences, exonerate violent men, and distort public understanding of this crime” (Johnson, 2012:614). This is particularly true for many of the vulnerable groups of women discussed in subsequent sections who do not conform to ideas regarding how a “proper victim” looks and acts (Johnson, 2012).

Using a “Gender Lens” to Understand Patterns of Sexual Violence

The term “gender-based violence” refers to the way in which patterns of sexual violence are neither accidental nor occasional and hence avoidable; there are clear gender differences in who is most likely to victimize and be victimized by sexual violence. Specifically, while “only three percent of those charged by police with sexual assault offences in Canada in 2007 were women,” women are the vast majority of those assaulted (Johnson, 2012). In this way, gender can be seen as fundamental determinant of sexual violence (Benoit, Shumka, & Vallance, 2010). But what does the term “gender” mean, how does this relate to the idea of “sex” and why is it important to distinguish between the two?

The term “sex” refers to one’s biology and physiology – the chromosomes, hormones, and genitalia with which a person is born determine their sex. In reality, a person’s sex can be found on a continuum, when the relatively high number of intersexed people is considered (Intersex Society of North America, 2008); despite this, a binary understanding of sex (female and male) is most common.

Gender, on the other hand, refers to the socially constructed roles and norms typically enacted and ascribed to people based on binary sex categories, and can exist on a wide continuum (Benoit & Shumka, 2008). When we think about violence perpetrated against women, it is primarily ideas about gender (i.e., what it means to be “masculine” and what it means to be “feminine”) that influence violence patterns. For example, a culture that encourages dominant ideas such as violence and sexual assertiveness in boys and men, and passivity and sexual submission in girls and women, creates the conditions for these patterns to appear as “natural” (Johnson, 1997; Jensen, 2007). Although sex, too, can play a role in the equation – for example, physical differences in size and weight

and musculature may make women seem less physically intimidating – it is largely ideas about gender that explain patterns of sexual violence.

Taking an Intersectional Approach

Just as we see differences in the incidence of violence between men and women, we see differences between groups of women. Not all women are equally likely to be the victims of sexual assault. The concept of *intersectionality* is helpful here in that it highlights how interactions between different aspects of a person's identity and social location – determined by, for example, socio-economic status, age, race, ethnicity, ability, sexual orientation and employment status – can leave some people more vulnerable to experiencing sexual violence than others. An intersectional analysis lends itself to a more detailed understanding of how the combination of different identities not only increases the likelihood of experiencing sexual violence (e.g., as is the case for Aboriginal women who also work in the sex industry), but also creates distinct experiences at different intersections of identity and social location (Association for Women's Rights in Development, 2004).

A case in point is the way that many Aboriginal women in Canada are disproportionately impacted by sexual violence because of historical trauma caused by the residential school system, patriarchal laws denying equal citizenship by gender, and systemic racism that continues to diminish the perspectives and experiences of Aboriginal women (Benoit et al., 2003; Brownridge, 2008; Spiwak & Brownridge, 2005; Trainor & Mihorean, 2001). Historical texts from the 19th century, for example, highlight the derogatory language government officials used to discuss Aboriginal women – characterizing them as unfit mothers, unhygienic, lazy, lewd and licentious – in order to justify the oppressive acts committed against them. These actions include the segregation of Aboriginal women and their families on reserves – and their failure to thrive on those reserves – as well as the sexually exploitative relationships white, male, government employees were having with some of these women (Carter, 1993). These negative characterizations helped inform the 1876 Indian Act and, in turn, the Residential School system (Carter, 1993). These historical and political processes have in turn shaped Aboriginal women's increased vulnerability to sexual violence in the present day. These processes also help explain why there are higher rates of poverty, barriers to education, and poorer health outcomes among Aboriginal populations. This kind of intersectional approach provides the context for understanding the disproportionate rates of sexual violence in some Aboriginal communities (Hawkins, Reading, & Barlow, 2009). Creating a further disadvantage for Aboriginal women is the lack of culturally appropriate interventions to prevent sexual violence and support victims, in both rural and urban settings (Benoit et al., 2003). The greater likelihood of Aboriginal people living in rural and remote parts of Canada creates further barriers, in that small communities do not always allow for the confidential reporting of sexual violence, and many do not provide full access to the necessary (culturally appropriate) social services (Brownridge, 2008; Spiwak & Brownridge, 2005).

When taking an intersectional analysis it is also important to be mindful that a woman's exposure to violence is not static but changes as the circumstances of her life

change, which may mean changes in socio-economic status, health status, relationships, sexual orientation, employment, etc. Alongside these kinds of changes are shifts in one's access to social support (i.e., friends, families, and community), which are key to determining a person's ability to recover from sexual assault (Johnson, 2012). Such a life course perspective highlights the ways in which a woman's current, as well as past conditions, opportunities and experiences can influence exposure and recovery from sexual violence (Elder, Johnson, & Crosnoe, 2003; Baltes, Lindenberger, & Staudinger, 2006; Turner & Schieman, 2008). In sum, an intersectional perspective should be situated within a life course perspective, as many of the social determinants of health, critical life events, chronic stressors and health outcomes related to sexual violence span the life course, and may have multi-generational implications.

Summary of What We Know About Sexual Violence in Canada

National and Provincial Prevalence

National data on prevalence rates of sexual violence against women in Canada comes from two primary sources. The General Social Survey (GSS) and the Uniform Crime Reporting Survey (UCR). The GSS is conducted in five-year cycles with the latest data gathered in 2009 (Statistics Canada, 2014). Given the barriers to reporting sexual violence to police noted above, an important aspect of the GSS is that it collects *self-reported* data on violent victimization. Regardless, the GSS also potentially underestimates the problem of sexual violence. This is because the limited range of the survey does not allow for the full breadth of questions required to measure the scope of sexual violence (Johnson, 2012). Researchers have shown that the more comprehensive the questions asked about sexual violence and the clearer the definitions, the higher the incidence rates (Johnson, 2012). In addition, while the territories have recently been added to the GSS sampling frame and efforts have been made to conduct in-person data collection in some remote locations (e.g., in some northern regions of Canada), the GSS under-represents certain groups (Pelot, Allan, Brzozowski, & St-Cyr, 2011). This includes people without housing, persons without telephones, cell phone only households, persons living in institutions, and persons who do not speak English or French (Statistics Canada, 2014). Further, the response rate for the GSS has been declining in recent years (Statistics Canada, 2009).

The data collected through the UCR is updated on an ongoing basis and analyzed annually. The last report was published in 2013 (Perreault, 2013). Police-reported sexual offences are categorized in the following manner: Sexual assault level 1 (s.271) is an assault committed in circumstances of a sexual nature such that the sexual integrity of the victim is violated. These assaults may involve minor physical injuries or no injuries to the victim. Sexual assault level 2 (s.272) includes assaults with a weapon, threats of a weapon, or causing bodily harm. Aggravated sexual assaults (level 3) are those that result in wounding, maiming, disfiguring or endangering the life of the victim. Other sexual offences include sexual abuse directed at children, such as sexual interference (s.151), invitation to sexual touching (s.152), sexual exploitation (s.153), incest (s.155), anal intercourse (s.159), and bestiality (s.160) (Brennan & Taylor-Butts, 2008; McInturff, 2013). As noted earlier, the data derived from the UCR underestimates sexual violence given its relationship to Criminal Code (CC) definitions and because the vast majority of victims of sexual violence do not report their experience to the police in the first place (Brennan & Taylor-Butts, 2008; Perreault and Brennan 2010; Sinha, 2013).

At present there are marked differences between the GSS and the UCR in terms of measures and reporting processes, which makes any direct comparison between the two sources difficult (Perreault, 2013). As a case in point, in 2007, UCR data indicated a prevalence rate of 73 sexual assaults per 100,000 people in Canada, while GSS data from 2004 (the closest available cycle) indicated a rate of 2058 sexual assaults per 100,000

people.

Sexual Assault in the Context of Violent Victimization

According to data collected for the 2011 UCR report, the five most common violent offences committed against women, and reported to police, were: common assault (49%), uttering threats (13%), serious assault (10%), sexual assault level I (7%), and criminal harassment (7%) (Sinha, 2013). While many of these are also the most frequent forms of victimization committed against men, sexual assault stands out as being a significant, gender-based form of violence. This same data set indicates, for example, that women were eleven times more likely than men to be a victim of a sexual offence (Sinha, 2013). GSS data from 2009 similarly showed that women were twice as likely to report sexual victimization (Perreault & Brennan, 2010). Recent findings from the UCR and GSS are described in more detail below to give a general indication of the prevalence of sexual violence, as well as to signal trends in national data over time.

Police-Reported Sexual Offences in 2012

According to police-reported data, there were over 21,900 incidents of sexual assault in Canada in 2012; the vast majority of these were level 1 sexual assaults and over 90% of the victims were women (Perreault, 2013). This gender disparity holds true in every province and territory, albeit with considerable variation (see Table 2). For example, provincial rates of police-reported sexual offences against women are elevated in the western provinces, with the highest rates in Manitoba and Saskatchewan; this is followed by Alberta and British Columbia (Perreault, 2013; Sinha, 2013). The prevalence of sexual offences, like other violent crimes, is substantially higher in the northern territories. Figures for the Northwest Territories and Nunavut indicate that women's risk is 9 and 12 times greater in these territories than the provincial average (Brennan, 2012; Perreault, 2013). Increased violence in the north is linked to the intersection of different vulnerabilities, as discussed above: colonization and the impact of residential schools in Aboriginal communities, limited economic opportunities, lack of housing, social isolation, changing demographics (more youth, larger families), substance use and gaps in support and justice services (Brownridge, 2003; Moffitt, Fikowski, Marchirette, & Mackenzie, 2013). It should be noted that, although regional variations in police-reported sexual offences can signify differences in prevalence, other explanations include differences in perceptions of sexual assault, as well as variations in demographic profile, access to services and police training (Kong et al., 2003).

GSS: Self-Report Victimization

To determine whether respondents have experienced sexual violence, the GSS asks those 15 years and older if anyone, other than a spouse, has forced or attempted to force them into any unwanted sexual activity by threatening, holding them down or hurting them within the 12 months preceding the survey. The GSS also asks respondents if anyone has ever touched them in a sexual way against their will, including acts of grabbing, kissing or fondling (Brennan & Taylor-Butts, 2008). Incidents of spousal sexual violence are collected separately as part of the segment on spousal victimization.

Similar to police-report data, the majority of sexual violence reported in the GSS involved sexual assaults with minor or no physical injury. What is notable about this is that, while the CC was amended in 1983 to place an emphasis on the physically violent rather than sexual nature of sexual assault (in order to reduce the stigma associated with reporting sexual crimes), an unintended consequence resulted: By focusing on physical violence, sexual crimes that do not involve physical injury may be perceived as less serious and are less likely to be reported to police.

In the 2004 cycle of the GSS, 512,200 Canadians aged 15 and over reported being victims of sexual assault in the preceding 12 months (Brennan & Taylor Butts, 2008). This figure increased to 677,000 in the 2009 GSS, with approximately 70% of incidents reported by females (Perreault & Brennan, 2010)⁴. In 2009, 81% of sexual assault incidents against women specifically involved unwanted sexual touching, including touching, grabbing, kissing or fondling (Sinha, 2013). The remaining 19% of incidents involved sexual attacks, where the accused sexually attacked the woman by threatening her, holding her down or hurting her in some other way (Sinha, 2013)⁵.

The 2009 self-reported data (see Table 3) confirms gender disparities in sexual violence in Canada, with women reporting twice the level of sexual victimization compared to men. However, self-reported sexual assaults increased for men between 2004 and 2009, but remained stable for women (Perrault & Brennan, 2010; Brennan & Taylor Butts, 2008)⁶. Rates of sexual assault decrease significantly as age increases. Sexual violence is highest among people aged 15-24 and those who are single (see Table 3). Sexual assault also appears slightly elevated among those with lower incomes but there is also an unexplained elevation in reporting among those with higher household incomes (in excess of \$100,000) (see Table 3). Aboriginal people and those living with physical activity limitations (disabilities) also reported higher rates of sexual assault⁷. Similar to police-reported data, the GSS shows higher rates of sexual assault in the western and mid-western provinces (Table 4).

⁴ The spousal violence module of the GSS is answered by respondents who are married or living in a common-law relationship at the time of the survey, or had contact with their ex-partner within the previous five years. This includes legally married, common-law, same-sex, separated and divorced spouses. Common law status in the GSS refers to whether the person aged 15 or over is living with a person of the opposite sex or of the same sex as a couple but is not legally married to that person. It includes situations where the members of such a couple are living apart temporarily because of illness, work or school (Statistics Canada, 2014).

⁵ The GSS includes 10 questions pertaining to physical and sexual violence by a spouse or former spouse. Two questions relate specifically to sexual violence however the 10 questions are often collapsed at the time of data reporting to provide a total physical and sexual violence figure. It is therefore difficult to ascertain the level of self-reported sexual violence in spousal contexts.

⁶ This finding should be regarded with caution due to the smaller sample size of men who report sexual violence through the GSS. Further, it is not clear at this time if the increase in male victims of sexual violence noted between 2004 and 2009 will be repeated in future cycles and, thus, constitutes an emerging trend.

⁷ Physical activity limitation is defined as a long-term physical or psychological health problem, or a chronic condition, that is severe enough to "often" affect normal functioning at home, at work, at school, or in another domain (Crompton, 2011).

Trends Over Time

According to the GSS, rates of sexual assault remained stable between 1999 and 2009, with a small increase in recent cycles (Table 5). While police-reported data from the last 20 years shows an overall declining trend, the data have also remained relatively stable in recent years for women (Table 6) (Perreault & Brennan, 2010; Sinha, 2013; Perreault, 2013). Improvements to the social, economic and political status of women, a heightened focus on violent victimization, the expansion of sexual assault services, and increased training of police officers and hospital staff are considered possible factors influencing the longer term decline in police-reported violent victimization (Kong et al., 2003). However, given that a small number of sexual assaults are reported to police and fewer still are captured in police-report data, it is difficult to identify trends based on this data source. It is disconcerting that, while other forms of violent victimization (such as intimate partner violence) seem to be dropping, self-report data and the most recent police reports suggest that the rate of sexual violence against women is stable. One explanation is that significant resources have been invested in preventing and intervening in intimate partner violence in recent years but less attention has been paid to sexual violence as a distinct issue for the health, safety, and wellbeing of women (McInturff, 2013).

Perpetrators of Sexual Assault

Contrary to popular belief, sexual assaults are most often committed by someone known to the victim (Perreault & Brennan, 2010; Vaillancourt, 2010). Over half (55%) of the sexual assaults reported to the GSS in 2004 involved an offender who was a friend or acquaintance of the victim, with stranger assaults accounting for 35% of incidents (Brennan & Taylor-Butts, 2008). In the case of police-reported data, the relationship between the victim and accused was unknown in only 19% of cases (Brennan & Taylor-Butts, 2008). In those cases where the relationship was known, police-reported data for 2007 show that the victim and accused were known to each other 82% of the time, and in 18% of cases the accused was a stranger to the victim (Brennan & Taylor-Butts, 2008.). When we take gender into consideration, we find a similar pattern. The exception is that stranger assault may be elevated among women compared to men⁸.

In nearly all these incidents of sexual violence against women, the accused perpetrator was male (99%) (Sinha, 2013; Brennan & Taylor-Butts, 2008). This over-representation of males as perpetrators of sexual violence is consistent with patterns in violent offending, but is more prevalent in sexual crimes compared to other violent crimes against women (where 82% of perpetrators are male) (Sinha, 2013). The gender breakdown of perpetrators is slightly different in the GSS, as 87% of perpetrators against both female and male victims are reported to be male. Nevertheless, rates of sexual offending were highest among persons aged 12 to 17 (90 per 100,000 population),

⁸ According to 2011 police-report data, women knew their sexual attacker in three-quarters of incidents: 45% as a casual acquaintance or friend, 17% as an intimate partner and 13% as a non-spousal family member (Sinha, 2013, p. 30); one quarter of sexual assaults against women were committed by a stranger (Sinha, 2013).

followed by 18 to 34 year olds (55 per 100,000 population) and 35 to 44 year olds (42 per 100,000 population) (Brennan & Taylor-Butts, 2008).

With regard to where sexual violence most commonly occurs, commercial settings are most common in incidents reported to police, followed by private residences (Perreault, 2013). In the case of incidents reported in the GSS, commercial and institutional settings are the primary location of sexual assaults, followed by private residences (Brennan & Taylor-Butts, 2008). Level 2 and 3 sexual assaults are more likely to take place in residences (Brennan & Taylor-Butts, 2008.).

Sexual Violence in the Context of Intimate Partnerships

While, as previously noted, reports of intimate partner violence (IPV) are declining overall, the rate of sexual assaults against female intimate partners appears to be stable, and some findings suggest it is increasing. Sexual assault committed by an intimate partner accounted for 17% of all police-reported sexual assaults in 2011 (Sinha, 2013). In 2011, women were 11% more likely to be the victim of police-reported sexual assault by an intimate partner than in 2009 (Sinha, 2013)⁹.

IPV against women is also more likely to involve sexual offences and chronic forms of abuse compared to IPV against men (Mahoney, 2010). Sexual assaults in IPV contexts are more likely to be reported to police than other types of violence. Sexual assault perpetrated by someone other than a spouse is less likely to be reported to police compared to other kinds of violent assault (Sinha, 2013). This may be because previous research indicates that incidents of spousal violence tend to be more severe in nature compared to violence committed by someone other than a spouse (Wathen and MacMillian, 2003). It is also possible that public awareness of IPV has increased the likelihood that a spouse will report violence.

The GSS distinguishes between sexual assaults perpetrated by a spouse or former spouse (measured in the module on intimate partner violence) and sexual assaults perpetrated by a non-spouse (measured in the module on violent victimization). Further, data on sexual assault is often reported in combination with physical assault. Overall, in 2009, 6.4% of women with a current or former spouse report being physically or sexually assaulted by their partner at least once in the previous five years (Sinha, 2013). Intimate partner violence including sexual assault is higher in the northern regions and among Aboriginal populations and women with disabilities (Brownridge, 2003, 2006; Sinha, 2013). While IPV appears to be decreasing overall, evidence shows that there is a lack of data on sexual violence in the context of intimate partnership; therefore it is not clear from the GSS self-report data whether sexual violence is actually decreasing.

⁹ As a point of comparison, the rate of physical assault in spousal contexts was 134 per 100,000 in 2009 and dropped to 123 per 100,00 in 2011 (Sinha, 2013).

Sexual Violence and Vulnerable Populations of Women

Sexual violence against women takes place across a range of income and education levels, suggesting that socio-economic factors have a limited role in explaining vulnerability (McInturff, 2013). Looking at the available information about this issue from a wide range of sources, including government reports and academic studies, it is clear that a number of sub-populations of women experience more sexual violence than others. In many cases, while there is preliminary evidence available to support increased attention for vulnerable groups of women, there are also significant knowledge gaps. Below we identify specific populations that are vulnerable to sexual violence. It should be noted that these groups are not mutually exclusive. For instance, a lesbian or bisexual woman may also identify as Francophone and as working in the sex industry. In such cases, there is the potential for intersecting risk factors and cumulative disadvantage. In addition, there are groups that are not discussed in this paper because of space constraints and/or the lack of empirical research.

Aboriginal Women

Violence against Aboriginal women is described as one of the most pressing social issues in Canadian society today (Native Women's Association of Canada, 2011). Violence rates are higher among Aboriginal women across the country and sexual violence is no exception (Brennan, 2011; McInturff, 2013). Overall, the rate of self-reported violent victimization among Aboriginal women was almost three times higher than the rate of violent victimization reported by non-Aboriginal women in 2009 (Brennan, 2011). Further, while sexual assaults account for less than 10% percent of violent crimes committed against non-Aboriginal women and 8% of violent crimes overall, sexual assaults account for one third of the violent crimes committed against Aboriginal women (Brennan, 2011). Aboriginal women are more likely to experience multiple forms of violence, including sexual violence, as well as the most severe forms of violence that result in physical injury and homicide (Brownridge, 2003; Brennan, 2011)

Rates of sexual assault among Aboriginal women must be situated at the intersection of racism and sexual discrimination (Lindberg, Campeau, Campbell, 2012). It is also the result of contemporary racism and sexism, and the legacy of widespread abuse within the residential school system (Brownridge, 2008; Hylton, 2002; Lindberg et al., 2012; Spiwak & Brownridge, 2005; Trainor & Mihorean, 2001). As noted above, the pattern of sexual violence seen among Aboriginal women is rooted in a history of colonization and the resulting loss of traditional cultures. Lindberg, Campeau and Campbell (2012) critique the oversight in Canadian judicial systems with regard to addressing the systemic exclusions and power imbalances experienced by Aboriginal women in daily life and within the justice system. They argue that justice institutions are neocolonial (i.e., continue the racism, sexism, and marginalization established during colonialism).

While violence against Aboriginal women must be situated within the context of colonization, Brownridge (2003) found that many of the same risk factors (e.g. common-law status, employment status of partner, etc.) that apply to non-Aboriginal women also

apply to Aboriginal women. For example, similar to non-Aboriginal populations, violence against Aboriginal women disproportionately affects younger women (Brennan, 2011). The exception is education-level, which does not appear to reduce the likelihood of violence among Aboriginal women.

The majority of violent incidents committed against Aboriginal women are not reported to police, underscoring the confluence of factors influencing Aboriginal women's access to justice services (Hyland, 2002). On the other side of the equation we see Aboriginal men disproportionately represented among perpetrators of sexual violence in comparison to non-Aboriginal men (an estimated 20-25% of those incarcerated for this crime are Aboriginal) (Hylton, 2002). However, incarcerated offenders represent a small proportion of actual offenders. It is likely that Aboriginal men are discriminated against in the justice system in the same way as Aboriginal women, although additional information is required to understand patterns of victimization and perpetration of sexual violence in Aboriginal communities (Hylton, 2002).

A number of factors are especially relevant to addressing violence against Aboriginal women, including community responses, Aboriginal leadership and self-governance, a continuum of supports for women, men and children, and a focus on holistic approaches and wellness (Native Women's Association of Canada, 2011).

Women with Disabilities

In 2012, 13.7% of the population of Canada reported being limited in their activities due to a disability (Statistics Canada, 2013). Despite this, there is sparse literature addressing elevated sexual violence among women with disabilities (Odette, 2012; Perreault, 2009). Using GSS data from 2004, Perreault (2009) found that violent victimization including sexual assault was two times higher for persons with physical activity limitations¹⁰. Other estimates suggest that women with disabilities experience physical and sexual violence at three to four times the rate of women who do not report disabilities (DisAbled Women's Network of Canada; Odette, 2012).

Like Aboriginal women, women with disabilities are more likely to experience multiple forms and instances of violence (Odette, 2012). According to the DisAbled Women's Network of Canada (DAWN), women with disabilities experience the same types of violence as other women, in addition to other abuses related specifically to their disability. Some of the factors affecting women with disabilities include increased difficulty leaving an abuser due to mobility or communication issues, higher rates of emotional abuse, and abuse by institutional caregivers and/or other residents (DAWN, 2014). Like other marginalized groups in Canada, women with disabilities face complex barriers in accessing police services and other supports (DAWN, 2014; Perreault, 2009) due to preconceived notions and misinformation on the part of police, dependency on inadequate social supports to access services and, for women with cognitive and intellectual disabilities, profound doubt of being seen as credible (Odette, 2012). Further,

¹⁰ Also found in 2009 as noted in Table 3.

women with disabilities are also more likely to have lower incomes compared to women without disabilities and so living independently, if physically possible, may be more difficult.

Overall, the available knowledge on sexual violence against women with disabilities is in its early stages and requires a more nuanced approach to address the heterogeneity of this population. Women with disabilities have varied experiences reflecting a vast range of physical, cognitive and intellectual, communicative, and other disabilities, and consequent living conditions and access to public resources. They are also represented by diverse ethnic and racial minority groups and disproportionately experience poverty; these intersectionalities can compound the discrimination and marginalization experienced (Odette, 2012).

An additional factor influencing the experiences of women with disabilities is the way their voices are devalued and desexualized (Curry et al., 2009; Odette, 2012; Plummer & Findley, 2012). It is common for people to believe that women with disabilities are asexual and this feeds into notions that they could not possibly be real targets of sexual violence. On the other hand, narratives that suggest women with disabilities lack agency and therefore crimes against them are particularly contemptible, can be overly disempowering (Odette, 2012). To date, much of the research on this issue has looked at sexual violence within intimate partner contexts, but more focus is required on the roles of support persons, health professionals and caregivers, as they may be both more likely to be perpetrators of violence and key sources of support in justice processes and in the longer term process of living with the effects of violence (Odette, 2012; Perreault, 2009).

Immigrant and Refugee Women

According to Statistics Canada (2013), 20.6% of the total Canadian population was foreign-born in 2011. In 2006, 20.3% of the Canadian female population was made up of immigrant women (Chui, 2011). Given these large numbers, sexual violence within immigrant and refugee communities is an important topic. Yet there are challenges in terms of accurately reporting the prevalence and the unique dimensions of sexual violence in these communities. For instance, GSS data on IPV among immigrant populations suggest rates are similar to the general Canadian population. However, the survey has not produced sufficient sample sizes to report the incidence and prevalence of sexual assault among immigrant and refugee women. Given what we know about differing cultural norms regarding talking about sexual (and other forms of) violence, as well as language barriers, it is likely that additional evidence is required that can take into account the complexity of immigrant experiences and identities. Much academic research suggests that immigrant and refugee women are more vulnerable to gender-based violence because of a lack of host-country language skills, isolation from family and community, lack of access to dignified jobs (e.g., those that reflect their skill-set and level of experience), uncertain legal status, as well as their experience with authorities in their country of origin (Brownridge & Halli, 2002; Hass, Dutton, & Orloff, 2000; Menjivar & Salcido, 2002; Raj & Silverman, 2003). Individual and group experiences of sexual violence will differ based on such variables as country of origin (e.g.,

regional/cultural expression of patriarchal ideologies that shape the treatment of women) and the context of arrival (e.g., forced versus voluntary migration; settlement in a rural versus urban location) (Menjívar & Salcido, 2002; Shirwadkar, 2004).

Research to date on immigrant and refugee women in Canada has tended to focus more broadly on the subject of domestic or IPV rather than sexual violence (see, for example, Menjívar & Salcido, 2002 and Shirwadkar, 2004). Research on IPV suggests that patriarchal values among some ethnic and cultural groups can lead to higher incidence of gender-based violence and a greater likelihood that the violence will not be reported as compared to the rest of the Canadian population. Other research points to how patriarchal norms associated with some immigrants' countries of origin can intersect with Canadian values and exacerbate issues around domestic violence (e.g., "honour-based violence") (Gupta et al., 2009). Yet there remains a lack of research that specifically examines the issue of sexual violence within these communities. One Canadian study that does speak to this issue looked at how immigrant women from lower-income countries (countries presumed to have greater gender inequities) are at a higher risk of domestic violence, which included acts of "sexual coercion" (Brownridge & Halli, 2002). This trend was explained by the idea that men from these countries may be more likely to engage in sexually "proprietary" behaviour than men from higher income countries. This kind of behaviour was closely associated with high female education: the more highly-educated these immigrant women were, the more likely men were to exhibit "sexually proprietary" behaviour (Brownridge & Halli, 2002). While important, research such as this study can be problematic as it tends to reinforce cultural stereotypes which can lead to the further marginalization of these groups, and women in particular. This can potentially act as a barrier to accessing social services when needed.

In addition, many immigrants and refugee women lack awareness of their rights and the sources of support available to them (Shirwadkar, 2004), creating further obstacles to accessing services. This may be especially true for new immigrants, women with precarious citizenship status, or those with no legal status; furthermore, those in Canada as refugees, on temporary work visas, or whose citizenship is pending, may not want to draw attention to themselves out of fear of deportation. Under these circumstances, women may not feel safe to report sexual violence if they feel it will jeopardize their relationships in Canada and/or their ability to stay in the country (Shirwadkar, 2004).

Lesbian and Bisexual Women

The term LGB refers to lesbian, gay, and bisexual people. The focus in this document is largely on lesbian and bisexual women as there is little empirical research considering the experiences of gender fluid people (i.e., those who do not conform to rigid sex and gender binaries), trans people (i.e., a person whose gender is different from their biological sex) or intersexed people (i.e., people who have both or indeterminate secondary sex characteristics). At the same time, there is also little research regarding LGB people, so it is difficult to confidently determine prevalence rates of sexual violence against them in Canada. For example, the 2009 GSS data set did not have a large enough LGB sample to report on the level of sexual victimization within this population. Data

from the 2004 GSS does, however, indicate that violent victimization, including sexual assault, is higher among lesbian and bisexual (LB) women than women who identify as heterosexual (Beauchamp, 2004). A recent review of the available academic literature highlights considerable variability in the reported prevalence rate. The best indicator of sexual violence over the lifetime was at a reported rate of 11.4% (Glass, Koziol-McLain, Campbell, & Block, 2004). As the authors discuss, 11.4% is significant and therefore sexual violence among sexual minorities is an important issue deserving of targeted public health, social service, and criminal justice attention (Glass et al., 2004). To date, little research speaks directly to the reasons why sexual violence occurs among women identifying as LGB. However, it is theorized that elevated rates of sexual violence may be linked to homophobia and heterosexism – i.e., the biases, beliefs and assumptions that opposite-sex sexuality and relationships are natural and superior to same-sex sexuality and relationships (Burke & Follingstad, 1999; Glass et al., 2004).

Similar to other vulnerable groups, most of the research done with LGB people focuses on IPV (Burke & Follingstad, 1999). It is estimated that rates of IPV are similar within LGB relationships as compared to non-LGB but that sexual violence specifically is relatively uncommon (Bradford, Ryan, & Rothblum, 1994 and Lie & Gentlewarrior, 1991). One reason why rates of sexual violence may be low within LGB relationships is that it is rarely reported for reasons related to popular beliefs about what sexual assault “looks” like (e.g., a woman can’t rape another women, or that rape can’t occur without a penis). This issue is compounded by fears that reporting this kind of violent incident will reinforce or lead to homophobic thinking. Such concerns have been theorized to create an atmosphere of disbelief, denial, shame, and minimizing about same-sex sexual assault, as well as compounded feelings of isolation and discrimination (Balsam & Szymanski, 2005; DuBois, 2012).

Women in the Sex Industry

Canadian legislation refers to those involved in the sex industry as “prostitutes” and the activity of selling and buying sexual services as “prostitution”. In this document the terms “sex workers” and “sex industry” are used because they are less stigmatizing, underscore the labour and economic implications of the activities involved, and challenge accounts that depict sex workers only as victims and not, depending on the social context, as active decision makers (McCarthy et al., 2012; Benoit, 2015). In addition, these terms are increasingly used by outreach agencies and self-identifying sex worker support groups. However, it can be acknowledged that the term sex worker does not inherently “imply a free choice by individuals...[M]ost paid work, including sex work, involves varying degrees of coercion, exploitation, resistance, and agency” (Sullivan 2010:87).

There are many presumed linkages between sexual violence and sex work, but there is little national or provincial/territorial data to confirm/refute this common assumption. Most research on sex workers focuses on women working at the street level. However, research suggests that in Canada those working on the street account for less than 20% of the entire sex industry (Benoit & Shaver, 2006). Within this section of the sex industry, Aboriginal women and workers who use substances are thought to be the

most vulnerable to harm, including sexual violence. As has been seen in Vancouver's Downtown Eastside, Aboriginal women are more likely to be affected by personal histories of trauma and neglect, drug problems and extreme poverty, as well as increased morbidity and mortality, in comparison to non-Aboriginal sex workers living and working in the same area (Lowman, 2000; Benoit et al., 2003; Shannon et al., 2008).

In comparison to street-based workers, women working in indoor contexts report less physical and sexual violence overall, have far lower homicide rates, and are better able to avoid harassment from police and residents due to their lack of visibility. Several studies have found that indoor sex workers experience less physical and sexual violence from buyers/clients, both in terms of intensity and frequency (O'Doherty, 2011; Bungay, Halpin, Atchison, & Johnston, 2011) given their ability to control and put in place safety protocols (Lowman & Fraser, 1996). Yet indoor workers are not free from sexual violence (Benoit & Millar, 2001), and certain groups of indoor workers are more vulnerable than others (Lewis, Maticka-Tyndale, Shaver, & Schramm, 2005). Immigrant women, for instance, can be more vulnerable because language barriers can make it difficult to negotiate with clients. They may also have few other prospects for employment, and their workplaces may be more likely to be targeted by police (Bungay et al., 2011). Temporary workers/illegal migrants/non-status women who are working in the sex industry face the additional threat of deportation in light of the recent law passed by the federal government that bans Canadian employers from hiring strippers, escorts and massage parlor workers from outside the country.

Even non-immigrants who work independently may not be able or willing to seek out help when they have experienced violence, due to their isolation and their fear of being arrested (Phillips & Benoit, 2005). In addition, while third parties such as agency owners, drivers and phone staff have been cited as a source of safety support in sex work environments, they also face legislative complications in terms of their ability to organize their workplaces to address health and safety concerns (Bruckert & Law, 2013). Differences regarding the risk of violence and other harms between indoor venues are associated with the legal and occupational contexts in which the work is performed (Benoit & Shaver, 2006; Shaver, Lewis, Maticka-Tyndale, 2011; McCarthy, Benoit, & Jansson, 2012).

Preliminary findings from the authors' research study, *Contexts of Vulnerabilities, Resiliencies and Care among People in the Sex Industry* (2011-2016), show differences in the health and safety of sex workers from diverse occupational contexts and confirm some of the research above (Benoit et al., 2014; for more details, see <http://www.understandingsexwork.com>). Compared to those who worked off-street, street-based workers reported a greater number of past-year incidents at work of being threatened with attack or being attacked, and being verbally abused or harassed (see also: Lewis et al, 2005; Jeffrey & MacDonald, 2006). Aboriginal female sex workers across work locations reported a higher number of past-year incidents of being threatened with attack or a weapon while working. Female sex workers belonging to a visible minority group reported a higher number of past-year incidents of verbal abuse and harassment, as well as unwanted sexual activity while working. Compared to female sex workers who have completed high school, those who have not completed high school reported a greater number of past-year incidents of being forced into unwanted sexual activity.

Sexual orientation and income did significantly determine the total number of incidents of sexual violence while working in the past year. These findings demonstrate how differences affecting the broader population of women in Canada are mirrored among women in the sex industry, but at the same time, are influenced by the additional burden of sex industry stereotypes and discrimination.

Young Women and Adolescents

It is widely acknowledged that sexual violence against young women and adolescents is a major concern in Canada and elsewhere. Media reports, in particular, focus on the perceived widespread sexual violence occurring on college campuses. National data bears witness to this phenomenon, indicating that girls and young women between the ages of 15-24 are the most likely victims of sexual violence. The 2009 GSS indicated that the rate of sexual assault against women aged 15 to 24 is almost double the rate for women aged 25 to 34, and more than 3.5 times the rate for women aged 35 to 44 and women aged 45 to 54 (Perreault, & Brennan, 2010). What makes violence against young women and adolescent girls a particularly pressing issue is that early experiences of violence have been shown to have long-term consequences on health and result in cumulative disadvantages (Carpenter, 2010). As just one example, researchers have highlighted how early sexual abuse can produce diverse outcomes for adults, including decisions around the number of sexual partners, which in turn is correlated with the incidence of sexually transmitted infections and cervical cancer (Browning & Laumann, 1997; Carpenter, 2010).

Young women may also be more vulnerable to sexual violence than older women because of certain lifestyle factors and circumstances. Young women, for example, tend to participate in more recreational activities and are more likely to find themselves in a wide variety of social situations in close proximity to many kinds of people, a factor that increases vulnerability to a variety of forms of criminal victimization, including sexual assault (Cass, 2007). In relation to this, young women tend to socialize and be in the company of young men, who are more likely to be perpetrators of sexual violence than men of any other age group, underscoring the demographic and developmental factors that influence victimization (Myhill & Allen, 2002). Surveys of college and university students in Canada and the United States indicate that approximately one-quarter of female students have experienced sexual assault or had someone attempt to sexually assault them, and 90% of these instances involved an offender known to the woman (DeKeseredy & Kelly, 1993; Fisher, Daigle, & Cullen, 2010). Substance use, in particular binge drinking, is higher among both younger women and men, and is rising among young women (Heatley, 2013). These patterns in alcohol consumption are linked to incidents of sexual violence and other forms of victimization and injuries; therefore policies that address the harms of alcohol among younger men and women also have positive implications for sexual violence reduction efforts (Heatley, 2013).

Although there is limited recent research on this topic, some work suggests that young women from marginalized racial, sexual and socio-economic groups are more likely to experience sexual violence (Wolfe & Chiodo, 2008). Yet more research needs to

be done to identify the specific sub-groups of young, Canadian women who are most vulnerable.

Francophone Women

The issue of sexual violence among Francophone women is an important one, considering the number of Canadians who speak French as their first language, and the potential barriers that could prevent them from accessing supports and services. According to 2011 Census data, there are 7.3 million Canadians whose first language is French; 7.9 million Canadians speak French at home on a regular basis. Within the province of Quebec¹¹, approximately 80% of people report that French is their first language. Outside Quebec, there are approximately 1,067,000 Francophones, with the majority living in Ontario and New Brunswick.

Canadian data do not indicate a disproportionately higher risk of sexual violence for Francophone women. Some data even suggests that violent victimization may be even lower among Francophone women compared to Anglophone women (Brownridge, 2002). At the same time, Francophone women encounter certain issues that need to be considered when designing sexual violence prevention and intervention supports. Despite the fact that French is an official language in Canada, most provincial and territorial priorities and action plans do not specifically consider the needs of Francophone women, except for Ontario, Quebec and Manitoba (Robitaille, 2013). As part of its Sexual Violence Action Plan (2011), the Ontario government consulted French-language service providers and survivors of sexual violence. Survivors of sexual violence mentioned that they experienced challenges in finding and accessing services in French and noted that being able to talk about their experience in their own language was an important part of their healing.

Sexual Violence and Online Environments

The issue of sexual violence against women and girls in online environments is emerging as a growing concern in Canada and elsewhere. To date the focus of research, surveillance, and intervention has been in the area of child pornography, given the obvious egregious harms. The online sexual assault of adolescent girls and young women through social media has also received front-page attention in the media, due to a number of recent high-profile cases. Yet there are no national statistics on the prevalence of this problem. The data that is available relates to cyberbullying, which is a closely

¹¹ While Quebec remains a “minority” within Canada, it has successfully defined itself as a nation, with a majority of Francophones (Cardinal & Cox, 2006). Outside of Quebec, Francophones constitute an official language minority. Acadians in the Atlantic provinces also define themselves as a nation, though it is not recognized officially. In New Brunswick, however, Francophones have obtained particular recognition of their equality with Anglophones through the 1982 Constitution Act, Article 16.1 (1), which stipulates that the English linguistic community and the French linguistic community have equality of status and equal rights and privileges, including the right to distinct educational institutions and such distinct cultural institutions as are necessary for the preservation and promotion of those communities.

related phenomenon that involves harming or harassing people in a deliberate or hostile manner through online forums. However, the term can obscure the sexual nature of the violence and the gravity of events (e.g., in those cases where online sexual victimization follows an in-person sexual assault). Regardless, recent data available on cyberbullying does give some idea of the scope of the problem: 7% of adults who use the Internet in Canada have reported being cyberbullied at some point in their life (Perrault, 2011).

One of the primary concerns about online environments and sexual violence is that technology may result in new opportunities for abusive behaviour to occur (Baker et al., 2013). The research brief, *Understanding Technology-Related Violence Against Women* describes some of the current most common forms of online victimization (Baker, Campbell, & Barreto, 2013). They focus on how new technologies allow for hacking, surveillance, impersonation, harassment/spamming, recruitment, and malicious distribution. Such activities might include a perpetrator logging into a person's social media account or accessing their phone to monitor their activities and communications. Another common strategy is to impersonate a person and post embarrassing, defamatory, or threatening information or images, often of a sexual nature. Perpetrators can also use technology to continuously contact, annoy, or threaten someone, or lure potential victims into a sexually violent situation in person (Baker et al., 2013).

Because of rapid advancements in technology, and problems around surveillance, tracking, and legal jurisdiction, some researchers believe it is difficult to address this kind of sexual violence in a systematic way (Baker et al., 2013; Visano, 2002). Others are more optimistic, highlighting how the Internet can make sexual violence that might otherwise occur in a hidden environment, more "visible" (Boyd, 2014). In this sense, online environments, as much as they demand new investigative techniques, also provide new opportunities for understanding and intervening in sexual violence (Boyd, 2014). There are similar polarizing opinions on whether online environments threaten women's sense of safety and security in new ways (i.e., concepts of "safe distance" and "safe place") (Baker et al., 2013). Contrary to the opinion that online environments have the potential to insert the fear, apprehension, and anxiety associated with sexual violence into expanding areas of women's lives (Baker et al., 2013), others suggest that sexual violence originates with *people* rather than technologies and the existence of Internet-based social interactions does not change this in any meaningful way (Boyd, 2014).

Despite cyberbullying statistics that indicate men and women are just as likely to report this problem, some suggest that sexual violence is just as gendered online as it is in the physical world, although more empirical research is needed to confirm these assertions (Baker et al., 2013). Similarly, while there has been concern that exposure to online pornography affects men's attitudes towards women, and may increase the likelihood of men sexually victimizing women; existing studies have not confirmed a relationship (Barak & Fisher, 1997; Barak, Fisher, Belfry, & Lashambe, 2008). The research on this subject appears to suggest that tendencies toward sexual aggression may precede both consumption of sexually violent online images and actual sexual aggression (Seto, Maric, & Howard, 2001). The debate surrounding these issues is a clear signal that more research is needed on this subject.

Consequences and Impacts of Experiencing Sexual Violence

Sexual violence results in a range of physical and mental health consequences for women with long-term effects on health (WHO, 2002). Compared to Canadian men who experience violence (McIntruff, 2013; Sinha, 2013), women who experience sexual violence are more likely to be physically injured, experience disruption in their daily lives and productivity, and more likely to fear for their lives (WHO, 2002; Sinha, 2013:9). Similar to the reactions of those who experienced other forms of violent crime reported to the GSS, victims of sexual assault reported feeling a multitude of emotions in response to a sexually violent assault; these include anger, confusion and frustration, shock and disbelief, and fear. Victims of sexual violence are also more likely than victims of other violent crimes to stay home at night and avoid people and places (Brennan & Taylor-Butts, 2008). Although many victims of sexual assault do not report these events to police, many turn to informal sources of support including, in order of frequency, friends, family and co-workers, and doctors and nurses (Brennan & Taylor-Butts, 2008; Ullman, Filipas, Townsend, & Starzynski, 2006).

Physical health concerns related to sexual violence may include: assault related injuries, sexually transmitted infections (STIs), unwanted pregnancy, pelvic pain, vaginal bleeding or infection, urinary tract infections, gynecological problems, gastrointestinal disorders, a range of chronic pain disorders, and short-term and long-term sexual health problems (The Source, 2013; WHO, 2002). Women who have experienced sexual assault use more health care services over the long term (The Source, 2013). For Aboriginal women in particular, sexual violence has been linked with rising rates of HIV/AIDS (Hawkins et al., 2009).

According to the 2004 GSS, most sexual assaults (93%) do not result in physical injury to the victim. This is particularly true for victims of sexual touching (96%) compared to sexual attack victims (78%) (Brennan & Taylor-Butts, 2008). Police-reported data similarly suggest that the majority of instances of sexual assault resulted in little or no physical injury. These findings suggest that the health effects of sexual violence may be primarily located in the mental and emotional realms; however, a large body of research shows that physical and mental health are inexorably linked (Shumka & Benoit, 2008; Benoit & Shumka, 2009). Mental health problems can contribute to the onset of physical health problems including those related to stress, substance use, and risk taking (Public Health Agency of Canada, 2012). Sexual violence can also negatively affect intimate, familial, peer and service provider relationships, resulting in a reduction of social support and increased isolation. Women who experience negative reactions and discrimination from health professionals and police have a harder time engaging in recovery supports and experience more negative mental health symptoms (DuBois, 2012). Sexual violence experienced by Aboriginal women has been correlated with higher incidence of homelessness, self-harming behaviour, attempted suicide and suicide, as well as mental health issues (Cedar Project Partnership, 2008). LGB women who have experienced sexual violence report sleep disorders, depression, loss of self-esteem, fear of

intimacy, eating problems, Post Traumatic Stress Disorder, and a range of other factors affecting daily experience (Chivers-Wilson, 2006; Government of Newfoundland and Labrador, 2014). Problematic substance use and substance dependence has been linked to a history of violence, including sexual violence, among women (The Source, 2013). Further, victims of sexual violence experience stigma and sometimes ostracism from friends and family members (WHO, 2002).

Life course research underscores the need to better understand the long-term health implications of sexual violence, particularly among younger women and adolescents, who are most likely to experience this kind of violence and may experience a range of evolving health effects over their lives. For some women, experiences of sexual violence as an adult may occur in addition to exposure to sexual violence as a child or adolescent; additional research is required on the health support needs of women who experience multiple forms of victimization over the life course. Further, the health implications of sexual violence occur within the context of previous life experiences and existing health concerns and, thus, the health effects of sexual violence must be situated within the broader context of personal and population-based determinants of health.

On a more systemic level, the economic costs of sexual violence are not well known. However, given the prevalence of sexual violence among Canadian women described above, and the long-term nature of physical and mental health effects, the public health burden is likely significant. Using a methodology developed to measure the cost of intimate partner violence, the direct costs of sexual assault in Canada are roughly estimated to be more than \$546 million a year (McInturff, 2013). This estimate is conservative, as it is based on police-reported incidents and estimates based on police, court, health care, social service costs and personal and productivity losses. If pain and suffering are included the toll rises to \$1.9 billion (McInturff, 2013). The health impact of sexual violence is not limited to women who experience sexual assault, as the threat of sexual violence combined with social norms and cultural values regarding women's sexuality, function together to limit the experiences and activities of all women.

Policy, Prevention and Intervention Responses to Sexual Violence Against Women in Canada

Although the overarching goal of this brief is to survey what is known about sexual violence against women in Canada, the information in this section has been compiled in order to raise awareness about related prevention and intervention approaches to address sexual violence. Over the last 40 years, increasing attention has been paid to this issue globally, and there has been a corresponding increase in the number of national policies focused on sexual violence, public education initiatives, and services and resources. This section includes information about best practices and promising trends in sexual violence policies (both internationally and in Canada), as well as public education campaigns, and community-based services.

Best Practices in Sexual Violence Policy – An International Perspective

The Sexual Violence Research Initiative (SVRI) and the WHO and the London School of Hygiene and Tropical Medicine (LSHTM) have identified the following best practices concerning policies addressing sexual violence (Loots, Dartnall & Jewkes, 2011; WHO & LSTHM, 2010):

- Policies should be informed by the best available evidence. This includes data on the nature and extent of sexual violence so that policies and practices are relevant and effective in specific contexts. Policies should be comprehensive. They should primarily focus on preventing sexual violence before it occurs by focusing on root causes, including gender inequality at all societal levels, but should also address the needs of survivors in both the short- and long-term.
- Effective policies address sexual violence as a specific issue but do so within the broader context of gender-based violence.
- Policies should adopt a multi-sectoral approach, with ongoing collaboration and input from key response sectors (including governmental departments and agencies, communities, and non-governmental organizations).
- Detailed action plans should be included in policies to ensure effective delivery of identified programs. This includes defined roles and responsibilities of partners, planned communication and community engagement, as well as detailed goals, timeframes, and budgets.
- Policies should incorporate monitoring and evaluating plans in order to assess whether a program is implemented as planned, has the intended outcomes, and is cost-effective.

In a systematic review of sexual violence policies in 192 countries around the world, the SVRI (Loots et al., 2011) identified six countries that have developed notable national sexual violence policies that include most or all of the above promising practices: Ireland, Australia, Belize, Finland, United Kingdom and South Africa. The national policies of two of these countries, Ireland and Australia, are discussed below.

The SVRI highlights Ireland's *National Strategy on Domestic, Sexual and Gender-Based Violence* (2010-2014) as one of the most comprehensive examples of a national policy incorporating international best practices. This strategy addresses sexual violence specifically, as well as the broader issue of gender-based violence. The Irish strategy is informed by evidence on the nature and extent of sexual violence in the country, and has a strong emphasis on prevention of sexual violence, while also prioritizing enhanced services for survivors. Detailed action plans are outlined, including specific activities for meeting goals, the roles of agencies involved, progress indicators, and training needs. The strategy also includes plans for monitoring and evaluation to ensure effective program implementation and development over the long term.

Australia's national policy, *A Time for Action: The National Council's Plan for Australia to Reduce Violence Against Women and their Children* (2009-2021), is a plan developed with input from over 2000 individuals, including experts, survivors, government and non-government organizations. This plan addresses all forms of violence against women and children, but details specific plans of action to address sexual violence. The policy primarily invests in evidence-based prevention initiatives, including those that encourage men and boys to take a role in ending violence and promoting non-violent expressions of masculinity. Twenty specific actions are identified in this policy for preventing violence and strengthening and coordinating services for diverse groups of women, including Aboriginal women and women who live in isolated areas. There is also a plan in place for monitoring and evaluating the actions as they are implemented.

Sexual Violence Policies in the Canadian Context

While Canada does not currently have a national sexual violence policy, five provinces (Ontario, New Brunswick, Nova Scotia, Manitoba, and Quebec) have province-wide policies and/or action plans which specifically address sexual violence through prevention efforts and/or enhanced supports and services for survivors.

Ontario

In 2011, the Ontario Government introduced *Changing Attitudes, Changing Lives: Ontario's Sexual Violence Action Plan* (Government of Ontario, 2011, 2013). This initiative was developed by the Ontario Women's Directorate in consultation with survivors, service providers and experts in the health, education and justice sectors. This action plan has resulted in significant progress towards enhancing prevention and support for women in the province who have experienced sexual violence, including minority populations such as Aboriginal women, older adults, women with language barriers and women with disabilities. On the one hand, the action plan has informed development and implementation of innovative province-wide public education campaigns. It has also provided evidence-based training programs for service providers and professionals in the health, education and justice sectors. Finally, it has enhanced financial support for sexual violence services to ensure that women who have experienced sexual violence have

access to a wide-range of effective supports. The plan includes a special focus on Francophone women to address their specific needs.

New Brunswick

The Government of New Brunswick's Provincial Strategy on Sexual Assault Services (2010-2016) uses a grassroots approach to effectively identify community needs and develop prevention and service responses to sexual violence (Government of New Brunswick, 2010). This provincial strategy involves ongoing dialogue and collaboration between provincial staff and a diverse network of frontline service providers, survivors of sexual violence and community organizations focused on responses to and prevention of sexual violence. The central goals of the Strategy are to: 1) provide enhanced, coordinated supports and services for survivors of sexual violence; 2) implement public education programs to address misconceptions about sexual violence and raise awareness of effective responses; and 3) develop policy recommendations, training initiatives and protocols to more effectively respond to sexual assault.

Nova Scotia

In 2014, the Nova Scotia Government committed to the development of a multi-year Sexual Violence Strategy with a funding commitment of \$6 million over 3 years (Government of Nova Scotia, 2014). Currently in the development phase, the provincial strategy will undertake a collaborative approach that seeks to enhance prevention efforts and improve services and supports to survivors of sexual violence.

Manitoba

In 2011, the Manitoba Government passed legislation making the month of April Sexual Assault Awareness Month, which was commemorated for the first time in April 2012. Manitoba's Multi-year Domestic Violence Strategy, launched in 2012, includes a commitment to develop a sexual assault strategy. As part of Sexual Assault Awareness Month, the Government of Manitoba organizes a series of events designed to raise public awareness, stimulate dialogue and identify next steps toward the development of its sexual assault strategy.

In December 2013, Winnipeg was selected as the first city in Canada to join the UN Global Safe Cities Initiative to reduce sexual violence against women and girls. The goal of the Safe Cities initiative is to generate innovative approaches to preventing and reducing violence, particularly sexual violence against women and girls in urban public spaces, enabling women and girls to move more freely and safely, and to exercise their right to enjoy their cities.

Quebec

Quebec's Action Plan on Sexual Assault 2008-2013 (Gouvernement du Québec, 2008) aims to prevent and intervene in sexual assault against women taking into consideration cultural communities, Aboriginal women, women with functional limitations and older women. This provincial plan is focused on the impact of social

determinants of health, including domestic and sexual violence, on women's health and well-being in order to better address disparities. The Governmental Action Plan on Domestic Violence (Gouvernement du Québec, 2012) also speaks to sexual violence.

Public Education Campaigns in the Canadian Context

Over the last 40 years, there have been an increasing number of public education campaigns in Canada that aim to prevent sexual violence. Public education campaigns play a critical role, not only in raising awareness of sexual violence, but also in preventing sexual violence by “changing societal norms, organizational practices, community attitudes and behaviours of potential offenders” (Haskell, 2011). These campaigns are most effective when they incorporate the following best practices: 1) frame sexual violence within the context of gender inequality; 2) promote positive behaviour changes; 3) advance social norms that promote gender equality; 4) offer intensive interactive learning opportunities over time with reinforcing messages; 5) present engaging messages that are relevant to the intended audience; 6) have messengers who are trusted and seen as knowledgeable by the intended audience; and 7) engage all relevant community members, including boys, men and bystanders (Berkowitz, 2004; Haskell, 2011).

Engaging all relevant community members including boys, men and bystanders has been one of the most promising trends in recent public education campaigns against sexual violence (Flood, 2011; Haskell, 2011). This approach grew out of critique of traditional public education campaigns that educate women about how to keep safe from the threat of sexual violence (Carmody, 2009). Such campaigns have been critiqued as: 1) victim-blaming for placing responsibility for prevention solely on the primary targets of sexual violence; and 2) being ineffective in reducing sexual violence (Carmody, 2009; Flood, 2011). As a result, more recent sexual violence preventive efforts have instead focused on empowering women to speak out against sexual violence, and have emphasized the critical role of men and community members in preventing sexual violence (Minerson, Carolo, Dinner, & Jones, 2011).

Below are some of the most notable public education campaigns in Canada that incorporate some or many of the above best practices. These campaigns have been developed and implemented by a variety of agencies or groups, and target three main audiences: 1) women; 2) men and boys, and 3) the wider community, including potential bystanders who may intervene or prevent sexual violence from occurring.

There are a number of initiatives in Canada that aim to engage and empower women, to raise awareness, and to prevent sexual violence. A notable example is *Take Back the Night* (also known as *Reclaim the Night*), an internationally held annual march and rally intended as a protest and direct action against sexual violence against women (Take Back the Night, 2013). The first march in Canada was held in 1978, and it has continued to take place each year on the third Friday of September. The event began as a way to protest the victim-blaming associated with messages urging women to protect themselves from sexual violence by restricting their behaviour (e.g., not going out alone

at night), but has since grown to encompass the larger goals of raising awareness and preventing sexual violence.

Another initiative that focuses on women is the Fredericton Sexual Assault Crisis Centre's *Empowerment Project*, a self-protection and assertiveness program for women and girls (Fredericton Sexual Assault Crisis Centre, 2014). The program emphasizes the need for larger societal changes to eliminate sexual violence, and aims to help girls and women feel safer until these changes take place. Finally, in 2011 an organization/activist movement emerged called *SlutWalk*. It was founded in response to a comment made by a Toronto Police representative that: "women should avoid dressing like sluts in order to not be victimized" (SlutWalk, 2012). The organization draws attention to victim blaming and "slut shaming" and how gendered and sexist ideas about women undermine women's safety from sexual violence as well as their equality as women in Canada.

There are a growing number of sexual violence education campaigns that specifically target and engage men and boys. Many of these campaigns acknowledge that, while men are the most common perpetrators of sexual violence against women, the majority of men do not engage in violence against women and are needed as allies to help change the culture and environment that allows other men to commit sexually violent acts. These campaigns also emphasize that men's use of violence is generally a learned behaviour that is rooted in the ways they are socialized (Flood, 2011). These initiatives therefore aim to prevent sexual violence by changing men and boys' attitudes and beliefs about sexuality and gender relations. The White Ribbon Campaign and Le Centre Ontarien de Prevention have implemented an online social media campaign, *It Starts With You, It Stays With Him/ Ça Commence Avec Toi, Ça Reste Avec Lui*. This campaign provides information and tools to men to be positive role models and educate young men and boys to "achieve consent, set boundaries, value people of all genders and use respectful communication in all of their relationships" (It Starts With You, 2011). *Kizhaay Anishinaabe Niin: I Am A Kind Man* is a community reintegration project implemented by The Ontario Federation of Indian Friendship Centres (I Am A Kind Man, 2012). The project encourages Aboriginal men to speak out and prevent violence against Aboriginal women, and to foster healthy interpersonal relationships. The Manitoba government developed the *Aboriginal Men's Anti-Violence* poster campaign with several Aboriginal community agencies in 2013. The men featured in the campaign challenge other Aboriginal men to join the fight to end violence against Aboriginal women and girls and to advocate for change by honouring traditional cultural mores and respecting the rights of women and girls.

Don't Be That Guy (The Violence Stops Here, 2013) is a visual behavioural marketing campaign that was developed in 2010 by community collaboration in Edmonton called SAVE (Sexual Assault Voices of Edmonton). SAVE has been so successful it has since spread to other cities across Canada. This campaign uses intentionally graphic posters to send visual messages to men that sex without ongoing, informed consent is sexual assault. In addition, *Be More Than a Bystander* (BC Lions, 2014) is a partnership launched in 2011 between the BC Lions and the Ending Violence Association of BC (EVA BC). Modeled after the *Be More Than a Bystander* campaign, the Manitoba government partnered with the Winnipeg Blue Bombers and launched the *Break the Silence on Violence against Women* campaign in 2012. The purpose of these

initiatives has been to provide the public, but especially youth, with the language and tools to think and communicate about sexual violence against women. By placing high-profile male sports role models at the centre of this campaign, there is a focus on men's solidarity with women on this topic. This approach promises to be effective at targeting those populations where misconceptions about violence against women may be most prominent.

Another recent trend in sexual violence education campaigns is to focus on the role of potential bystanders — individuals who are neither victims nor perpetrators of sexual violence, but who could potentially intervene before, during or after acts of sexual violence (Haskell, 2011). The overall goal of these initiatives is to change social norms by educating and encouraging people to “detect risky situations in social contexts, challenge sexist attitudes and behaviours, and intervene and provide support to a woman at risk or in danger of experiencing sexual violence” (Haskell, 2011). Evaluations of a number of bystander programs have demonstrated their success in raising awareness and changing attitudes about sexual violence as well as increasing bystander efficacy (Gibbons, 2013). As a result, these programs have been developed for numerous contexts, particularly college and university campuses. One such program is the *Bringing in the Bystander* student-training program, which was developed by at the University of New Hampshire and introduced in 2010 at the University of Windsor in Ontario (University of Windsor, 2011). This program encourages students to speak out against social norms that promote sexual violence and teaches them how to recognize and effectively intervene in situations that could lead to sexual violence. Another notable bystander initiative is the *Draw the Line / Traçons-les-limites* campaign (Draw the Line, 2012). This interactive, bilingual multimedia campaign was implemented by Action ontarienne contre la violence faite aux femmes and the Ontario Coalition of Rape Crisis Centres in 2012. The campaign uses social media to engage people in dialogue about hypothetical situations of sexual violence against women and girls and provide them with information on how to safely and effectively intervene (Action ontarienne contre la violence faite aux femmes and the Ontario Coalition of Rape Crisis Centres, 2012).

Best Practices in Intervention Efforts in the Canadian Context

When women in Canada experience sexual violence, there is a variety of specialized support services and resources available to them. Such services are typically offered by healthcare, legal and sexual assault service professionals (See Appendix 2). There are several key emerging best practices in providing these services, including: 1) collaboration between healthcare, legal, sexual assault service professionals, and other community organizations and resources; 2) trauma-informed approaches, and 3) supporting diverse groups of women.

First, there is growing recognition that effective responses to sexual violence require coordination and collaboration between police and healthcare professionals, sexual assault service professionals and other community organizations to ensure that women who experience sexual violence receive responsive medical and legal assistance, as well as emotional and therapeutic support in both the short and long term, regardless of

where they enter the support system (Nugent-Borakove et al., 2006). One example of this approach is the collaboration between Edmonton Police Service and local community-based organizations, including the Sexual Assault Centre of Edmonton, to increase reporting of sexual violence to police, minimize further trauma to survivors of sexual violence, ensure that their mental health concerns are addressed, and enhance investigative procedures so the perpetrator of sexual violence can be prosecuted in a timely and efficient manner. In Vancouver and Victoria, British Columbia, police are dedicating resources to partnerships with sex worker service agencies to improve sex workers' access to police services.

Another promising trend is the adoption of a trauma-informed approach by professionals when providing services to women who have experienced sexual violence. Trauma-informed services incorporate an understanding of the impact of sexual violence on a woman's life, and in the development of all aspects of service delivery. These services emphasize trust and collaboration between survivors and professionals and prioritize the safety, choice and control of survivors to minimize re-victimization and facilitate recovery and empowerment (BC Centre for Excellence for Women's Health, 2013).

Last, there are a growing number of services for diverse groups of women, including Aboriginal women, Francophone women, trans women, women involved in the sex industry, women with mental illness or addictions, women from diverse racial and cultural communities, women with disabilities, and homeless women. For example, the Ontario Native Friendship Centres' *Aboriginal Sexual Violence Action Plan* includes enhanced culturally based healing programs and community services for Aboriginal women who experience sexual violence. Additionally, the Ontario Women's Directorate's Language Interpreter Services (LIS) program supports the delivery of interpreter services to survivors of sexual violence who have limited English or French language skills, or are deaf, orally deaf, deafened or hard of hearing.

Concluding Remarks

While Canada has made concerted efforts to understand, address and prevent domestic and intimate partner violence (Hylton, 2002), the issue of sexual violence has not received the same attention and resources. In addition to the need to build on and learn from the best practices outlined above, there are some other areas where more work and information is needed to inform future efforts of governments, academics and service providers.

For one, additional information and evidence is needed to better understand the nature and extent of sexual violence in Canada, including the risk factors and consequences of sexual violence for vulnerable groups of women. Both national and provincial data, as well as academic research building on and exploring these trends, is needed to reveal the distinctions, similarities and interactions between people based on age and other intersecting identity factors. At the same time, there are still challenges with the police and criminal justice response to sexual violence. As the Honorable Claire L'Heureux-Dubé (2012) recently noted, “more remains to be done to remove the myths and stereotypes about women that still impregnate the minds as well as the practices of lawyers and judges and other members of Canadian society.” Sexist assumptions, racial and other biases persist throughout Canadian society, including in the judicial system. These prejudices have tended to “impose harsh and unnecessary burdens on complainants in prosecutions of sexual offences” (L'Heureux-Dubé, 2012).

The gendered and sexist assumptions that inform public perception, as well as police investigations and judicial processing, greatly impact vulnerable populations that encounter multiple and intersecting biases as they navigate the legal system. While there have been some improvements in the handling of sexual violence during investigations and court proceedings, the predominant message from sexual violence experts is that little has changed in Canada's judicial response to this issue (DuBois, 2012; Johnson, 2012; Sheehy, 2012). Related to this, focused efforts are needed to counter common misconceptions and myths about sexual violence that circulate throughout popular culture. These have been shown to legitimize ideas that sexual violence is “natural” or “inevitable” in the lives of women. Efforts to counter these popular biases need to continue to engage directly with boys and young men, focus on positive messages and healthy relationships and behaviours, and be reinforced through consistent and ongoing education.

Appendices

Appendix 1: Data Tables

Table 1: Police-Reported Sexual Offences, 2011: Sex Comparison

Offense	Female	Rate Per 100,000	Male	Rate Per 100,000
Total	14209	99	1305	9
Aggravated sexual assault 3	97	1	17	0
Sexual assault with a weapon 2	289	2	44	0
Sexual assault 1	12,879	90	1110	8
Other sexual offences	944	7	134	1

(Sinha, 2013). This table excludes cases where age and/or sex of the victim are unknown.

Table 2: Police-Reported Sexual Offences, 2012: Provincial Comparison, Females and Males Combined

Rate (Per 100,000)	Number	Rate Per 100,000	Change Since 2011
Canada	21,921	63	-1
Newfoundland and Labrador	371	72	15
Prince Edward Island	74	51	0
Nova Scotia	668	70	-5
New Brunswick	498	66	-10
Quebec	3985	49	4
Ontario	7979	59	1
Manitoba	1460	115	-1
Saskatchewan	1042	96	-12
Alberta	2828	73	-2

British Columbia	2594	56	-6
Yukon	77	213	18
Northwest Territories Nunavut	176	406	-2
Nunavut	179	531	-9

(Perreault, 2013)

Table 3: General Social Survey 2009: Sexual Assault by Age and Sex

Characteristics	Sexual Victimization	
	Number (thousands)	Rate ¹
Female [†]	472	34
Male	204 ^E	15 ^{E*}
Other Characteristics (females and males combined)		
Age		
15 to 24 [†]	307	69
25 to 34	161 ^E	35 ^{E*}
35 to 44	92 ^E	19 ^{E*}
45 to 54	96 ^E	18 ^{E*}
55 to 64	F	F
65 and over	F	F
Marital Status		
Married [†]	131 ^E	9 ^E
Common-law	82 ^E	26 ^{E*}
Single	385	54 [*]
Widowed	F	F
Separated/divorced	74 ^E	40 ^{E*}

Household Income		
Less than \$20,000 [†]	41	29 ^E
\$20,000 to \$39,999	85 ^E	26 ^E
\$40,000 to \$59,999	83 ^E	22 ^E
\$60,000 to \$99,999	138 ^E	22 ^E
\$100,000 or more	220 ^E	31 ^E
Aboriginal Identity		
Aboriginal people [†]	63 ^E	71 ^E
Non-Aboriginal people	612	23 [*]
Immigrant Status		
Immigrant [†]	F	F
Non-immigrant	598	27
Visible Minority		
Visible minority [†]	F	F
Non-visible minority	604	25
Sexual Orientation²		
Heterosexual [†]	509	20
Homosexual	F	F
Activity Limitations		
Limited in activities [†]	229	27
No limitation	445	24
<p>† Reference category * Significantly different from reference category (p < 0.05)¹. Rates are calculated per 1,000 population age 15 years and older. 2. Data for those who self-identified as bisexual have been suppressed due to the unreliability of the estimates.</p>		

E. Use with caution.

F. Too unreliable to be published.

Note: Excludes responses of "Don't know" and "Not stated". Excludes data from the Northwest Territories, Yukon and Nunavut, which will be published at a later date.

Source: Statistics Canada, General Social Survey, 2009.

(Perreault and Brennan, 2010)

Table 4: General Social Survey 2009: Rate of Self-Report Sexual Assault Of Females by Region

	Rate Per 1,000
Canada	34
Atlantic Provinces (NL, NB, PEI, NS)	24
Central (QC ON)	26
Midwest (MB, SK.)	38
Western (AB, BC)	57

(Sinha, 2013)

Table 5: GSS Self-Report Sexual Assault of Females

	Number in Thousands	Rate Per 1,000
1999	502	33
2004	546	35
2009	677	34

(Sinha, 2013)

Table 6: Police-Report Sexual Assault of Females 2009-2011

Year	Rate Per 100,000
2009	86
2010	92
2011	92

(Sinha, 2013)

Appendix 2: Additional Information on Best Practices in Intervention Efforts in the Canadian Context

Services and Supports for Survivors of Sexual Violence

When a woman in Canada experiences sexual violence, there is a variety of specialized support services available to her that are typically offered by healthcare, legal and sexual assault service professionals, depending on her place of residence (i.e., urban vs. rural or remote locations). Effective responses to sexual violence require coordination and collaboration among these professionals to ensure that women who experience sexual violence receive responsive medical and legal assistance, as well as emotional and therapeutic support in both the short and long term (Nugent-Borakove et al., 2006). There is also growing recognition among professionals of the importance of adopting a trauma-informed approach when providing services to women who have experienced sexual violence. Trauma-informed services incorporate an understanding of the impact of sexual violence on a woman's life and development in all aspects of service delivery. These services emphasize trust and collaboration between survivors and professionals and prioritize the safety, choice and control of survivors to minimize re-victimization and facilitate recovery and empowerment (BC Centre for Excellence for Women's Health, 2013).

Healthcare Professionals

After experiencing sexual violence, a woman may seek healthcare services at a hospital, sexual assault treatment centre, or other community clinics or organizations. Many of these healthcare options offer specialized professional support focused on sexual violence treatment, including Sexual Assault Nurse Examiners (SANEs) and/or Sexual Assault Response Teams (SARTs), which consist of a team of nurses (and sometimes a physician) who treat women who report experiencing sexual violence. When seeking healthcare after experiencing sexual violence, a woman has the right to consent or not consent to the following supports and services: 1) emotional support (including counselling by trained staff, nurses, physicians, social workers or through referrals to a sexual assault centre or other community organization); 2) medical examination for the effects of sexual assault (including treatment and follow-up for sexually transmitted infections (STI), transmittable diseases, such as HIV and Hepatitis B, and pregnancy); 3) medical-legal examination, a physical examination to collect and document medical evidence using a sexual assault examination kit for the purpose of assisting police in apprehending and/or prosecuting the perpetrator; 4) release of the results of the medical-legal examination to the police, or alternatively, storing collected evidence at the healthcare facility if they are uncertain about whether or not to involve the police (Ontario Hospital Association, 2012).

Police

Police also play a critical role in responding to allegations of sexual violence. Best practices for police are to “ensure that a thorough, unbiased, and professional investigation is conducted” (Alberta Justice & Solicitor General, 2013). This involves working collaboratively with healthcare professionals and community agencies to minimize further trauma, ensure that survivors’ mental health concerns are addressed, and move forward prosecution of the perpetrator of sexual violence in a timely and efficient manner (if requested by the survivor). Although there has been criticism levied against police in terms of their effectiveness in these areas, in many jurisdictions we see police collaborating with community-based agencies to increase reporting of sexual violence. Such is the case in Victoria, British Columbia, where the Special Victims Unit has collaborated with Prostitutes Empowerment Education & Recovery Society (PEERS), Victoria, to encourage women working in the sex industry to report sexual assault and other crimes. They have invested considerable resources building relationships in the community to facilitate this kind of reporting, and they have implemented procedures to ensure cases move expeditiously through the investigative and judicial process.

Sexual Assault Service Professionals

Sexual assault centres and other specialized community organizations across Canada provide critical emergency and follow-up services for survivors of sexual violence, although they only exist in large urban centres. These centres adopt a client-centred and trauma-informed approach that is sensitive to the individual needs of survivors, and adapt their services to meet the needs of diverse communities. Sexual assault centres offer free, confidential specialized sexual violence services, including crisis and longer-term counselling, both in person and through 24-hour crisis or support lines; hospital, court and police accompaniment and support; assistance with legal proceedings and healthcare treatment; support groups; information and referrals to other community agencies; and, support for families and close friends of survivors. Professionals who work in specialized sexual assault services are trained to understand the myths and realities of sexual violence, the short- and long-term impacts of sexual violence and the most effective interventions to support survivors to address trauma and promote long-term healing (BC Minister of Public Safety, 2007). At the same time, there has been some criticism that these kinds of supports are not accessible to all women, especially trans women.

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