CENTRE FOR INNOVATION IN
CAMPUS MENTAL HEALTH

**Canadian Mental
Health Association**
Ontario

Sexual Violence
Response on Campus:

A Toolkit

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Introduction to Sexual Violence

This toolkit aims to provide campus stakeholders with the information necessary to improve or develop their sexual violence response programming, as well as to best support students who have experienced some form of sexual violence. It is important to note that the majority of the data presented in this toolkit comes from the United States, which highlights the value of gathering Canadian data on sexual violence in the future. For articles on campus sexual violence from Ontario, see the section of this toolkit on our website titled Ontario Campus Sexual Violence Research.

Defining Sexual Violence

Sexual violence is an umbrella term for any sexual act or acts targeting a person's sexuality, gender identity or gender expression, whether the act is physical or psychological in nature. These acts can be committed, threatened or attempted against a person without the person's consent, and include sexual assault, sexual harassment, stalking, indecent exposure, voyeurism and sexual exploitation.

Sexual violence can be experienced by anyone regardless of their gender identity or sexual orientation. However, it is important to understand that sexual violence affects different communities and individuals in various ways based on the identities they hold within society. Approximately 1 in 3 Canadian women will experience sexual violence in their lifetime, but due to the intersection of sexism and racism, some individual groups are 3 times more likely to experience violence. Women who experience high rates of sexual violence include immigrants, visible minorities, sex workers, trans women, women with disabilities, and First Nations, Inuit, and Metis women.

The physical locations in which sexual violence can happen are infinite. However, due to the systemic and societal nature of sexual assault, there are places where one may be at a higher risk of experiencing sexual violence. For example, a significant amount of sexual assault occurs across university and college campuses, oftentimes in residence buildings or fraternity houses. According to Statistics Canada, 71% of students at Canadian post-secondary schools either witnessed or experienced unwanted sexualized behaviours in 2019. Despite the common narrative that sexual violence is random and happens in dark, isolated, and unpopulated areas, evidence demonstrates that this is rarely the case. In Canada, the vast majority of assaults (over 80%) are perpetrated by someone known to the survivor and commonly occur in locations that are familiar to the survivor, such as their home or place of employment.

A significant amount of sexual violence can and does occur in public and online spheres. Evidence demonstrates that 45% of people have experienced inappropriate and unwanted sexual behaviour in a public space on at least one occasion. While 32% of people reported experiencing inappropriate and unwanted sexual behaviour in digital forms, such as cyberstalking, cyber harassment and revenge porn. Sexually violent behaviour can occur in various places and in numerous forms. All experiences of sexually violent behaviour are valid and serious, and all survivors deserve support and empathy.

There does appear to be an effect of time of year as well as year of study on the prevalence of sexual violence on campus. Research in the United States has shown that first-year women are at higher risk for unwanted sexual contact than second-year women, particularly early in the fall semester. This is often referred to as the "red zone" of sexual violence in the research. Previous research has highlighted the role of parties in the increased risk of sexual violence for first-year students, but more recent evidence, also from the United States, found that this red zone effect exists regardless of whether there were parties, suggesting that the red zone cannot be attributed to partying but likely to more generalizable factors.

Language

Within this text you will see the term "sexual assault" and "sexual violence" used interchangeably. These terms are meant to convey any and all unwanted sexual activity, contact, or content that exists within a continuum of violence. Sexual violence is often lumped in with the term "gendered violence" due to the high rates of female victimization and the nature of sexual violence which occurs across gender lines. Therefore, much of the literature focuses exclusively on heterosexual female victimization. However, it is essential to acknowledge that this is not the only form in which violence and victimization occur. Although some of the language in this toolkit will reflect a gender binary, it is not intended to support or perpetuate this arbitrary binary. The restriction of the male/female binary is reflective of the overall literature of sexual violence research rather than the lived reality of sexual violence.

Further, the use of the term victim has generally been replaced with the word survivor to dispel stereotypical perspectives of sexual violence framing victims as helpless and lacking autonomy. However, much of the language used around discussions of sexual violence is heavily debated and in contention. This is, in part, due to the complexities of individual identity following sexual violence. However, there is significant discussion around the creation of further binaries within survivor/victim narratives and their potential harm. Due to this, the language used in this text is not meant to be comprehensive of these larger nuances and considerations. Instead, it is designed to be accessible and utilize the most commonly used terms and language surrounding discussions of sexual violence.

Prevalence of Sexual Violence

Sexual assault is a difficult crime on which to collect empirical data due to the complex nature of sexually violent crimes. Most Canadian statistics are based on police-reported and self-reported data. However, accurate statistics can be difficult to obtain for various reasons. Due to the culture of shame and stigma surrounding sexual violence, many survivors choose to never formally report their experiences. Additionally, due to the problematic narratives which frame sexual violence according to a specific and limited definition, many survivors do not identify their experiences as being sexually violent initially, or at all. Survivors may also find the experience of formal reporting traumatic and retriggering due to the nature of institutional perceptions of sexual violence. Evidence suggests that fear of repercussions, fear of judgment, a lack of faith in the justice system, self-blame and feelings of responsibility, and fear of having to testify in a formal setting such as a courtroom act as significant deterrents to formal reporting for survivors of violence.

Statistics Canada has two main sources of information when it comes to sexual violence statistics. One is the Incident-based Uniform Crime Reporting (UCR) Survey which is for police-reported data, while the General Social Survey (GSS) on Canadians' Safety (Victimization) is for self-reported data. Though additional research has been conducted within a Canadian context in pockets, Statistics Canada has the largest data pool available on sexual violence research.
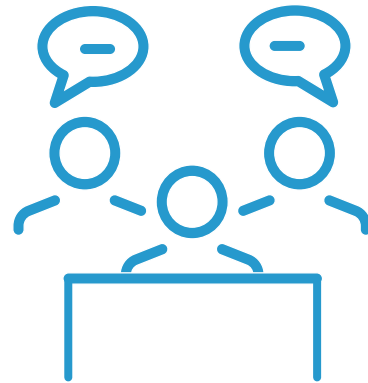
Police-reported Data:

Police-reported data is a specific data set that only includes sexual assault cases that have been reported to the police and that have been ruled as being "founded". Which cases are classified as "founded" and which are classified as "unfounded" are largely up to individual officers' discretion. There are significant gaps in our current understanding of "unfounded cases" as they are not tracked in any official capacity. Reliance on police-reported data to examine rates of sexual violence tends to create inconsistencies due to the high number of assaults that go unreported formally to the police.

Though police-reported data is limited and incomplete, it does provide important insights into the realities of sexual violence. Results from the UCR Survey have demonstrated some harrowing facts about sexual assault in Canada:

- The median age of victims of sexual assault reported to the police was 18 years old with one in four victims being children 13 years old and younger; a rate that is four times higher than childhood rates of physical assault.
- Only 41% of police-reported assaults resulted in formal charges being laid. When a case did result in charges, 98% of these cases had a male-identified person listed as the accused.
- The vast majority (87%) of sexual assaults occurred between victims and known assailants, with only 13% being perpetrated by a stranger.

It is important to note that although there has been a decline in police-reported sexual assault and other violent crimes over recent decades, there has been no decline in self-reported incidents of sexual assault.

Self-reported Data:

Self-reported data is an alternative method of gauging rates of sexual assault in Canada, although it is also imperfect. Self-reported data is often seen as more indicative of the actual scope of sexual assault in Canada as self-reporting carries no commitment to follow through on criminal charges. Self-reporting data is collected via the General Social Survey on Victimization. This survey focuses heavily on the impacts of individual identity and social location and their relationship to violent victimization. It also provides insights into the gaps between formal and informal reporting. Evidence demonstrated over 650 000 self-reported incidents of sexual assault in 2014, despite police-reported data suggesting the number was under 25 000. Self-reported statistics of victimization in Canada demonstrate that as little as 5% of all sexual assaults may be reported to the police.

Culture of Sexual Violence

One of the proposed reasons for the high rates of sexual violence on college and university campuses is the predominance of a culture of sexual violence in post-secondary institutions, also sometimes referred to as 'rape culture'.

Research suggests that the campus environment is conducive to this culture through several characteristics: the acceptance of rape myths, the promotion of hegemonic masculinity, and peer support for rape-supportive behaviours. In particular, rape myth acceptance is a frequently used measure of this culture.

Hegemonic masculinity: in gender studies this is defined as a practice that enables the perpetuation of men's dominant position in society.

In her intersectional analysis, researcher Alisa Kessel from the University of Puget Sound defines this culture as a set of "collectively reproduced myths, discourses, and practices that individuals use to assign interpretations of rape victimhood and perpetration, innocence and guilt, and power and powerlessness that, in turn, reproduce a culture that normalizes rape and other sexual violence as an effective (though outwardly condemned) way to reinforce relations of subordination."

It has been established that men on campus have a higher rape myth acceptance rate than women, though evidence suggests that many college women also use rape myths and norms within their peer groups to interpret rape scenarios. Accordingly, one study found that college students in the United States had inconsistent knowledge of sexual assault, having both accurate and problematic understandings of sexual violence. In another meta-analysis of rape myths, rape myth acceptance was also correlated with other "isms", such as racism, heterosexism, classism, and ageism.

Alcohol and Sexual Violence

It is commonly known that there is a connection between alcohol and sexual violence, particularly sexual assault, but the nature of that connection is not well-understood. It is important to frame alcohol as a facilitator of sexual violence, and not a cause of it.

While half of sexual assault incidents involve alcohol (where either the person perpetrating violence, the person experiencing violence, or both have been drinking), individuals who commit sexual assault will do so with or without alcohol. Further, alcohol is one of many strategies used by offenders to facilitate misconduct. Individuals who experience sexual violence while drinking or drunk should not be blamed for the violence perpetrated against them.

In Ontario, post-secondary institutions cannot discipline students for violating drug or alcohol use policies if they receive a disclosure of sexual violence from a student who may have been violating such policies at the time of the sexual violence. For more information on this, see CICMH's infosheet on Laws Governing Sexual Violence on Campus in Ontario.

Intersectionality

Intersectionality is a theoretical framework that recognizes the structural dynamics of power and how one's identity and experiences can be shaped and informed by factors such as race, class, gender, and age among other social relations. Intersectionality looks at how these overlapping factors can create a complexity of prejudices including oppression and discrimination against individuals and communities. It recognizes that facets of one's identity such as race and or gender do not exist independently of each other, but rather, work in active unison with each other. Intersectionality can be understood as a prism that reflects the experiences of people and their varying degrees of marginalization.

The term intersectionality was coined by black feminist scholar, Kimberlé Crenshaw, in 1989 to illustrate the interlocking systems of power and how it impacts those who are most marginalized in society. It was initially created in reference to the criticisms of mainstream feminism, where white, middle-class values dominated the movement and actively dismissed the voices of black women, who found it increasingly difficult to identify with the issues at the forefront of the movement. This encouraged black women to redefine and broaden feminist practices that were inclusive and recognized the challenges of all women. Intersectionality asserts that while all women may be subject to discrimination, some women face additional oppression due to their race.

It is important to recognize that assault can and does occur across all intersections of social locations and identities. However, significant and consistent evidence has demonstrated that it is overwhelmingly perpetrated by cis-gendered heterosexual men against women, particularly systemically oppressed women. Gender, age, Indigeneity, sexual orientation, gender expression,

disability, poverty, experiences of childhood abuse, homelessness, and mental health struggles are a few factors that lead to a higher risk of sexual assault.

These intersections of identity are vulnerable to experiencing systemic and interpersonal violence due to a lack of appropriate support or intervention. Certain identities are marginalized by way of systematic and institutionalized oppression. Though there are varied and far-reaching impacts of racism, sexism, homophobia, transphobia, ableism, and capitalism, certain populations are made more vulnerable to violence. These vulnerable populations are often forced to embody spaces with higher risk and fewer supports. People with marginalized identities experience higher rates of violence due to the multifaceted systems of oppression and violence which target vulnerable people and create hierarchies of "safety" as marginalized people are less likely to report, or to be believed if they do report. These barriers leave these populations open to repeated experiences of violence and trauma, creating ripple effects in the lives of victims, which in turn can lead to further risk of re-traumatization and violence. It is essential to note that these populations are vulnerable due to the multifaceted and interlocking systems of oppression embedded in Canadian society, rather than any personal responsibility or failure.

For more information on intersectionality and anti-oppressive practice, see the CICMH Anti-Oppressive Practice Toolkit.

Impact of Sexual Violence on Mental Health

Trauma Responses

There are four common responses to a traumatic event such as sexual violence, often referred to as the four F's of trauma: fight, flight, freeze, and fawn. They represent four different nervous system states that the body will choose depending on what it considers the best strategy to keep the survivor safe. These reactions represent completely normal bodily responses to extreme circumstances. It is important to recognize that the body will also enter into these states when the survivor's memory of a trauma is triggered.

1   Fight: In this state, the body activates in preparation to fight off the danger. Some of the body cues that signal one is in the fight state include a racing heart, dilated pupils, hearing loss, and quicker, shallower breathing.

2   Flight: Similarly to the fight state, the body will activate in order to run away or avoid danger. Body cues for the flight state are very similar to those for the fight state.

3   Freeze: In this state, the body stops in its tracks, in order to "play dead" and to effectively wait for the danger to pass. Body cues for the freeze state include numbness, dissociation, and the feeling of being 'stuck' and not being able to move.

4   Fawn: In this state, the body will abandon its own needs and the person will serve others to avoid danger. This is often also called the 'please and appease' response. The fawn state often involves feelings of shame and guilt.

When the body experiences a traumatic event like a sexual assault, the brain retains certain aspects of that memory as well as a number of cues from the internal and external environment. When any of those environmental cues are brought up after the trauma, the survivor may react as though the traumatic event is happening in real-time, complete with one of the four trauma responses. This is commonly referred to as being triggered and is one of the most impactful long-term effects of a traumatic experience. Some triggers can be identified and easily avoided; however, others can often catch the survivor off guard.

Another way that survivors may re-experience their trauma is through flashbacks and nightmares. Flashbacks are often very vivid and may feel as though the experience is actually happening. In these cases, the brain is trying to make sense of the traumatizing experience by integrating it into schemas about the world. This task, given the shocking and impactful nature of sexual assault, is particularly difficult for the brain to do, leading it to bring up the experience more often. Flashbacks are often brief experiences, lasting only a few seconds, however, the emotional effects of a flashback can remain for hours afterward.

Triggers and flashbacks are only some of the mental health issues that may impact a survivor long after their traumatic experience. Other commonly associated long-term mental health issues after trauma include the following.

- Increased vigilance: Also sometimes referred to as hyperarousal or hypervigilance, increased vigilance is characterized by difficulty sleeping and concentrating, shakiness, muscle tension, as well as being easily startled. Those who have experienced a traumatic event like a sexual assault may have a distorted view of the world as being filled with danger, causing their bodies to be on high alert at all times. While this increased vigilance may be useful in a dangerous situation, it can be harmful to the body's stress system when it continues even in safe situations. Increased vigilance can persist for years after a trauma has occurred.

- Dissociation: This is a mental process that disconnects a person's thoughts, memories, feelings, actions, and/or their sense of identity, and is characterized by fixed or "glazed" eyes, flattened affect, periods of silence, and a monotonous voice. The majority of people have experienced dissociation at one time, for example arriving at work with no memory of the drive there. However, dissociation can also be a reaction to stress and trauma, as a protective element that distorts time, space, or identity for the survivor. Dissociation protects the survivor by distancing them from the experience as a survival mechanism. This symptom can become very pervasive and can lead to dissociative identity disorder.

- Grief & depression: Survivors of sexual violence may feel down, sad, and/or hopeless after their trauma, and may find themselves crying more often. They may also lose interest in people and activities that they used to enjoy or feel that plans they had for the future don't seem to matter anymore. These are common expressions of grief and grief includes a wide range of emotions that may include depression.

- Self-medication: According to Edward Khantzian's self-medication theory, survivors choose substances based on their specific effects, for example, to block out painful memories, thoughts, and feelings related to the trauma, or to manage the effects of depression. Some survivors may use alcohol or drugs to try to improve their sleep or to forget their nightmares. The use of substances can vary based on a number of factors, such as which trauma symptoms are most pronounced. Chronic use of substances can impact one's recovery from the trauma and may cause its own issues.

- Intrusive thoughts: These are thoughts and memories associated with the trauma that survivors may experience without warning or desire, with or without the presence of a trigger. These thoughts and memories can come on very quickly, which is referred to as "flooding" and can be significantly disruptive for the survivor.

- Emotional dysregulation: Some survivors of sexual violence may have difficulty regulating their emotions and may turn to high-risk or self-harming behaviours as a way to regulate themselves. For example, disordered eating, gambling, overworking, and repression of emotions may be seen in survivors. Typically, traumatic stress presents itself in two emotional extremes: either feeling too much, leading to being overwhelmed, or feeling too little, leading to numbing.

Many of the symptoms listed here may also be related to a diagnosis of post-traumatic stress disorder (PTSD). Survivors of sexual violence are at a high risk of developing PTSD. However, even without such a diagnosis, these symptoms can impact survivors of sexual violence.

Previous Experiences of Sexual Violence

Childhood sexual abuse places individuals at a significantly elevated risk of experiencing sexual assault again as adults. Childhood sexual abuse survivors are four to six times more likely to experience sexual violence as an adult. The higher risk is often attributed to changes in behaviour that are likely to occur following a traumatic experience in childhood. These changes can include PTSD and its associated symptoms, problematic substance use, depression, low self-esteem, unclear understandings of consent and healthy relationships, and what is labeled as "risky behaviour". These behaviours are labeled as such as they may bring an increased risk of physical and sexual victimization. They may include recreational drug use or dependency, casual and unprotected sex with multiple partners, excessive drinking, or partying. These behaviours are a response to the trauma experienced by survivors and are indicative of the complexities of coping and healing with trauma and trauma-related symptoms. Engagement in risky behaviour does not mean that a childhood survivor of sexual violence will be revictimized, nor does it minimize the violence a survivor may experience as an adult.

Supporting a person who has experienced childhood sexual violence can be more complex, as additional violent victimization can be both newly traumatic and re-triggering to old trauma. Complex compounding trauma may result in greater emotional dysregulation, triggers and flashbacks, intrusive and impulsive thoughts, and dissociation. Survivors may struggle to differentiate between experiences of trauma and may have heightened trauma responses.

Suicidality and Sexual Violence

When addressing suicide awareness in the context of sexual violence exposure, it is important to address not only the characterization and incidence of suicidal thoughts and behaviours (STB) post-incident but also those subpopulations most at-risk of STB following an incident of sexual violence.

Recent literature has demonstrated that survivors of sexual violence are at a significantly higher risk of mental health concerns, including anxiety, depression, eating disorders, and suicidal behaviour. Furthermore, it has been demonstrated that suicidal ideation (thoughts considering or planning suicide) and suicidal behaviour are common for individuals following incidents of sexual assault. In fact, many institutions currently mandate post-incident suicide-risk assessments as a component of their sexual assault medical forensic examinations. One study found that following exposure to intimate partner violence, 8% of survivors make a suicide attempt. Thus, it remains important for sexual violence offices and mental health counsellors to conduct consistent and compassionate assessments of suicidal ideation following incidents of sexual violence, particularly for both individuals newly experiencing suicidal ideation, and high-risk populations.

Research has demonstrated that some factors such as age, sexual orientation, ethnicity, and psychological symptoms (such as depression or PTSD) are associated with increased rates of suicidal thoughts and behaviours. Young adults aged 15-24 disproportionately experience higher incidences of all forms of violence, including sexual violence, which have been shown to have severe consequences for their health and social outcomes. In particular, young adults belonging to gender and ethnic minorities are at an increased risk both of experiencing sexual violence and of suicidal thoughts and behaviours. These populations of young adults often face barriers to accessing mental health services, disconnection from community supports, and a lack of suicide prevention and stigma-reduction strategies. Additionally, one study demonstrated that suicidal ideation was 2.7 times higher in female post-secondary students who had been survivors of sexual violence. Due to the barriers these populations face within society, existing mechanisms for reporting also present a risk for these individuals experiencing suicidal thoughts and behaviours. Another study illustrated that risk of suicidal behaviour in survivors is elevated upon contact with police following exposure to forms of violence, including sexual violence.

Social Isolation and Sexual Violence

Social isolation has also been demonstrated to have a substantial impact on individuals experiencing sexual violence, particularly through intimate partner violence.

Additional stressors brought on by the COVID-19 pandemic, including mandatory stay-at-home and lockdown measures, have further heightened the intensity and frequency of episodes of sexual violence that these individuals are facing. Due to strict measures limiting social interactions during the pandemic, many individuals facing sexual violence have not had sufficient access to the existing infrastructure of support services, including intimate partner violence shelters and sexual violence campus services.

Furthermore, recent research has demonstrated that in many cases, individuals are not only fearful of being alone with abusive partners but are frequently subject to a strong degree of self-imposed social isolation. This form of social isolation, particularly with close family and friend networks, has been demonstrated to arise both out of fear and shame that their abusive partner will harm them or their vulnerable loved ones, and out of worry that disclosure will provoke a negative retaliation from said close family or friends. Even more concerning, one study found that loneliness was significantly connected with increased rates of suicidal ideation, and firmly demonstrated that social exclusion and disconnectedness negatively intensify both psychological distress and suicide risk in individuals who experienced intimate partner violence.

In terms of addressing the negative impacts caused by social isolation, one study demonstrated that access to both primary health care professional services and community support are two vital strategies that effectively support individuals facing sexual violence and experiencing social isolation. Furthermore, consistent and effective communication with family, neighbours, friends, social groups, and informal support networks were shown to be highly effective in reducing the impact of sexual violence.

It is essential for campus sexual violence response mechanisms to understand the social isolation and other barriers that sexual violence causes for individuals, and design these systems to positively address social isolation through harnessing professional resource services and building community support.
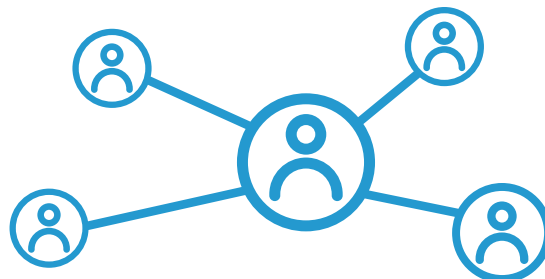
Responding to the First Disclosure

Responding supportively to disclosures of sexual violence is essential for survivors' well-being.

Research demonstrates that supportive responses lead to reduced symptoms of post-traumatic stress disorder and depression, and act as a protective factor against worsened health outcomes. Unsupportive responses often lead to an increase in post-traumatic stress disorder symptoms, regretting disclosure, increased self-blame, and social withdrawal.

While overtly negative responses (e.g., victim-blaming comments) are understandably unsupportive, some responses that are not overtly negative may also be unsupportive (e.g., that are egocentric, minimize the survivor's experience or invalidate the survivor's response to the sexual violence).

Supportive responses include:

- Listening without judgment or interruptions
- Asking only relevant questions based on one's role and the objectives of the meeting

    o   E.g., a case manager doesn't need to ask about details in the way an investigator might

    o   We can provide support and navigation without knowing all the details

- Being compassionate and respectful
- Validating the individual's response to the experience
- Providing options for further support

Unsupportive responses include:

- Placing any blame on the individual or suggesting they are responsible for experiencing sexual violence
- Asking unnecessary questions
- Comments that minimize the survivor's response, such as "Don't think about it so much"
- Controlling the decision-making process

[For a guide to responding to disclosures, see CICMH's Advertising Your Program template.](#)

Sexual Violence Data Collection

Reporting

As mentioned earlier in this toolkit, collecting data on the prevalence of sexual violence on campus is complicated by the numerous factors that represent barriers to reporting an incidence of sexual violence to the police or to a university or college official. Significant research has identified several emotional and practical obstacles that may prevent students from coming forward and disclosing their experiences, creating a massive underreporting problem.

Emotional barriers to reporting for survivors represent feelings that they may have that would prevent them from disclosing. For example, some students may not want to come forward because they want to keep their victimization a secret, not wanting to shift their internal perception of themself, as well as others' perceptions of them. Students may also fear risking their interpersonal relationships when they disclose a sexual assault, this can include both their external friendships as well as their relationship with the person who assaulted them. Alternatively, some students may not disclose due to a fear of retaliation from the person who assaulted them. Students may fear the potential of not being believed by their peers or by professionals such as campus security. Students may also have concerns about their confidentiality when reporting a sexual assault, fearing that their experiences will be disclosed to others without their consent. Finally, students may be feeling embarrassed, ashamed, or guilty about their experiences of sexual violence, leading them to keep the experience to themselves.

Perceptions of police represent another barrier to reporting. One study out of the United States found that students with more satisfaction with the police are more likely to report sexual assault. Another study from the United States similarly found that trust in police and university officials was among the most consistent factors that affect students' likelihood to report an incidence of sexual violence. The same study interestingly found that students are significantly more likely to report their experiences of sexual violence to the police than to university officials. For more information on the effects of policing on certain student populations, see CICMH's Mental Health Crisis Response on Campus Toolkit.

Another barrier to reporting lies in the readability of sexual violence policies and protocols. In a study out of the United States, researchers found that the average sexual assault reporting instructions are written at a grade level of 15.4, which represents the third year of college or university. Furthermore, 81% of the institutions studied provided sexual assault reporting instructions written at or above a first-year college reading level. These results suggest that college and university students with an average reading comprehension level may not be able to understand instructions for reporting a sexual assault on their campus.

Finally, another study examining barriers to reporting sexual violence found that confusion over what constitutes sexual assault is a contributing factor to underreporting. The results of their survey of students in the United States identified a lack of understanding about what counts as a sexual assault which could be attributed to the normalization of rape myths. In particular, the study found that students were confused about whether an alcohol-involved sexual assault was in fact a sexual assault, suggesting a need to educate post-secondary students about alcohol-involved assaults.

Secondary Victimization

Another one of the biggest problems with reporting sexual violence lies in the potential for secondary victimization of the survivor. Secondary victimization in this context refers to the attitudes, statements, and actions of legal and medical system personnel, which may blame or shame survivors and could cause them further distress

Research suggests that contact with community systems for reporting sexual violence can worsen survivors' psychological distress, and in fact that a fear of this potential leads survivors to avoid reporting their sexual assaults. In one landmark study, most therapists surveyed believed that some community professionals engage in harmful behaviors that are detrimental to rape survivors' psychological well-being. Another study found that police officers and doctors significantly underestimated the impact they were having on survivors.

General Surveys vs. Sexual Violence-Specific Surveys

A number of surveys currently exist to measure general campus climate, some of which include sections on sexual violence as a way to measure campus sexual assault statistics, including the National College Health Assessment. Meanwhile, there also exist several sexual violence-specific surveys for post-secondary institutions, such as the EAB Sexual Violence Campus Climate Survey and the Student Voices on Sexual Violence Climate Survey.

Research has shown that general campus climate surveys may be underestimating sexual violence rates among the general student body, as well as specific violence rates and experiences of vulnerable populations. Results of one study found that at best, general climate surveys underrepresent non-consensual sexual contact by a few percentage points, and at worst, general surveys reveal prevalence estimates that are more than 1.5 times lower than prevalence estimates found through sexual violence specific surveys.

This research suggests that general campus climate surveys may not be sufficient to accurately measure sexual violence among the student population as well as within equity-deserving groups. The authors recommend that post-secondary institutions employ sexual violence-specific tools that have been empirically proven and checked for inclusivity.

Missing Data In Surveys

While sexual violence-specific campus surveys may be preferable to general campus climate surveys, these specific surveys have their own flaws. Specifically, missing data is a widespread issue in sexual violence campus surveys. One study looking at this problem of missing data among 40 different surveys from 2010 to 2016 found that just under 25% of the total female student population, and 17% of the male student population, had responded to the surveys.

One of the problems with missing data in these surveys is that the data is likely to be missing due to one's experience of sexual violence. Students may be unwilling to answer the survey because they want to avoid reliving a traumatic experience, or perhaps because they don't have any emotional stake in the topic. The authors of the previous study suggest that sexual assault experience is likely different between survey responders and non-responders and that estimates of sexual violence prevalence are particularly sensitive to these differences, even when the differences are relatively small.

Both general campus climate surveys and sexual violence-specific surveys often conduct non-response bias analyses (NRBA), which can be done by comparing key responses between those who receive different incentives to participate in the survey, or alternatively by comparing responses between early and late responders. The problem with these analyses is that it is impossible for them to identify what the responses would be for true non-responders to the survey without follow-up data.

Another study looking at this problem of missing data found that not only was non-response an issue, but so was non-completion of sexual violence surveys, and in fact, there was a significant difference between those who completed more of the survey and those who completed less. The study also found that students who responded to the survey were not demographically representative of the student population at the target university, in terms of age, gender, minority status, international student status, and year in school. These results suggest that the data obtained from sexual violence surveys may not be providing accurate information about the true prevalence rates of sexual violence on campus.

Responding to Sexual Violence

Service Utilization

Though rates of sexual violence prevalence are high on university and college campuses, there is a general lack of knowledge among students regarding where and how to use sexual violence services. One study investigating this problem in the United States found that students had limited awareness of campus resources for sexual violence and only moderate confidence in knowing where to go for assistance in the event of a sexual assault, which was consistent with earlier research. Another study in Canada found similarly that most students were unaware of the majority of sexual violence services, and when students were aware of the services, less than half of the students knew how to access them and very few had used them before. One study found that though sexual assault resource information was made available on campus, only half of students reported having received that information, suggesting that universities and colleges may struggle to consistently distribute the information, or alternatively that students may not be engaged when receiving the information. For help in effectively advertising your sexual violence programming to students on your own campus, please see the Advertising Your Program template.

There is significant evidence that even when students are aware of services available to them, they are reluctant to use those services. One study in Ontario found that though most participants were aware of sexual violence services on their campus, a majority of participants said they would not use or were unsure whether they would use a variety of university-provided services. In a study out of the United States, 97% of participants who were victims of unwanted sexual contact revealed that they did not use any services. In another study from the United States, victims of sexual violence reported significantly less confidence in campus sexual violence resources and significantly less interest in attending a self-defence course than non-victims. In a systematic review of barriers and facilitators of health service utilization on campus, it was found that hypothetical use of these services was high among non-victims whereas actual use of the services among victims of sexual violence was low, suggesting that students were aware of the services available to them but were struck with barriers when it came to actually reaching out for help.

Best Practices

There is a significant lack of evidence in general around best practices for sexual violence response services, particularly so when considering the evidence for these practices on college and university campuses. A number of academics have suggested that further research is needed in order to adequately respond to sexual violence in an evidence-based way. For instance, McMahon et. al. noted in 2019 that "there is no research to our knowledge about the impact of campus investigation and adjudication on victim safety, well-being and justice, or offender recidivism or treatment."

This being said, two programs have emerged from the research as evidence-informed practices for responding to sexual violence: these include the use of Sexual Assault Response Teams (SART), and Sexual Assault Nurse Examiners (SANE).
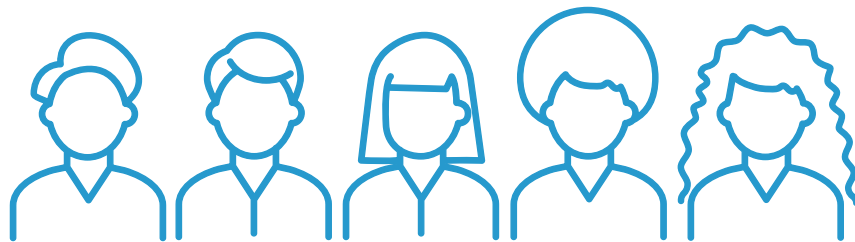
Sexual Assault Response Teams

Sexual Assault Response Teams (SART) are collaborative groups that bring together different sexual assault stakeholders, including rape victim advocates, medical examiners, and police, among others, to coordinate their response to sexual assaults. SARTs aim to improve the quality of survivors' help-seeking experiences, as well as aiming to improve their cases' outcomes in the criminal justice system. SARTs can range from informal to very formal groups.

According to one study of SARTs in the United States, SARTs are made up of an average of 12 different organizations, with the most common active members being police, rape crisis centre staff, Sexual Assault Nurse Examiners (SANE), and prosecutors. Some of the collaborative activities that SARTs engage in include case review, multidisciplinary cross-trainings, and the development of memoranda of understanding between different stakeholders.

Many institutions have recommended the implementation of SARTs, including the United States Department of Justice, leading to their widespread application across the United States. SARTs also exist in certain parts of Canada. Research suggests that SARTs are effective in three domains: improving the quality of multidisciplinary relationships between stakeholders; improving case outcomes, namely arrests and charging rates; and improving help-seeking experiences, specifically

increasing referrals to services and reducing secondary trauma to survivors. A number of studies that interviewed SART members found that these members believed that SARTs improved communication between victims and sexual assault responders, and further believed that SARTs led to a less traumatic process for victims. Additionally, one study looking at the relationship between schools' sexual violence policies and the prevalence of sexual assault on their campuses, found that schools that had a sexual violence policy that included a description of their SART had the lowest campus sexual assault prevalence for both women and men.

The most effective SARTs with the greatest impact on survivors' help-seeking experiences, according to the research, are those which use more formal structures and resources to organize their teams, for example having a formal team leader, or having a committee formation. Effective SARTs also engage in greater institutionalization of multidisciplinary trainings and protocol review in their collaborations, as well as engaging in formal program evaluations to assess their team's success.

To date, no research has investigated the outcomes of campus SARTs specifically, however, one literature review did explore the differences and similarities between community SARTs and the more broadly defined campus team approaches. Multidisciplinary members of campus team approaches outlined in the literature included campus law enforcement, student services, campus mental health and health services, student conduct, the Ombuds office, students, faculty, campus religious ministries, community survivor advocacy agencies, community health center representatives, and community law enforcement. One campus-specific challenge to the functioning of the team approach was the conflict between allocating resources for interventions for survivors, and prevention efforts.

In sum, SARTs represent an evidence-based practice that can be adapted to the campus context for the sake of improved relationships between sexual violence stakeholders, as well as to improve the help-seeking experience for survivors.

Sexual Assault Nurse Examiners

Sexual Assault Nurse Examiner (SANE) programs were created in response to the problem of survivors of sexual violence often feeling re-traumatized by their experiences in traditional hospital emergency departments. These programs provide specific education and training to nurses on medical forensic care and crisis intervention, for patients who have experienced sexual violence.

In Ontario, there are 35 such programs, called Sexual Assault/Domestic Violence

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Treatment Centres, where the most common services used by survivors include assessment and/ or documentation of injury, and on-site follow-up care. One study of these Ontario Centres found that almost all clients or their guardians surveyed reported that they received the care they needed, rated their overall care as excellent or good, and stated that the care had been delivered in a sensitive manner.

A review of the literature on SANEs concluded that these programs are effective across five areas:

• supporting the psychological recovery of survivors
• providing comprehensive post-rape medical care, such as emergency contraception or sexually transmitted disease prophylaxis
• documenting the forensic evidence of the crime
• improving the prosecution of sexual assault cases
• creating community change by bringing multiple service providers together.

These conclusions, however, were tentative, as the authors warned that most of the studies were not controlled or rigorous enough to properly test the effectiveness of SANE programs.

One survey of emergency department nurses in the United States found that SANE-trained nurses held more positive attitudes toward sexually assaulted patients compared with non-SANE-trained nurses. This research suggests that in general nurses would benefit from SANE training, to improve patient outcomes and satisfaction.

Another qualitative study looking at rape survivors' experiences with SANE-trained nurses found that the program provided survivors with care and compassion, clear explanations of the exam process and findings, and choices during the exam, and that these experiences were perceived by survivors as humanizing.

While no research currently exists on SANE programs within university or college campuses, one systematic review of the impacts of sexual violence on college student survivors suggests that nurses at on-campus health facilities are conveniently positioned to address sexual violence. The authors recommend that on-campus nurses aim to use consistent definitions of sexual violence when identifying survivors and to promote an atmosphere that encourages patient-provider discussion by minimizing barriers to disclosure. These recommendations may potentially be achievable through the use of SANE training for on-campus nurses.

Overall, evidence on SANE programs suggests that they are effective in providing adequate care for survivors, however, further investigation is still needed.

Promising Practices

The following promising practices were determined through interviews with Sexual Violence offices in universities and colleges across Ontario. They represent programs, partnerships, and practices that are innovative and that show promise for supporting survivors on campus, despite not having been formally evaluated.

Fanshawe College

Soft Interview Room

Seven years ago, at Fanshawe College, students would have to walk to an interview room in the campus security office if they wanted to file an official report of sexual violence. This interview room was typically reserved for perpetrators of crimes on campus, and the atmosphere in the room reflected this fact. This problem inspired the Sexual Violence Prevention Advisor to partner with campus security to establish a soft interview room within the Counselling and Accessibility Services office, where students having experienced any form of gender-based violence could feel more comfortable and have more control over making their formal report. The aesthetic of the room is calming and all items that were included were chosen with this in mind. This room features comfortable chairs, fidget toys to help survivors to regulate themselves, and books. The room is located next to the Sexual Violence Prevention Advisor's office so that the survivor does not need to leave the department to make a formal report. The room also features video and audio recording equipment, as well as a desk for a laptop, in order to accommodate the needs of campus security or police in making the report. In an effort to make their services as trauma-informed as possible, the Counselling department allows students making a report to have a support person present during the interview, as well as offering their own accompaniment in order to advocate for the student, for example, asking for the interview to be paused if the student needs a break. Their aim in developing this space was to put as much agency in the hands of survivors as possible. Moving forward, the Counselling department intends to have an emotional support animal available for these interviews as well.

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Survivorship Zone

In 2016, University of Windsor nursing placement student Shelby Lacey ran a #MeToo-themed community event at the local café which featured an open mic, support staff to care for anyone feeling emotionally overwhelmed, and art stations with craft supplies set up for survivors to express themselves. The intent of the art stations was to have students be empowered and encouraged to create art as a form of healing, to be collated into a zine which would then be published by the university. A zine is a short self-published work of text and images, typically photocopied into physical prints for circulation. At this initial event survivors were provided with prompting questions on slips of paper, such as "what does survivorship mean to you?" and were provided the freedom to respond to these questions using whatever form of art that resonated with them. Other than providing a healing outlet, the final zine was also helpful in creating a sense of community for survivors and letting them know that they are not alone.

Since that time, the Office of Sexual Violence Prevention, Resistance, and Support at the University of Windsor has hosted 3 similar zine-making events, open to survivors and their supporters, with the aim of publishing new editions of the Survivorship Zine. Most recently, the office requested virtual submissions of art and writing, which allowed them to receive a wider variety of submissions for the zine. At these events, participants were also instructed on how to make their own zines for self-publication, providing survivors with the agency to use this medium for themselves. The organizers recommend for offices wishing to undertake their own zine-making events, to study the history of zines in order to have a strong grasp on the context of this medium and how it has been used in the past.

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Red Umbrella Campaign

Brock University's Red Umbrella Campaign began after a student came forward one day at health services and disclosed their engagement in sex work. This prompted the manager of student wellness services to question how prepared the university was to respond to and support student sex workers, and lead to the university reaching out to the YWCA in Niagara, who are leaders in the fields of sex trafficking and sex work. The aim of partnering with the YWCA was to ensure that this conversation at the university about sex work was in alignment with leading practice. The partnership was supported CICMH's Campus-Community Partnership Project. They then worked with internal partners and the YWCA to hire a student research assistant, who also engaged in sex work, to help develop a needs assessment for sex workers on campus.

The needs assessment determined that student sex workers wanted a discrete active invitation to connect with wellness services, in order to feel welcome on campus. At this point, the university launched a social media campaign based on the symbol of the red umbrella, which is recognized as indicating a safe space for sex workers where their diverse needs will be recognized. Attached to the launch of this campaign was a front-of-line service for sex workers which could be accessed by clicking the red umbrella symbol on the counselling services webpage. The service would then immediately connect student sex workers with an outreach counsellor who is skilled in trauma-informed approaches to counselling. This outreach counsellor would meet with the student to understand what services and supports they are looking for and could then provide a warm handover to counselling or nursing services, depending on the student's needs. While the student wellness department has implemented all of the services that emerged from the needs assessment that are within their control, their next steps include addressing the broader campus culture and changing general student perceptions about sex work.

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Partnership with Community Justice Initiatives

In their last policy review period in 2019, the office of Sexual Violence Prevention & Response at the University of Waterloo included a section on restorative justice in their Sexual Violence Response Protocol and Procedures, among other examples of alternative dispute resolution approaches. The director of Sexual Violence Prevention & Response then reached out to a local community organization known as Community Justice Initiatives (CJI), which has a long history of working in restorative justice, and asked them what they thought restorative justice could look like in a campus context. That conversation lead to the idea of socializing the idea of restorative justice within the campus community, in order to generate buy-in from students, staff, and faculty around the use of restorative justice, particularly in the context of sexual violence response.

In 2020, the office began co-hosting virtual listening and learning sessions with CJI. The purpose of these sessions was to have various members of the campus community come and learn what restorative justice means, as well as to pose particular questions themed around restorative justice in a circle format. The office held three of these sessions in total, two specifically for employees of the university, and another specifically for students. These sessions supported CJI to develop a scaffolded learning opportunity based on what they learned from the campus community, which is still to be implemented. Alongside this, CJI also adapted one of their group-formatted workshops to become a 7-module individual course, to support those who have been found to have caused harm through policy to learn about the impact of their actions and to take responsibility for the harm they caused, through one on one meetings with a member of the CJI team. This course is offered to decision-makers on campus in the event of a breach of the policy, though it has yet to be accessed by a student. The office is still in the process of socializing the idea of restorative justice on campus, and moving forward they hope to offer some ongoing learning for leadership, as well as for student-facing roles where it might make sense for restorative justice practices to be implemented.

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Toronto Metropolitan University

Peer Support Line

While Toronto Metropolitan University offers professional support to survivors through their sexual violence support and education team, the university also offers additional peer support to survivors from the Centre for Safer Sex and Sexual Violence Support, a branch of the Toronto Metropolitan University Student Union. The main service offered by the centre is the Sexual Assault Survivor Support Line, also known as SASSL, which includes a text line that is open from 10 AM to midnight, as well as a phone line that is available 24 hours a day, seven days a week. These lines are hosted online through a program similar to Zoom which does not track IP addresses, to ensure that there is no record of the call for the safety of the survivor. The centre has also recently made a WhatsApp number available to text, specifically so that international student survivors can access the line without having to pay any additional fees.

The centre is run by a single employee, who then recruits and trains university students and community members in peer support to be able to staff the lines. The training, which runs for 10 hours over three days, includes sessions on how to properly use the online program, understanding intersectionality within sexual violence, how to support someone in a crisis, the importance of believing and validation in a peer support context, and self-care. During the training, all trainees also have the opportunity to engage in a practice call, to prepare for the reality of the service. Volunteers staff the line in teams of two in order to support each other with particularly difficult calls, and volunteers also have access to a number of resources to support with any vicarious trauma they may experience, including a Google form they can complete after a tough call that leaves space for them to request a meeting if they would like one. The centre has also begun a collaboration with the Toronto Rape Crisis Centre such that any TMU student can access their support, and the peer support workers are also welcome to reach out to them if they would like support from outside the centre.

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Survivor Support Group

In 2021, the University of Toronto's Sexual Violence Prevention and Support Centre piloted a virtual drop-in support group entitled Healing Hearts, for survivors of all genders. While the drop-in was not intended to be a therapy group, it was designed to provide a safe space for survivors to feel a sense of community care and belief on campus, learn sexual violence education and prevention topics, and engage in and learn about wellness and self-care activities. Each session, which took place monthly, included an educational component, for example, a discussion about consent and pleasure, as well as a wellness component, for example, a heart origami activity. The Centre sent out wellness packages to those participants who were comfortable providing their addresses, which included items such as paint, pencil crayons, origami sheets, blank cardstock, face masks, candy, chocolate, and tea. Some of the sessions also included guest speakers, including one guest who discussed intimacy after trauma, and another guest that discussed accountability and transformative justice. The organizers aligned the topics of each session to fit within the patterns of the semester, focusing for example on self-compassion and self-care during exam season.

The Centre developed this group with trauma-informed principles in mind, and facilitated through that lens as well, providing participants with choices throughout the process, such as whether or not to share their real name or have their camera on. The first fifteen minutes of each session were dedicated to introductions, discussing group guidelines and the boundaries of confidentiality, and establishing what participants could expect from the session that day. Looking toward the future, the organizers hope to open this initiative beyond students to include staff and faculty as well. They further intend to create similar groups for queer students as well as for racialized students. Additionally, the Centre hopes to offer a hybrid model of this group where survivors have the option to join in person or online.

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Partnership with Trent University and Durham College

The Durham Rape Crisis Centre (DRCC) is a feminist organization that has been taking an active role in its community to end all forms of violence against women and children. Since 2020, the Durham Rape Crisis Centre has been working in partnership with both Trent University-Durham and Durham College to support students who have experienced sexual violence. This partnership has been supported CICMH's Campus-Community Partnership Project. Services provided by DRCC include direct sexual violence support for survivors, programming around consent education, bystander intervention training, as well as training on supporting survivors of sexual violence, provided during new student orientation and throughout the year to students, student leaders, staff, and faculty. One of the major benefits of this partnership is that it allows students from both institutions to skip the long waitlist at DRCC and receive support immediately for their needs.

Aside from their regular programming with Trent University and Durham College, DRCC has recently purchased the rights to be able to facilitate the Man|Made program, a five-week psychoeducational group for men at postsecondary institutions, which focuses on peer modeling around healthy masculinity and sexuality. This program is geared towards men who have committed sexual violence, though DRCC has opened it up to any men in the Durham College and Ontario Tech University communities who might be interested in attending to learn how to be a better ally. In addition to this, DRCC is in the process of developing with Durham College a Sexual Violence First Aid program, which is similar in format to Mental Health First Aid training by the Mental Health Commission of Canada. The program is currently in its initial stages and is being piloted through Durham College as an online module, with the hopes of eventually opening it up to the wider community. So far over 300 students have completed the final quiz, and over 150 have completed the final feedback survey.

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