

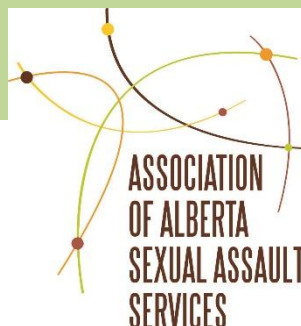
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# ASSOCIATION OF ALBERTA SEXUAL ASSAULT SERVICES

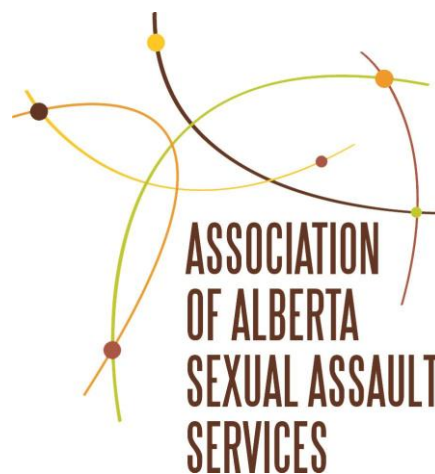
## Alberta Sexual Violence Action Plan



Sexual Violence Affects  
**Every** Albertan



# Working Collaboratively for an Alberta Free of Sexual Violence



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## EXECUTIVE SUMMARY

Sexual violence<sup>1</sup> occurs throughout the world and Alberta is no exception. When asked by Statistics Canada, 677,000 Canadians reported having experienced sexual assault in the past five years (McInturff, 2013). While victims of sexual violence cut across age, gender, ability, race and culture, research shows that women and girls are disproportionately the victims of all types of sexual violence (Gorman, 2012; VicHealth, 2007; World Association for Sexual Health, 2008; WHO, 2010). As widespread as these crimes are, the acceptance and discussion of sexual violence continues to be plagued with tremendous societal stigma which results in continued silence, inadequate resources for prevention and intervention and low levels of reporting. Sexual violence is the most under reported violent crime in Canada.

Sexual violence can occur at any age and anyone can be a perpetrator or victim of this crime. Although much media attention is given to sexual violence committed by strangers, the sobering fact is that sexual violence by family members and acquaintances make up the majority of sexual assault cases (Basile & Smith, 2011; Black et al., 2011; Brennan & Taylor-Butts, 2008; Russell, 2008).

As an underlying issue, sexual violence is linked to some of our most prevalent social problems including addictions, mental illness, sexual exploitation, medical problems, self-harm, suicide, parenting challenges, poverty, homelessness and domestic violence (DiLillo, Giuffre, Tremblay, & Peterson, 2001). In other words, sexual violence is a serious public health issue.

When one considers the prevalence of sexual violence in Canada and its link to a number of health and social issues, the conservative financial cost of this type of violence is easily calculated in the millions of dollars each year, if not, billions (McInturff, 2013). The systems most impacted by sexual violence are health, social services/human services and justice; and the costs to society are extreme.

For over forty years, communities in Alberta, led by community based sexual assault centres, have pioneered the development of sexual violence services. Joined in partnership with the Government of Alberta in 2004, the Association of Alberta Sexual Assault Services (AASAS) continues to strive to ensure that all Albertans affected by sexual violence have access to healing and recovery programs, services and support.

The following AASAS Sexual Violence Action Plan is the result of over forty years of front line experience, research and best practices addressing sexual violence in Alberta. The plan was developed by the AASAS network but it belongs to all Albertans. We are all responsible for creating an Alberta free of sexual violence.

Keeping our vision of an Alberta free from sexual abuse and sexual assault, AASAS has established the following four strategic priorities for its sexual violence action plan:

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<sup>1</sup> Sexual violence is defined as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting including but not limited to home and work. In this document, the term sexual violence is used and is intended to be inclusive of sexual harassment, sexual abuse and sexual assault.

## 1. Strong leadership and accountability

- **A cross ministerial response to sexual violence:** Addressing sexual violence will require action and input across government ministries and a collaborative, coordinated approach ensuring that the political, social and economic issues related to sexual violence are included in all key government policies, practices and legislative frameworks.
- **Leadership in coordination, collaboration and excellence across the province:** A coordinated multidisciplinary approach is essential to ensure that every Albertan is able to access a full continuum of responsive, effective sexual violence services and supports across their life span. All specialized and identifiable sexual violence services must be sufficiently resourced to meet the current demand and then must be sustainable over the long term because the demand will increase before it subsides. Programs and services must be continuously evaluated and ongoing sexual violence research is essential to ensure that current practice is always best practice.

## 2. Effective prevention strategies

- **A Comprehensive Education Strategy:** To eliminate sexual violence in Alberta, we must apply sexual assault prevention education across all ages and in all communities.
- **Changing Societal Attitudes and Norms:** Ending sexual violence in Alberta will require a shift in the public perceptions surrounding this crime.

## 3. Effective outreach strategies

- It is imperative that prevention, intervention and treatment services are made available to all Albertans.

## 4. Enhanced intervention

- **Crisis intervention:** It is essential that for those who do reach out, the response they receive is immediate, identifiable, non-blaming and specialized.
- **Counselling:** With access to affordable, specialized counselling and support, most survivors of sexual violence are able to live healthy and productive lives.
- **Police and Court support:** It is imperative that systems and services are created that support and help navigate victim/witness progression through the criminal justice system. With adequate intervention support, victims of sexual assault can proceed effectively and efficiently through the criminal justice process and recover from the effects of trauma.
- **Volunteer Support:** The involvement of individuals and communities is vital to addressing sexual violence, in particular the engagement of volunteers in efforts to create awareness about and to respond to sexual violence.
- **Offender services:** The justice system is not only responsible for providing sanctions as a deterrent to committing the crime of sexual assault, but must also provide the supports necessary in order to ensure that the offender does not re-offend upon release into the community.



Sexual violence is a complex issue with no easy solutions. Important changes, such as those outlined in this plan will take time, commitment and resources from all stakeholders, and of course some strategies will be dependent on the fiscal realities of the economic climate. But we are confident in the commitment of Albertans and that together we can end sexual violence in our communities.



# INTRODUCTION



Sexual violence occurs throughout the world. Despite the fact that sexual violence is widespread, the acceptance and discussion of sexual violence continues to be fraught with tremendous societal stigma, continued silence, inadequate resources, and low levels of reporting the crime – only 3% of sexual assaults are reported to the police (Johnson, 2012). There is also a lack of understanding of the very serious health and safety effects sexual violence has on individuals, families and communities; the effects of which ultimately cost our society billions of dollars in health care, social services and justice responses.

## ADDRESSING SEXUAL VIOLENCE IN ALBERTA

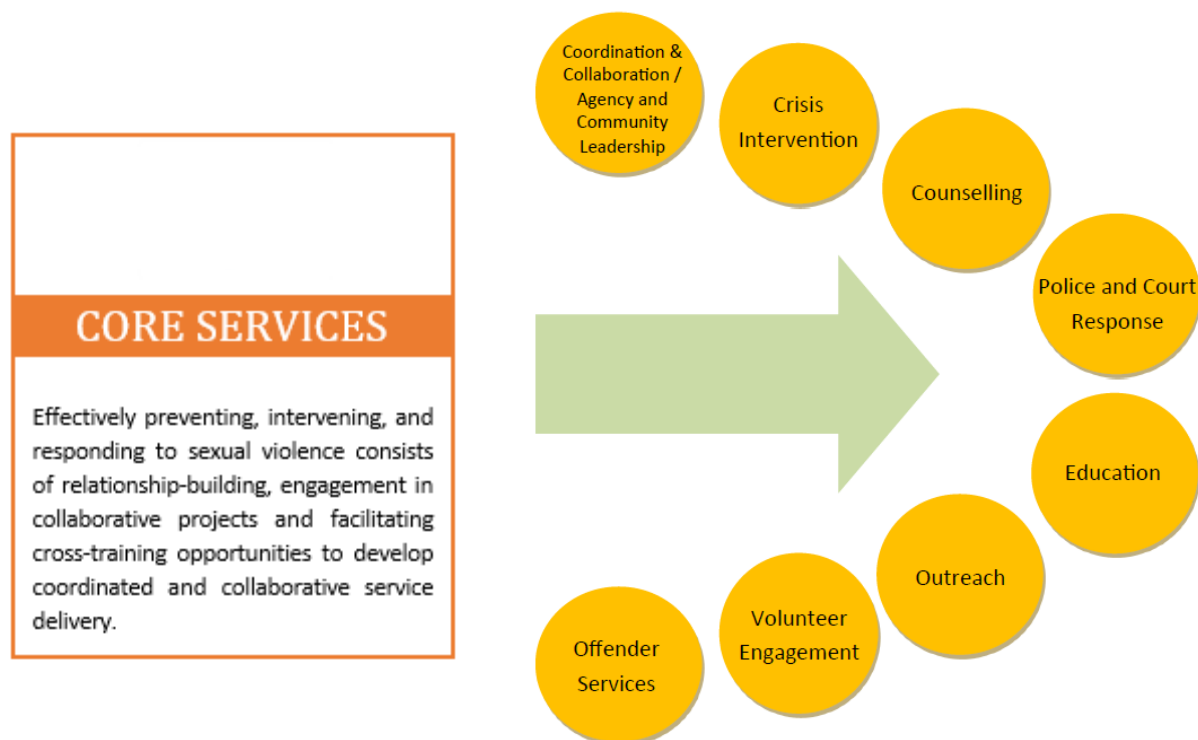
Sexual violence has been a serious issue for many centuries and communities have been slow to respond in a consistent and coordinated manner. It was not until the 1970s, that sexual assault services emerged in some Alberta communities. This was largely in response to the broader women's movement that began naming social issues affecting women and children and encouraging them to speak about their experiences. Brave pioneers, mostly volunteers and often working from their homes, are who we have to thank for the network of sexual assault services that we have in Alberta today.

Starting in Edmonton and Calgary and eventually growing to include Red Deer, Lloydminster and Grande Prairie, the initial services offered by these sexual assault centres were crisis lines, crisis intervention and counselling. The 1980s saw the recognition that boys and men were also impacted by sexual violence and this resulted in the sexual assault centres offering services to male survivors. Services expanded again in the 1980s to include prevention education, police and court support and rural models of service delivery.

In the 1990's came a realization of the need for a strong provincial representation of the issue and the right for all Albertans to have access to specialized sexual abuse and sexual assault services. In 1993 the provincial association known today as the Association of Alberta Sexual Assault Services (AASAS) was founded as a body to facilitate collaboration of sexual assault services in Alberta.

Sexual assault services continued to expand into communities such as Fort McMurray, Medicine Hat, Strathcona, the Universities of Alberta and Lethbridge. Still funded primarily through the local community United Ways, private foundations, fundraising and relying heavily on volunteer resources, the sexual assault services in Alberta began to evolve into a highly professionalized and accountable not for profit sector with a strong collective vision of an Alberta free from sexual abuse and sexual assault.

The early 2000's saw the recognition that collaborative groups, not just sexual assault centres, can be effective providers of sexual assault services especially in rural communities. AASAS also began bridging important partnerships with the Government of Alberta. AASAS created a framework of eight core services that are required for a community to adequately respond to sexual violence. The identification of sexual assault core services were informed by sexual assault service provider experience, evaluations of interventions and best practice literature in the areas of sexual assault and child sexual abuse. In response to the identification of core sexual assault services, the Government of Alberta (Ministries of Human Services and Justice and Solicitor General) began providing resources to develop and sustain these eight core services across the province:



In addition to the monies provided by Human Services, the Ministry of Justice and Solicitor General increased their Victims of Crime funding allocation available to sexual assault centres. These important contributions on behalf of the government of Alberta resulted in service delivery growth in some areas of Alberta and service development in others, where there had not been specialized sexual violence services in the past. Most importantly, by partnering with the provincial government, AASAS and its members were able to introduce sexual violence, as a distinct and specialized issue, into provincial social policy.

Based on the needs and gaps as identified by local stakeholders, one of the areas that AASAS identified as under-served was the then Children's Services Region 7, a large geographic region, north, northwest and northeast of Edmonton. AASAS began community development activities throughout the region to encourage the development of sexual assault services. As a result, Cold Lake, Bonnyville, St. Paul and Lac



La Biche identified the need for specialized services, especially counselling services. In response the Government of Alberta, Ministry of Health, funded a pilot project to provide sexual assault counselling services in East Region 7. With the guidance of AASAS member, Lloydminster Sexual Assault and Information Centre, this successful project is now an independent not for profit sexual assault centre.

In recent years, AASAS brought to the attention of the Government of Alberta, the long waiting lists for counselling at sexual assault centres throughout Alberta. In 2013, through Alberta's Ministry of Health, funds were granted to AASAS to expand sexual assault counselling services throughout Alberta over a three year period. Upon successful completion of this initial grant funding, AASAS was renewed in 2016 for another three years. In addition, through the Ministry of Community and Social Services (formally Human Services), resources were distributed to sexual assault centres in 2016 to address wait times for counselling over a two year period.

In 2015, AASAS facilitated the development and launching of Sexual Assault Response Teams (SARTs) in five communities - Fort McMurray, Grande Prairie, Medicine Hat, Lloydminster and Rocky Mountain House. AASAS has also been engaged in ensuring that there is alignment between the best practices identified by the Child Advocacy Centres and those of sexual assault services. This alignment needs to be strengthened by ensuring that sexual assault centres are actively involved in the further development of Child Advocacy Centres across the province.

Also in 2015, with the support of the Ministry of Health, AASAS launched the highly successful #IBelieveYou public awareness campaign. In 2016, the Ministry of Community and Social Services granted AASAS resources to enhance the campaign and implement it for another three years. Already in its third year, the #IBelieveYou campaign boasts support from across the Government of Alberta, Alberta's Post-Secondary Institutions and community agencies.

The following AASAS Sexual Violence Action Plan is the result of over forty years of front line experience, research and best practices addressing sexual violence in Alberta.

Forty years of commitment, persistence and passion.



Most importantly, this **AASAS Sexual Violence Action Plan** is evidence that sexual violence:

- Is **preventable**;
- Is **treatable** – survivors can go on to lead healthy and productive lives;
- Is a **priority** for government and community; and
- **Can** be beaten!

## SCOPE OF THE PROBLEM

When unmasked, the incidence of sexual violence is shocking, and in many jurisdictions around the world the issue of sexual violence is viewed as a public health issue that requires urgent and immediate attention (Graffunder, Noonan, Cox, & Wheaton, 2004; Parks, Davis, & Cohen, 2010; VicHealth, 2007; Vivolo, Holland, Teten, Holt, & the Sexual Violence Review Team, 2010; WHO, 2010).

Canadian sexual violence statistics, although dated, paint a grim picture. The 1993 Violence against Women Survey found that 39% of Canadian women have experienced sexual assault since the age of 16. The most 'recent' national study on child sexual abuse which was published in 1984 stated that one in two females and one in three males will experience some form of sexual assault or sexual exploitation in their lifetime and that 80% of those incidences will occur before the individual reaches the age of 21 (Badgley, 1984). More recently, "when asked by Statistics Canada, 677,000 Canadians (or 2.41% of the adult population) reported having experienced sexual assault in the past five years" (McInturff, K. in Canadian Centre for Policy Alternatives, 2013, p 5).

Sexual violence can occur at any age, although the most vulnerable age groups are childhood and adolescence. Sexual violence can be perpetrated by parents, caregivers, acquaintances, strangers as well as intimate partners (WHO, 2010). Although much media attention is given to sexual violence committed by strangers, the sobering fact is that sexual violence by family members and acquaintances make up the majority of sexual assault cases (Basile & Smith, 2011; Black et al., 2011; Brennan & Taylor-Butts, 2008; Russell, 2008). While victims of sexual violence cut across age, gender, ability, race and culture, research shows that women and girls are disproportionately the victims of all types of sexual violence (Gorman, 2012; VicHealth, 2007; World Association for Sexual Health, 2008; WHO, 2010). Sexual violence has persistently been difficult to measure due to the silenced and privatized nature of the issue (Carmody, 2009). The consequence of this is an underestimation of the prevalence and incidence of this significant social issue and a lack of understanding about the level and scope of harm it causes.

***"sexual violence by family members and acquaintances make up the majority of sexual assault cases"***

### Alberta Context

Data on the exact prevalence and incidence of sexual violence in the province of Alberta is difficult to obtain. A recent report from the Canadian Centre for Policy Alternatives (2013) noted "a significant change in the rise in the level of self-reported sexual assault between the 2004 and 2009 General Social Survey" which resulted in "3% of the adult population reported having experienced a sexual assault" (p. 3). Based on population statistics from Alberta and a breakdown by age, this means that 83,001 adults in Alberta over the age of 20 in 2009 have experienced sexual assault in their lifetime. This number, of course, does not include the children and adolescents who had or were experiencing abuse at that time. It also does not take into consideration that approximately 97% of sexual assaults go unreported (Johnson, 2012).

There are differences between rates of sexual assaults reported in Alberta urban centres versus those reported in rural centres. Data indicates that almost two-thirds (56%) of sexual assaults were committed outside the major cities of Edmonton and Calgary (Boyle & District Rural Crime Watch, 2011).

The reality however, with any discussion or presentation of sexual violence prevalence and incidence is that so many questions are left unanswered. How many Albertans have experienced sexual violence in their lifetime? Are the numbers increasing or decreasing? What are the accurate numbers of male versus female survivors?

Continued stigma and silence, and the fact that the majority of these crimes are perpetrated by people known to the victim have resulted in a lack of understanding of the scope of the problem and its widespread impacts. Unfortunately these same barriers have also affected the quality and the quantity of services available and have greatly undermined the development of initiatives aimed at prevention.

## IMPACTS AND INTERCONNECTIONS

Sexual violence is widely recognized as a 'root cause' for other social issues such as addictions, mental illness, medical problems, self-harm, suicide, parenting challenges, poverty, homelessness and domestic violence (DiLillo, Giuffre, Tremblay, & Peterson, 2001). Unaddressed child sexual abuse is also related to increased risk for re-victimization later in life (Messman-Moore et al., 2000).

### Health and Mental Health

Research indicates that childhood sexual abuse is a "powerful predictor of health problems in adulthood" since it disrupts children's "sense of self, leading to difficulty in relating to others, inability to regulate reactions to stressful events, and other interpersonal and emotional challenges" (Schachter et al., 2009, p. 17). Specifically, the research contends that childhood sexual abuse can result in a variety of short and long term responses, including: anxiety, depression, dissociation, post-traumatic stress, substance abuse, personality disorders, somatisation, violent and unhealthy relationships, poor parenting, social isolation, suicidal tendencies and other mental health issues. (Briere & Elliot, 2003, p. 1207; Maniglio, 2009; The American College of Obstetricians and Gynecologists, 2011; Wilson, 2010).

In addition, over the past 20 years, there has been even more research on the physical effects of the trauma of childhood sexual abuse which include arthritis, asthma, neurobiological responses, chronic pain/fibromyalgia, pelvic pain, cardiovascular disease and inflammation, interstitial cystitis/painful bladder syndrome, irritable bowel syndrome, gastrointestinal disorders, migraine and headache, obesity

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and eating disorders, and psychogenic non-epileptic seizures (Clark, Thatcher & Martin, 2010; Irish, Kobayashi & Delaharty, 2010; Jazkowski & Sanders, 2012; Maniglio, 2009; Noll & Shenk, 2010; The American College of Obstetricians and Gynecologists, 2011; Wegman & Stetler, 2009; Wilson, 2010).

Similar to survivors of child sexual abuse, adult survivors of recent sexual assault can also experience life-altering emotional, behavioral, cognitive, and somatic changes (Obinna, 2001, p. 14). In addition to the psychological and physical changes survivors experience, sexual assault can also lead to “low self-esteem, depression, antisocial behavior, substance abuse, and self-mutilation,” as well as suicidal behaviors (Finn

& Hughes, 2008, p. 294). These reactions emerge as symptoms of Post-Traumatic Stress, exhibited by as many as 94% of recent sexual assault survivors immediately following an assault (Obinna, 2001, p. 18; Ullman & Filipas, 2001, p. 1028).

## **Domestic Violence**

In a research report commissioned by the AASAS in 2006 and then updated in 2012, significant intersections between sexual violence and domestic violence were revealed. A number of studies suggested that violent adult relationships and family dysfunction are a risk factor for child sexual abuse (Bowen, 2000; Dong et al., 2004; Kellogg & Menard, 2003; Gruber & Jones 1983; Ray, Jackson & Townsley, 1991). Other researchers found that the experience of childhood physical and sexual abuse is indicative of adult sexual re-victimization. (Cloitre et al. 1996; Messman-Moore & Brown, 2004; Schaaf & McCanne, 1998; Smith, Davis & Fricker-Elhai, 2004).

***“The experiences  
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insidiously linked.”***

Several other studies indicated that women who are sexually abused as children have a higher likelihood of experiencing domestic violence in adulthood (Cohen et al., 2000; DiLillo, Giuffre, Tremblay, & Peterson, 2001; Messman-Moore & Long, 2000; Noll, Horowitz, Bonanno, Trickett & Putnam, 2003). And finally, research samples drawn from women residing in women’s shelters uncovered that between 40% - 50% of this group had experienced sexual assault by their abusive partner (Campbell & Martin, 2001; McFarlane et al., 2005; Pence & Paymar, 1993). Clearly, the experiences of domestic and sexual violence are insidiously linked.

## Addiction and Substance Misuse

***“With the strong relationship between addictions and sexual violence, the toll on our health care systems of these two co-occurring conditions is considerable.”***

For a survivor of sexual violence, substances are often used as a way of coping with and numbing the effects of trauma (Wadsworth et al, 1995; Fallo et al, 2011). Survivors of sexual abuse have an increased risk of developing a substance use disorder and experience greater severity of alcohol, drug, medical, family and social difficulty (Hedtke et al., 2008). Substance abusers with sexual abuse histories have higher levels of depression, co-occurring mental health difficulties and higher overall psychological distress (Roberts et al, 2003). These individuals have more difficulty in breaking the addiction cycle and have an increased risk of relapse and poorer outcomes (Rosen et al., 2002). With the strong relationship between addictions and sexual violence, the toll on our health care systems of these two co-occurring conditions is considerable.

## Homelessness

“The most comprehensive and rigorous studies on homeless women conducted to date continue to note extraordinary high levels of abuse and victimization that homeless women endure before, during and after homelessness” (Goodman et al., 2006, p. 2). Within these studies the statistics range from 43% to 55% of homeless women stating that they have experienced child sexual abuse compared to 16% of men (Bassuk et al., 1997; Davies-Netzley et al., 1996; Goodman et al., 2006; Institute for the Prevention of Crime, 2008, p. 16; Stermac et al., 2004). Further, women who experience childhood sexual abuse have been shown to be at increased risk for developing substance abuse disorders which put them at increased risk for both assault and homelessness (Burnam et al., 1988; Salomon, Bassuk & Huntington, 2002; Simons & Whitbeck, 1991; Tyler, Hoyt & Whitbeck, 2000; Goodman et al., 2006). The same is true for adolescents who are homeless. Overwhelmingly, studies of homeless youth reveal that significant proportions have experienced violence in their families of origin with physical and sexual violence being significant contributors to homelessness (Ballon & Smith, 2001; Institute for the Prevention of Crime, 2008; Shapcott, 2007; Tyler & Cauce, 2002; Warren, Gary & Moorhead, 2009; Yoder & Hoyt, 2001).

A number of explanations have been offered for the relationship between child sexual abuse and subsequent homelessness and sexual assault, respectively. It is well documented that child sexual abuse and sexual assault has devastating consequences. “Abused children typically display developmental delays, poor school adjustment, disruptive classroom behaviour, school-age

***“Overwhelmingly, studies of homeless youth reveal that significant proportions have experienced violence in their families of origin with physical and sexual violence being significant contributors to homelessness”***



pregnancy, truancy and running away, delinquency, sex work, early use and adult use of illicit drugs and alcohol, and suicide attempts...these lead to impaired relationships skills, social isolation and low levels of social support, re-victimization, and self-medication which in turn are all associated with risks for homelessness” (Novac et al., 2006). Child sexual abuse survivors may find it difficult to trust others, so they develop fewer of the sustaining and supportive relationships necessary to avoid homelessness (Bassuk, 1993). In general, those who have experienced childhood abuse tend to have smaller, less connected and lower-functioning networks with less perceived and received social support, which in turn impacts their ability to be socially and financially secure and therefore avoid homelessness (Bolger & Patterson, 2001; Gibson & Hartshorne, 1996; Salzinger, Feldman, Hammer, & Rosario, 1993; Salzinger, Rosario, & Feldman, 2007; Westermeyer, Thuras, & Waaijer, 2004).

## Sexual Exploitation

Sexual exploitation can take many forms, including: trafficking, sex work, sex tourism, mail-order-bride trade, involvement in pornography, battering, incest, sexual assault and sexual harassment (Estes, 2001). Overwhelmingly, studies show the precipitating role that sexual abuse and sexual assault play on the risk for sexual exploitation. A large body of child literature has consistently and unequivocally shown evidence of a sexualized behavioral pattern following sexual abuse that in some cases persists, if not worsens, over time (Tebbutt, Swanston, Oates, & O’Toole, 1997; Einbender & Friedrich, 1989; Gale, Thompson, Moran, & Sack, 1988; Mian, Marton, & LeBaron, 1996; Young, Bergandi, & Titus, 1994). Studies find histories

***“Sexual abuse can produce guilt, shame, and loss of self-esteem on the part of the victim; isolate one’s feeling from sexuality; reinforce perceptions of oneself as a sexual object; and lessen one’s resistance to viewing oneself as a saleable commodity”***

of child sexual abuse to be significantly associated with increased odds of sexual exploitation later in life (Bebbington, 2011; Ahrens, 2012). Further, studies of both male and female adult and adolescent sex workers have reported high prevalence rates, more than half the sample, of child sexual abuse histories (Abramovich, 2005). Finally, even adult survivors of sexual assault can also be predisposed to sexual exploitation, as is demonstrated in Campbell’s (2003) study which found that one quarter of adult sexual assault survivors engaged in sex work, post assault.

Theories exist to explain why sexual abuse appears to be interconnected with sexual exploitation. “Sexual abuse can produce guilt, shame, and loss of self-esteem on the part of the victim; isolate one’s feeling from sexuality; reinforce perceptions of oneself as a sexual object; and lessen one’s resistance to viewing oneself as a saleable commodity” (James & Meyerding, 1977). Tyler, Hoyt, and Whitbeck (2000) theorized that a “combination of a negative developmental trajectory and a high-risk street environment increases the risk of young female runaways being sexually victimized”. Zumbeck et al. (2003) suggested that sexual abuse might lead to traumatization and substance abuse for coping, and to finance the drugs or alcohol, people might be forced into sex work.

## THE COST OF SEXUAL VIOLENCE

When one considers the prevalence of sexual violence in Canada and its link to a number of health and social issues, the conservative financial cost of this type of violence is easily calculated in the millions of dollars each year, if not, billions. The systems most impacted by sexual violence are health, social services/human services and justice; and the costs to society are extreme. At a national level, Cohen and Maclean (2004) found that the estimated annual cost to the Canadian health care system for medically treating women who have experienced violence ranges from \$408 million to \$1.5 billion. More recently, the Canadian Centre for Policy Alternatives updated this information in a 2013 document entitled “The Gap in the Gender Gap – Violence Against Women in Canada”.

They stated:

*There are currently no Canadian estimates of the cost of adult sexual assault. However, using methodology developed to measure the cost of intimate partner violence it is possible to provide a rough estimate, which has been calculated here. Significant costs are missing from this calculation (such as the number of suicides and suicide attempts resulting from sexual assault) and are therefore assigned a cost of zero. The direct costs of sexual assault are estimated to be more than \$546 million a year. If pain and suffering are calculated at the rates given for sexual assault in the Justice Canada report, this number rises to \$1.9 billion (2013).*

***“The direct costs of sexual assault are estimated to be more than \$546 million a year. If pain and suffering are calculated at the rates given for sexual assault in the Justice Canada report, this number rises to \$1.9 billion”***

Utilizing Financial Proxies from the Evaluation Model of Social Return on Investment (SROI), comparable calculations can be made for individuals who experienced sexual abuse as children or adolescents. Similar to the after-effects of sexual violence on adults, there are strong connections between sexual violence and children’s future health and mental health issues. For example, from what we know about the relationship between addiction and child sexual abuse, if just one Albertan who is the victim of child sexual abuse develops an addiction in order to cope with their abuse, they could end up costing the Health/Mental Health, Justice and Social systems \$68,038.99 per year (Canadian Social Return on Investment (SROI), Financial Proxies, 2012). Because the literature states that individuals with childhood sexual abuse histories also experience higher rates of relapse, if that same Albertan struggles with overcoming their addiction for 20 years, then they could end up costing the three systems \$1,360,779.80. In addition to these costs, the cost of “pain and suffering” (counselling costs, work absences etc.) for individuals who have experienced sexual abuse is \$90,977.09 over their lifetime which brings the total cost to over 1.4 million dollars (SROI, 2012). And this is only one person!

When these realities are considered, it becomes obvious why we need to address the issue of sexual violence in Alberta. Both government and community have important roles to play in finding a solution

and it is crucial that they work together in this process. Government can provide social policy leadership and resources, and sexual violence community agencies can work together at the ground level to deliver services to Albertans.

## A COMPREHENSIVE PLAN TO ADDRESS SEXUAL VIOLENCE

Since the 1970's, communities in Alberta, led by community based sexual assault centres, have provided a range of sexual violence services to Albertans. Services have also been available through different ministries of the government; some of which are mandated such as child welfare interventions and others that are enacted once an individual engages with health care or police services. For many years, community and government services worked in isolation from each other. The Government of Alberta created a number of social policy documents and plans aimed at systematically addressing the social, health and legal issues that impact Albertans. This has provided opportunities for community based sexual



assault centres to work more collaboratively with the Government of Alberta to address sexual abuse and sexual assault in an integrated and coordinated manner.

***“Sexual violence is a complex issue. There are no simple solutions.”***

Sexual violence is a complex issue. There are no simple solutions. The majority of sex crimes involve personal relationships and impact the most private parts of people's lives. A single incident of sexual violence results in short and long term trauma reactions and can set off a ripple of related impacts such as re-victimization, addiction, mental illness, sexual exploitation or homelessness.

Addressing sexual violence requires planned, strategic, and coordinated solutions. The time for the development of an Alberta Sexual Violence Action Plan, is now. The following Alberta Government documents have informed and guided this process.

## Community and Social Services Business Plan 2016 – 2019

AASAS's Alberta Sexual Violence Action Plan is directly linked to the Community and Social Services Business Plan, in particular the strategies listed below that link to the three main outcomes which provide strategic direction for the Government of Alberta:

**Outcome One:** Alberta families and communities thrive through improved supports by strengthening prevention and addressing the root causes of social and economic challenges.

**Key Strategy 1.4** - Prevent and address family violence, sexual violence and bullying by supporting women's shelters, collaborating with communities and other ministries to address root causes and promote healthy relationships across the lifespan.

**Outcome Two:** Albertans receive higher quality programs and services that are more coordinated, seamless and tailored to their needs to maximize their potential.

**Key Strategy 2.5** - Through evaluation, quality assurance and performance management, promote effectiveness, accountability and transparency of Human Service programs and services.

**Outcome Three:** Greater collaboration between government, communities and Indigenous partners to strengthen services and achieve shared social outcomes.

**Key Strategy 3.1** – Work with Indigenous communities, leaders and partners to strengthen relationships and develop collaborative strategies that support Indigenous people.

**Key Strategy 3.4** – Improve information-sharing practices within government and with services agencies to support the best outcomes for the health, education and safety of children and families.

## Valuing Mental Health: Report of the Alberta Mental Health Review Committee 2015

The Alberta Mental Health Review Committee headed by Dr. David Swan, released their report *Valuing Mental Health* in December 2015. The report concluded that the mental health system needed to better respond to the wide range of needs of Albertans, in particular people from diverse groups such as First Nations, Metis and Inuit. As cited previously in this document, the experience of sexual violence is significantly related to addiction and mental health issues. As such the Valuing Mental Health report has contributed to the development of the AASAS action plan. In particular the recommendations in the following area align with our Action Plan:

- ❖ Coordinate with the community to provide a continuum of culturally responsive services (reflective of the community's diversity) from prevention, early intervention to specialized care.
- ❖ Improve the mental health and educational outcomes for children and youth by requiring all programs to coordinate with each other and integrate with the community to provide a continuum of services.
- ❖ Provide easier access to a broader range of community-based services by changing policies and organizational practices including increasing flexibility, timely access, and decreasing wait times

for services across Alberta by providing in-home services and new ways to access therapists and support.

## **Alberta's Plan for Promoting Healthy Relationships and Preventing Bullying**

The work of AASAS is also aligned with the priorities of the Promoting Healthy Relationships and Preventing Bullying Strategy as it intersects with sexual violence; in particular with Strategic Priorities one and two.

### **Strategic Priority One:** 'to enhance public awareness and education'

Educating people about healthy respectful relationships and ultimately changing behaviour can reduce the incidence of sexual violence in a community.

### **Strategic Priority Two:** 'increased opportunities for collaboration and knowledge networks'

Developing a coordinated and comprehensive approach to addressing community issues is important, especially partnerships between government, community organizations and research institutions.

## **A Framework to End Family Violence in Alberta**

Released in November 2013, A Framework to End Family Violence in Alberta was developed by five Government of Alberta Ministries: Aboriginal Relations; Education; Health; Human Services; Justice and Solicitor General as well as Alberta Health Services. The focus of the Framework is primary prevention; to take action to prevent problems before they occur the first time. The five strategies that make up the Framework are strengthened by adopting a whole government approach. In recognition of the strong intersection between family violence and sexual violence, the implementation section of the plan includes a strategy delegated to the Ministry of Human Services: "To convene community partners, relevant government ministries and other experts to develop a prevention of sexual abuse action plan for Alberta" (Alberta Government, Family Violence Hurts Everyone: A Framework to End Family Violence in Alberta, 2013, p. 36). The AASAS Sexual Violence Action Plan will act as a foundation to inform the Government of Alberta's social policy decisions relating to sexual violence.

***"The AASAS Sexual Violence Action Plan will act as a foundation to inform the Government of Alberta's Social Policy decisions relating to sexual violence."***



# AASAS SEXUAL VIOLENCE ACTION PLAN FOR ALBERTA

## Our Vision

An Alberta free from sexual abuse and sexual assault.

This vision is the long-term future that we aspire to and the foundation for which the plan has been developed. This vision was developed through a collaborative process with AASAS members and other key stakeholders working in the sector.



## Guiding Principles

This plan is grounded in the following principles:

**Comprehensive Service Provision:** Service delivery must be offered as a continuum of services from prevention to intervention.

**Collaboration:** The strategies and interventions must be jointly planned and coordinated to be effective.

**Lifespan Perspective:** The causes, consequences and prevention of sexual violence are viewed from a lifespan perspective, which recognizes the need for prevention and intervention at all stages of life.

**Community Support:** We are committed to understanding the diverse needs of the community and supporting them.

**Common Voice:** We are dedicated to providing a unified voice for eradicating sexual abuse and sexual assault.

**Gender-Based Approach:** Policies, programs and initiatives are assessed based on gender in order to respond to the different situations and experiences of those impacted by sexual violence.



**Integrity:** We are honest, dependable and ethical (openness, transparency, accountability).

**Making a Difference:** We build on existing strengths while emphasizing innovative approaches to promote and facilitate healing, transformation and justice.

**Respect:** We are dedicated to the practice and promotion of equality, dignity and appreciation of all.

**Evidence Based Practice:** This plan is based on research and evidence-based practice.

**Inclusion of Clients:** The needs, concerns and diversity of the people affected are considered in the development and delivery of programs, services, education and training.

**Shared Responsibility:** Responsibility for ending sexual violence is shared among all sectors and all Albertans.

**Whole-Government Approach:** A collective effort of all ministries is required in order to prevent, reduce and end sexual violence in Alberta.



# STRATEGIC PRIORITIES

## Four Strategic Priorities have been identified in the AASAS Sexual Violence Action Plan:

1. **STRONG LEADERSHIP AND ACCOUNTABILITY**
2. **EFFECTIVE PREVENTION STRATEGIES**
3. **EFFECTIVE OUTREACH STRATEGIES**
4. **ENHANCED INTERVENTION**

### STRATEGIC PRIORITY # 1: STRONG LEADERSHIP AND ACCOUNTABILITY

Everyone is responsible for being part of the solution! This strategic priority focuses on the need for leadership, both at a community and provincial government level. Addressing the complex and prevalent issue of sexual violence will require a collective approach that includes enhanced leadership and accountability by all key stakeholders.

#### 1.1 A cross ministerial response to sexual violence

##### Priority

Addressing sexual violence will require action and input across government ministries and a collaborative, coordinated approach ensuring that the social, health, legal and economic issues related to sexual violence are included in all key government policies, practices and legislative frameworks.

##### Recommended System Response

- ❖ Ensure provincial government legislative frameworks and policies are inclusive of sexual violence and resources are dedicated towards services aimed at ending sexual violence in Alberta.

##### Recommended Joint AASAS/System Response

- ❖ AASAS recognizes and supports a “whole government” approach to leadership that reflects a shared vision and the collective effort of all ministries to prevent, reduce and end sexual violence.
- ❖ Create a joint interdepartmental Government and Community committee on sexual violence
- ❖ Work with Alberta Justice and Solicitor General to educate sitting Judges on issues related to sexual violence.

##### Key Results

- ❖ Within the province of Alberta, sexual violence is recognized as a distinct and identifiable health, social, legal and economic issue that requires a specialized response.
- ❖ Alberta promotes a strong common vision of a province free of sexual violence.

- ❖ Alberta's response to sexual violence is comprehensive and co-ordinated across all professional sectors and all levels of government.
- ❖ The government of Alberta, through the provincial body of AASAS, consults with sexual assault centres on the development of sexual violence policies and practices.
- ❖ Increase public confidence in the judicial system regarding sexual assault court proceedings.

## 1.2 Leadership in coordination, collaboration and excellence across the province

### Priority

A coordinated multidisciplinary approach is essential to ensure that every Albertan is able to access a full continuum of responsive, effective sexual violence services and supports across their life span. All specialized and identifiable sexual violence services must be sufficiently resourced to meet the current demand and then must be sustainable over the long term because the demand will increase before it subsides. Programs and services must be continuously recognized, evaluated and ongoing sexual violence research is essential to ensure that current practice is always best practice.

### Recommended Joint AASAS/System Response

- ❖ Government, community and business continue to support and promote the development and sustainability of identifiable, specialized, standardized and effective sexual violence services across Alberta.

### Recommended AASAS Response

- ❖ A multi-disciplinary cross-sectoral approach to sexual violence service delivery is promoted as best practice.
- ❖ Provincial research bodies foster and advance knowledge creation and dissemination of the most recent sexual violence research, best practices and standards.
- ❖ Sexual violence service providers continue to be held accountable to utilize models of service that incorporate evidence-based best practice and to report regularly on reliable measures of success.

### Key Results

- ❖ All supports and services for Albertans affected by sexual violence are based on trauma, sexual violence and evidence-based models of best practice.
- ❖ Province-wide standardized outcomes are utilized to ensure accurate measures of success and accountability.
- ❖ Alberta's multidisciplinary community and government service providers collaborate and work together with the overall aim of continuous improvement to provide a continuum of care for all Albertans affected by sexual violence.
- ❖ With over 30 years of experience, AASAS' role remains strong as a provincial network to advise and support government, professionals and community to find innovative and effective solutions to sexual violence.

## STRATEGIC PRIORITY # 2: EFFECTIVE PREVENTION STRATEGIES

Sexual violence is preventable however, solely providing treatment for survivors and punishing offenders will not end sexual violence in Alberta. A comprehensive sexual violence prevention education strategy is the key to changing attitudes and changing behaviors. A multi-faceted approach to address prevention on several levels is required to create a fundamental shift in societal attitudes.

### 2.1 A Comprehensive Education Strategy

#### Priority

To eliminate sexual violence in Alberta, we must apply sexual assault prevention education across all ages and in all communities. Every Albertan is responsible for ending sexual violence. From community members to professionals, we all need accurate information and the appropriate skills in order to build a safe Alberta that is intolerant of sexual violence. Learning about sexual violence and practising what to do when someone discloses sexual violence is important for all Albertans to understand and is essential to creating and sustaining a safe community. Promoting sexual assault prevention education is the key to ending sexual violence.

#### Recommended System Response

- ❖ All of Alberta's schools (K-12) provide developmentally appropriate curricula that reflect best practice in sexual violence prevention education.
  - Elementary – Healthy bodies, healthy boundaries, sexual violence information
  - Junior High – Healthy dating, healthy relationships, sexual violence information
  - High School – Healthy relationships, bystander information, sexual violence information
- ❖ Post-secondary institutions fund and support institutional and student-led anti-sexual violence advisory groups aimed at changing campus culture as well as institutional practices.
- ❖ Post-secondary curricula for helping professionals include training on the knowledge and skills required to recognize, identify, and respond appropriately and effectively to sexual violence.
- ❖ Professional associations ensure that curricula for professional development training include sexual violence content that uses a non-victim blaming, sexual violence trauma-informed lens.

#### Recommended Joint AASAS/System Response

- ❖ Parent Link Centres, childcare and daycare centres are trained to support all staff and parents enabling them to identify and respond to child sexual abuse.
- ❖ Sexual health promotion and sexual violence prevention curricula are aligned to ensure a consistent and integrated approach to prevention/education across the province.

#### Recommended AASAS Response

- ❖ In order to prevent secondary victimization and ensure a sensitive and compassionate response, all protective services, law enforcement and legal system professionals receive specialized sexual violence skill based training.
- ❖ Community, sports and faith groups are supported and encouraged to deliver sexual violence prevention education that clearly identifies sexual violence within bullying.

## Key Results

- ❖ Every Albertan is able to recognize sexual violence, understands that it is a crime and knows where to get help.
- ❖ All helping professionals, including law enforcement and legal professionals, in Alberta know how to recognize and respond appropriately and effectively to a disclosure of sexual violence.
- ❖ Alberta's schools, post-secondary campuses, faith organizations, community and sports associations are safe places where behaviours related to sexual violence are not tolerated.

## 2.2 Changing Societal Attitudes and Norms

### Priority

Ending sexual violence in Alberta will require a shift in the public perceptions surrounding this crime. The victim-blaming stigma surrounding the crime of sexual violence that prevents survivors from coming forward to get help must be eradicated. The social norms which condone sexual violence must be challenged. Changing societal attitudes must occur before we can expect changes in behavior.

### Recommended System Response

- ❖ A gender-based analysis + (GBA+) underpins the development of all new sexual violence policies and programs.
- ❖ All government and community policies and programs continue to be screened to ensure they acknowledge, include and prioritize the rights of children.

### Recommended Joint AASAS/System Response

- ❖ Community leaders and government decision-makers work together to advance the recognition of sexual violence as a human rights issue.
- ❖ Government, business and community agencies support and provide province-wide evidence-based sexual violence prevention and awareness campaigns that:
  - Promote facts and bust myths about sexual violence;
  - Do not perpetuate victim blaming and hold offenders accountable;
  - Educate the public about the prevalence and effects of sexual violence; and
  - Increase awareness to all Albertans of the range and availability of sexual violence services in their local communities.

### Recommended AASAS Response

- ❖ Male leaders are engaged to develop and deliver sexual violence prevention and awareness initiatives targeted to audiences of men and boys.
- ❖ A province-wide media advisory group is struck to advocate for responsible media coverage on sexual violence including:
  - Addressing inaccurate or incorrect sources of information on sexual violence;
  - Developing and delivering media training programs that utilize a non-victim blaming framework to accurately report news stories on sexual violence; and

- Encouraging and acknowledging media sources that promote positive non-violent perceptions of masculinity and positive non-sexual perceptions of femininity.

### Key Results

- ❖ Albertans recognize that sexual violence is a serious public health issue and support government and community programs aimed at preventing and ameliorating the effects of sexual violence.
- ❖ The focus of sexual violence prevention programs in Alberta shifts from what “people at risk can do to protect themselves” to a broader focus of “perpetrators need to be held accountable” and “everyone is responsible for ending sexual violence”.
- ❖ Alberta fosters and nurtures a culture that is intolerant of behaviors related to sexual violence and promotes equal relationships, the rights of children, respect for women and healthy sexuality.
- ❖ The media presents accurate information and news stories related to sexual violence.
- ❖ Community, government and professional male leaders denounce behaviors related to sexual violence and promote a positive and healthy understanding of masculinity.

## STRATEGIC PRIORITY # 3: EFFECTIVE OUTREACH STRATEGIES

### Priority

Sexual violence affects everyone. It is imperative that prevention, intervention and treatment services are made available to all Albertans not just those in the mainstream of society. This is especially important, because often people who are most marginalized are also at a greater risk for sexual violence. All Albertans who are affected by sexual violence and who choose to seek services must be able to do so with dignity and comfort.

### Recommended System Response

- ❖ Under and un-served communities are identified and allocated resources to build their capacity to respond to sexual violence prevention and intervention strategies.
- ❖ Support and resource the recommendations of the Truth and Reconciliation Commission.
- ❖ Ensure sufficient resources are allocated to enable Elders, elected Indigenous leaders, Indigenous service providers, families and communities to develop proven strategies to end sexual violence on and off reserve that respect Indigenous culture.
- ❖ All government funded initiatives between Indigenous and non-Indigenous service providers and communities address the unique aspects of Colonialism, institutionalized abuse and intergenerational abuse.

### Recommended Joint AASAS/System Response

- ❖ Strategies are developed, resourced and implemented to increase access to specialized community-based services for underserved populations including:
  - Diverse ethno-cultural communities, faith traditions and well as new immigrants and refugees;
  - Gender and sexually diverse people;
  - Self-identified male survivors of sexual violence; and
  - People with disabilities.



### Recommended AASAS Response

- ❖ Community Service providers integrate recommendations from the Truth and Reconciliation Commission into policies and practices.
- ❖ Support the Inquiry into Missing and Murdered Indigenous Women and be prepared to respond as appropriate.
- ❖ Ensure that service providers have the capacity to support Indigenous families impacted by sexual violence.
- ❖ Sexual violence service providers increase their knowledge and build the skills they require to respond to all Albertans affected by sexual violence including:
  - Gender and sexually diverse people;
  - People from diverse ethno-cultural communities including new immigrants and refugees;
  - People with disabilities;
  - Children and adults living in institutionalized settings (including foster care);
  - Older adults;
  - People of all genders in correctional facilities;
  - Survivors of war and torture;
  - Survivors of female genital mutilation;
  - Individuals who have experienced sexual exploitation; and
  - Self-identified male survivors of sexual violence.

### Key Results

- Sexual violence services in Alberta are accessible to everyone.
- Sexual violence prevention, intervention and treatment services are tailored to meet the unique needs of specific populations.
- Specialized and culturally appropriate marketing campaigns are aimed at ensuring individuals in historically underserved communities are aware of and able to access sexual violence services.

## STRATEGIC PRIORITY #4: ENHANCED INTERVENTION

Until we end sexual violence in Alberta, government and community leaders have a responsibility to ensure that all Albertans have access to services that can help them recover from the effects of sexual violence and resume their healthy day to day functioning. In 2004, AASAS developed a framework of eight core services that are required in order for a community to be able to adequately respond to the social problem of sexual violence. Three of these core programs; education/prevention, coordination and collaboration and outreach have been referenced in the previous section of this plan. The remaining five core services: crisis intervention; counselling, police and court support, volunteer support and offender services are essential to facilitate healing of survivors; to hold offenders accountable and to ensure access for all to the criminal justice process. The after effects of sexual assault trauma are unique. It is not enough for sexual assault services to be trauma-informed; they must be specialized in the area of sexual violence trauma. With each of the core services, an effective response to sexual violence requires that all services are specialized and identifiable and are delivered within a collaborative, coordinated and multi-disciplinary framework.

## 4.1 Crisis Intervention

### Priority

For a variety of complex reasons, the majority of sexual assault survivors do not reach out for help and the effects of this on the health of our families and communities are devastating. It is essential for those who do reach out, that the response they receive is immediate. It is also critical that sexual violence services are identifiable, non-blaming and specialized. Some communities in Alberta, through sexual assault centres, have access to specialized 24 hour electronic and in person crisis support. People specially trained in sexual assault crisis are needed all across Alberta to provide sexual assault survivors with support, stabilization, risk assessment, information, referrals and accompaniment to hospitals for medical treatment.

### Recommended System Response

- ❖ Adequate and sustainable funding is made available across all regions of Alberta to support sexual violence crisis services.

### Recommended AASAS Response

- ❖ A specialized and identified sexual violence 24 hour crisis service that provides support, resources and information is developed and available to all communities in Alberta.
- ❖ A standardized multidisciplinary crisis response to recent sexual assault survivors is developed and implemented across the province (for both children and adults):
  - Sexual assault response teams for adolescents and adults; and
  - Child advocacy centres for children.
- ❖ A standardized multidisciplinary crisis response to historical sexual assault survivors is developed and implemented across the province.
- ❖ Viable, accessible rural models of service are funded, developed and piloted, ensuring that survivors of recent sexual assault in rural and remote communities receive a timely and effective crisis response.
- ❖ All sexual violence crisis services are expanded to be available and relevant to not only survivors of sexual violence but also; friends, families, and allied professionals.
- ❖ Sexual violence crisis services in Alberta are expanded to be relevant and responsive to the needs of people who sexually offend requesting support.

### Key Results

- ❖ All Albertans affected by sexual violence are able to access a specialized, effective and immediate crisis response.
- ❖ Sexual assault centres are service delivery partners in the integrative service delivery model of child advocacy centres.
- ❖ All recent and historical sexual assault survivors in Alberta have access to specialized medical care and counselling services.
- ❖ All recent and historical sexual assault survivors in Alberta are informed of and understand their options with regards to reporting to police.

- ❖ Alberta experiences a reduction in the number of untreated sexually transmitted infections and unwanted pregnancies due to sexual violence.

## 4.2 Counselling

### Priority

Without treatment, the short and long term effects of sexual violence trauma on both children and adults carries with it serious health consequences. With access to affordable, specialized counselling and support, most survivors of sexual violence are able to live healthy and productive lives. Sexual violence counselling focuses on helping survivors of all ages and genders as well as non-offending family members cope with the effects of the trauma they have experienced. Both short-term and long-term counselling services are required.

### Recommended System Response

- ❖ Adequate and sustainable funding is made available across all regions of Alberta to support specialized, identifiable sexual violence counselling services, including affordable short and long term client-centred counselling.
- ❖ Work to address the disparity in salary levels between equally qualified community based therapists and those therapists that are employed by Health, Child Welfare and other system based services.

### Recommended AASAS Response

- ❖ Working with Alberta Health, training is developed for professionals to provide sexual assault trauma services.
- ❖ Strategies are developed and piloted that enable Albertans living in rural and remote communities to access effective and timely sexual violence counselling.
- ❖ Collaborative cross-sectoral researchers and practitioners work together to develop and pilot effective treatment strategies for individuals who are experiencing the effects of sexual violence with other co-existing conditions such as domestic violence, mental illness, homelessness, sexual exploitation and addictions.
- ❖ Sexual violence service providers adopt and implement specialized culturally appropriate approaches to counselling tailored to meet the needs of specific populations including self-identified male survivors; children and adolescents, non-offending family members and traditional healing for Indigenous Peoples.

### Key Results

- ❖ All Albertans, including Albertans living in rural and remote communities, have access to timely, affordable, specialized sexual violence counselling services.
- ❖ Community based sexual assault centre wait lists decrease and staff retention increases.
- ❖ Access to affordable, specialized sexual violence counselling services results in an increase in the overall health and well-being of all Albertans.
- ❖ Alberta leads the country in innovative and leading edge sexual violence counselling practices.

## 4.3 Police and Court Support

### Priority

Sexual assault has the lowest police reporting rate of any crime in Canada. With each unreported sexual assault, there is an offender that is not being held accountable. Barriers for reporting sexual assault to the police are well documented and accessing the justice system carries with it its own set of challenges. It is imperative that systems and services currently in place are expanded and/or enhanced that support and help navigate victim/witness' progression through the criminal justice system. With adequate intervention support, victims of sexual assault can proceed effectively and efficiently through the criminal justice process and recover from the effects of trauma. Services are needed in the following areas: first point of contact support, unbiased presentation of potential legal options, accompaniment for police reporting, liaison and advocacy between the victim and the legal system (Police and Crown), building of coping strategies, court preparation and accompaniment and supportive follow-up during and following court proceeding. These services will lead to a better experience for victims therefore increasing the willingness to participate in the system.

### Recommended System Response

- ❖ Adequate and sustainable funding is made available across all regions of Alberta to support specialized, identifiable sexual violence police and court support services.
- ❖ Alberta's Ministry of Justice and Solicitor General develops and pilots a trauma-informed, sensitive and compassionate specialized sexual violence justice and court services/processes in key locations across Alberta.

### Recommended Joint AASAS/System Response

- ❖ In order to prevent secondary victimization and ensure a sensitive and compassionate response, all law enforcement and legal system professionals receive specialized sexual violence skill based training.
- ❖ Cross-sectoral partnerships between legal, law enforcement, health and social services agencies ensure that counselling support is available to victims of sexual assault before, during and after court.
- ❖ New processes are developed and employed to decrease delays in sexual assault trials and to reduce the time required to process DNA evidence.
- ❖ Advances in technology are employed that allow forensic medical professionals to detect, identify and provide evidence of the use of drugs in drug-facilitated sexual assaults.
- ❖ The Chief Crown Sexual Assault Committee continues to advance the issue of sexual violence within the justice system.
- ❖ Explore models for rural police and court support delivery that includes Police-based Victims Services Units with specialised training in responding to victims of sexual assault that do not require police reporting in order to access those services.

***“Addressing sexual violence requires planned strategic and coordinated solutions that includes working in partnership with Government, Justice and Health & Education”***

### Recommended AASAS Response

- ❖ Neutral professionals trained as specialized Legal System Navigators are available in each community in Alberta to ensure that all sexual assault victims have the information, resources and support that they require proceeding through the criminal justice system.
- ❖ Collaborative response networks are developed in rural and remote communities and are designed to reduce stigma, protect privacy, respond, support and connect victims of sexual violence to specialized services.
- ❖ Professional training on how to provide non-judgmental information and support to sexual assault victims enabling them to make an informed choice on entering the criminal justice system is provided to all First Responders in Alberta.

### Key Results

- ❖ First responders in Alberta provide non-judgmental information and support enabling sexual assault victims to make informed choices on entering the justice system
- ❖ Sexual Violence System Navigators support and accompany victims of sexual assault from the first point of contact (i.e. Police reporting) through charge, trial, verdict and post-trial follow up.
- ❖ Alleged offenders who commit acts of sexual violence in Alberta are tried in a specialized court that mediates the unique challenges and barriers victims face when they report this crime.
- ❖ All victims of sexual violence in Alberta who enter the criminal justice system are assured of a sensitive and compassionate response from all helping professionals.
- ❖ Alberta's specialized sexual violence justice and court services/processes results in an increase in reports of sexual assault to police; an increase in sexual assault convictions; faster resolution of sexual assault cases, and higher victim satisfaction.

## 4.4 Volunteer Engagement

### Priority

The involvement of individuals and communities is vital to the continued advancement of sexual violence prevention and intervention work, underscoring the importance of including volunteers in efforts to create awareness about and to respond to sexual violence. The goal of volunteer engagement services is to help build individual, agency, and community capacity by providing meaningful opportunities for community members to become involved in creating awareness and in addressing sexual violence.

### Recommended System Response

- ❖ Adequate and sustainable funding is made available across all regions of Alberta to support volunteer engagement.

### Recommended AASAS Response

- ❖ The development of effective recruitment, screening, training and supervision practices aimed at facilitating knowledge and skill building among volunteers.

- ❖ Develop a range of volunteer opportunities that both support service delivery and also build community capacity by creating tangible opportunities for individuals to build awareness and respond to the impacts of sexual violence.
- ❖ The development of targeted engagement and recruitment strategies for diverse populations.

### Key Results

- ❖ New resources are made available to support volunteer engagement across the province.
- ❖ Sexual assault service organizations offer meaningful and impactful volunteer opportunities.
- ❖ Increased awareness of the impacts of sexual violence across the province.
- ❖ Increased community capacity to support survivors of sexual violence.
- ❖ Reduced shame and stigma for survivors of sexual violence.
- ❖ Broad base support and understanding of the issue of sexual violence amongst Albertans.

## 4.5 Offender Services

### Priority

In addition to protecting the safety of sexual assault victims, the criminal justice system in Alberta is responsible for prosecuting and holding offenders accountable. The justice system is not only responsible for holding offenders accountable, but must also provide the supports necessary in order to ensure that the offender does not re-offend upon release into the community.

### Recommended System Response

- ❖ New resources are allocated to develop and provide accessible, affordable and effective treatment resources for people who sexually offend during and after incarceration.

### Recommended Joint AASAS/System Response

- ❖ Community and government work together to scan, inventory and disseminate information about the current treatment resources available for people who commit sexual abuse in Alberta.
- ❖ AASAS and the Government of Alberta host a “think tank” with provincial sex offender service providers to create a provincial plan of action aimed specifically at people who sexually offend.
- ❖ Provincial research bodies conduct and disseminate the most recent research on sex offender typologies and treatment.
- ❖ Public health and policy professionals use the most recent understanding of sex offender typologies and the relevant risk factors to help develop sexual violence prevention policies and strategies.

### Recommended AASAS Response

- ❖ Researchers and practitioners work together to develop and pilot effective treatment strategies for people who sexually offend.



### Key Results

- ❖ New resources (separate from those requested for sexual assault victims) are allocated to provide accessible, affordable and effective treatment resources for people who sexually offend (voluntary and/or court mandated).
- ❖ A comprehensive, multi-faceted Alberta action plan guides the development and implementation of sex offender prevention and intervention strategies and programs.
- ❖ All sex offender programs and practices in Alberta are based on the most up to date evidence-based models of best practice.
- ❖ People who sexually offend in Alberta have access to timely, available and affordable treatment services (voluntary and/or court mandated).
- ❖ Alberta's helping professionals understand and are able to respond appropriately to the different typologies of sex offenders
- ❖ Rates of sexual offending in Alberta decrease, creating safe and healthy communities.

**- OUR TIME IS NOW TO CREATE -  
AN ALBERTA WHERE SURVIVORS  
FEEL SAFE TO TELL #IBELIEVEYOU  
AND #BREAKTHESILENCE.**

# **APPENDIX A**

## **GLOSSARY OF TERMS**



Working collaboratively for an Alberta free of sexual violence

## **APPENDIX A –GLOSSARY OF TERMS**

### **Advocacy Centres and coordinated response models**

Advocacy Centres involve the integration and coordination of services in one location streamlining services to victims. Common features of advocacy centres and coordinated response models are coordination of investigation, crisis response, law enforcement, child protection and counselling/therapeutic services. Examples of Advocacy centres and coordinated response models include the Sexual Assault Response Teams (SART), Caribou Child Advocacy Centre, the Sheldon Kennedy Child Advocacy Centre and Zebra Child Protection Centre.

### **Child maltreatment**

The physical and emotional mistreatment, sexual abuse, neglect and negligent treatment of children, as well as their commercial or other exploitation. It occurs in many different settings. The perpetrators of child maltreatment may be parents and other family members; caregivers; friends; acquaintances; strangers; others in authority – such as teachers, coaches, police officers and clergy; employers; health care workers; and other children.

### **Child sexual abuse**

Child sexual abuse is the involvement of a child in sexual activity that the child does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to: the inducement or coercion of a child to engage in any unlawful sexual activity; the exploitative use of a child in prostitution or other unlawful sexual practices; and the exploitative use of children in pornographic performance and materials.

### **Complex Trauma**

Complex trauma occurs as a result of traumatic stressors that are interpersonal – premeditated, planned and perpetrated by one human being on another. It is particularly damaging if it occurs in childhood. These actions can be both violating and exploitative of another person. It is mostly cumulative, repetitive and interpersonally generated, and includes ongoing abuse which occurs in the context of the family and intimate relationships. Complex trauma usually involves a fundamental betrayal of trust in primary care relationships, because it is often perpetrated by someone in close contact with the victim. Unlike a one-off event, the cumulative impact of premeditated and multiple episodes of abuse involves compounded impacts and persistent effects. Complex trauma places the person at risk of mental illness and complex post-traumatic stress disorder and may impact physical health and psychobiological development (Courtois & Ford, 2009, ASCA, 2012).

### **Complex post-traumatic stress disorder**

This may lead to stress reactions associated with histories of multiple traumatic stressor exposures and experiences, along with severe disturbances in primary caregiving relationships (Courtois & Ford, 2009).

**Colonialism**

Colonization is a process of conquest whereby one nation establishes a colony on another nation's territory with the intent of taking power, land, and resources. Colonialism is not only about material accumulation but requires the production of ideologies that justify the theft and violent practices at its root. The history of Canada, in large part, is a history of the colonization of Indigenous peoples which includes a history of cultural genocide whereby "Land is seized, and populations are forcibly transferred and their movement is restricted. Languages are banned. Spiritual leaders are persecuted, spiritual practices are forbidden, and objects of spiritual value are confiscated and destroyed. And, most significantly to the issue at hand, families are disrupted to prevent the transmission of cultural values and identity from one generation to the next" (Truth and Reconciliation Commission)

**Dating violence**

Physical or sexual violence occurring in the context of a "dating relationship". A dating relationship is a term that frequently refers to neither a marriage nor a long-term cohabiting relationship that occurs during adolescence and young adulthood. These range from casual first encounters to longer-term sexual partnerships.

**Ethno-culturally Diverse**

The multiplicity of beliefs, behaviours and traditions held in common by a group of people bound by particular linguistic, historical, geographical, religious and/or racial homogeneity. Ethnic diversity is the variation of such groups and the presence of a number of ethnic groups within one society or nation. The word 'ethnic' is often used to denote non-dominant or less powerful cultural identities in Canada.

**Evidence base**

The evidence base refers to a body of information, drawn from routine statistical analyses, published studies and "grey" literature.

**Female Genital Mutilation**

Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons.

**Gender Based Analysis + (GBA+)**

GBA+ is used to assess the potential impacts of policies, programs or initiatives on diverse groups of women and men, girls and boys, taking into account gender and other identity factors. The "plus" in the name highlights that Gender-based Analysis goes beyond gender, and includes the examination of a range of other intersecting identity factors (such as age, education, language, geography, culture and income).

**Gender identity**

Gender identity is defined as a personal conception of oneself as male or female, or both or neither. This concept is intimately related to the concept of gender role, which is defined as the outward manifestations of personality that reflect the gender identity. Gender identity, in nearly all instances, is self-identified, as a result of a combination of inherent and extrinsic or environmental factors; gender role, on the other hand, is manifested within society by observable factors such as behavior and appearance.

**Gender Minority:**

An umbrella term for individuals whose gender identity and/or expression is different from dominant, gender normative norms (i.e., cisgender, male, female). Examples of gender minorities include, but are not limited to, people who identify as: transgender, genderqueer, androgynous, transsexual, and agender

**Health**

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

**Human Rights**

Human rights affirm and protect the right of every individual to live and work without discrimination and harassment. Human Rights policies and legislation attempt to create a climate in which the dignity, worth and rights of all people are respected, regardless of age, ancestry, citizenship, colour, creed (faith), disability, ethnic origin, family status, gender, marital status, place of origin, race, sexual orientation or socio-economic status.

**Institutionalized Abuse**

Institutionalized abuse is the maltreatment of a person from a system of power brought about by poor or inadequate care or support, or systematic poor practice that affects the whole care setting. Institutional abuse can be divided into three categories: overt physical, sexual or emotional abuse; programmatic abuse which is unique to an institutional situation where a program must operate below acceptable conditions or improperly uses power to modify the behavior of a person; and system abuse which involves an entire care system that is stretched beyond capacity and causes maltreatment through inadequate resources.

**Intergenerational Abuse**

Intergenerational abuse is abuse that is passed from parent to child, sibling to sibling or one generation to the next.

**Intimate partner violence**

Behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours.

**Mental Health**

Mental health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the World Health Organization's definition of health: A state of complete physical, mental and social well-being, and not merely the absence of disease.

**Public Health**

Public health is a social and political concept aimed at the improving health, prolonging life and improving the quality of life among whole populations through health promotion, disease prevention and other forms of health intervention. A public health understanding is a comprehensive understanding of the ways in which lifestyles and living conditions determine health status, and a recognition of the need to mobilize resources and make sound investments in policies, programmes and services which create,

maintain and protect health by supporting healthy lifestyles and creating supportive environments for health.

**Root Cause**

A root cause is the fundamental reason for the occurrence of a problem. Root cause analysis is aimed at identifying the root causes of problems or events. The practice of root cause analysis is predicated on the belief that problems are best solved by attempting to correct or eliminate root causes, as opposed to merely addressing the immediately obvious symptoms.

**Safety**

Safety involves strategies, practices and policies which aim to reduce violence including the fear of violence.

**Sexism**

Sexism stems from a set of implicit or explicit beliefs, erroneous assumptions and actions based upon an ideology of inherent superiority of one gender over others and may be evident within organizational or institutional structures or programs, as well as within individual thought or behaviour patterns. Sexism is any act or institutional practice, backed by institutional power which subordinates people because of gender. While, in principle, sexism may be practiced by any gender, most of our societal institutions are still the domain of men and usually the impact of sexism is experienced most by women and gender minority individuals.

**Sexual Exploitation**

Actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another person.

**Sexual Exploitation (Internet)**

Internet-initiated grooming for purposes of sexual abuse (that is, online sexual solicitation), the possession, production, and distribution of Internet-based abuse images of children and youth, Internet-based receipt by children and youth of abuse images, and Internet-initiated incitement of or conspiracy to commit sexual abuse of children, youth and adults through activities such as sex tourism and prostitution.

**Sexual Minority**

An umbrella term for individuals whose sexual orientation is different from dominant, heteronormative norms (i.e., heterosexual). Examples of sexual minorities include, but are not limited to, people who identify as: gay, lesbian, bisexual, pansexual, and asexual.

**Sexual Violence**

Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting including but not limited to home and work. Sexual violence may be referred to as sexual assault and sexual abuse interchangeably.

**Sexual Violence-specific**

Treatment approaches and trauma-informed and trauma-specific services that are also sexual violence specialized which recognize the insidious and not so insidious dynamics and common factors and realities of sexual violence. This includes acknowledging sexual assault and rape culture and social norms that exist in society and the impact on victims as well as the relational reality of the majority of sexual abuse and sexual assault (85-90% of people choosing the behaviour to abuse are known to victims).

**Trauma-informed**

The re-conceptualization of traditional approaches to health and human service delivery whereby all aspects of services are organized acknowledging the prevalence of trauma throughout society. Trauma informed services are aware of and sensitive to the dynamics of trauma as distinct from directly treating trauma per se. The appropriate term in the latter case is “trauma specific” (note the overlap between the two). Trauma-informed services are alert to the possibility of the existence of trauma in the lives of all clients/patients/consumers, irrespective of whether it is known to exist in individual cases. This is not the same as trauma-specific (Australian Mental Health Coordinating Council, 2015).

**Trauma-specific**

Treatment approaches and trauma-informed services which directly address trauma in its various forms (Australian Mental Health Coordinating Council, 2015).

**Violence**

The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.



# **APPENDIX B**

## **BIBLIOGRAPHY**



Working collaboratively for an Alberta free of sexual violence

## APPENDIX B: BIBLIOGRAPHY

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## Alberta Sexual Violence Action Plan



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