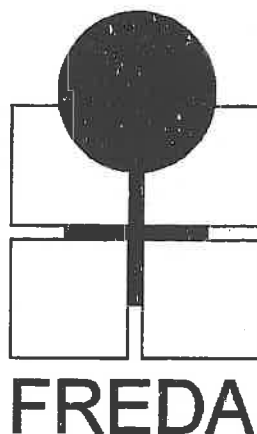


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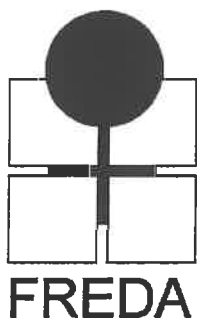
**FALLING THROUGH THE GAPS:  
GAPS IN SERVICES FOR YOUNG WOMEN  
SURVIVORS OF SEXUAL ASSAULT**

by

**Zara Suleman and Holly McLarty**

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The Feminist Research, Education, Development and Action (FREDA) Centre is one of five violence research centres funded by Health Canada, and the Social Sciences and Humanities Research Council of Canada.

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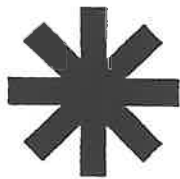
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"It would be really nice if the cops really did pick them up, like pick the guys who really did it and then like, really punish them severely."

"It's like stumbling in the dark."

"I think if people just listen to what we have to say then maybe we might make a difference."



falling through the gaps:  
young women  
and  
sexual assault

written by:  
zara suleman & holly mclarty

"You feel so ashamed; your self-esteem is so low"

"I had all the proof and they didn't believe me."



"I've been raped from age 6 and on, continuously hey it's o.k. You don't think it's o.k. but you think it's a part of every day life so you think no one helped me when I was younger, who the fuck is going to help me now!"

"I was in lock up when I was 14 and I was trying to tell people that I was raped while I was working and they look at me like I didn't know what I was talking about."

"I was at a party and this man said he was driving me home, and he put a needle in me and I wake up the next day and my clothes were missing my shoes were missing and he had... you know..."

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## ACKNOWLEDGEMENTS

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This report would not have been possible without the assistance of the Feminist Research, Education, Development, and Action Centre (FREDA). We would especially like to acknowledge the support and hard work of Dr. Yasmin Jiwani, the Centre's Executive Coordinator, whose constant energy and guidance were greatly appreciated. Kamla Raj of Women Against Violence Against Women Rape Crisis Centre (WAVAW/RCC) was also an immense source of support. Her strength and faith in this project enabled us to continue our efforts. Special thanks are also due to Kim Hiebert and Annabel Webb from Street Youth Services, and Tamara Gorin and Lee Lakeman for their extensive assistance in organizing young women for our focus groups. We would also like to thank Stephanie Lightfoot for the many hours she spent transcribing our taped interviews. Finally, we would like to acknowledge our gratitude to Margaret Jackson, Yasmin Jiwani and Susan Wilmshurst for their invaluable help in editing this report, and to Leanne Lee and Jo Hinchliffe for their help in the process.

A project such as this would not have been feasible without the young women who participated in our focus groups and interviews. We thank them for sharing their stories with us. We would also like to extend our sincere appreciation to Ronnie Steiner, Joanna J., Harmony Charron, Michelle Koningen, Sasha McArthur, April Kennedy, Victoria Joseph, Virginia Amber Servage (Pepper), and to the community workers – Andrew of Street Youth Services, Karen Hillman, Carola Knockwood, Sarah Leavitt, Bronwyn Barret, the WAVAW/RCC collective, and Jill Hightower of the B.C. Institute Against Family Violence. As well, the perspectives afforded by the various "systems" would not have been possible without the assistance of Ms. Pat Elsom-Lewis, Sgt. Geramy Field, and Ms. Anneke Van Vliet.

This report is dedicated to the courage, strength and spirit of all the young women who spoke their truth.



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## EXECUTIVE SUMMARY

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Women Against Violence Against Women (WAVAW/RCC) is a rape crisis centre that provides counselling, support and advocacy services to women survivors of sexual assault in Vancouver. The WAVAW/RCC centre has a mandate to provide services that include: one-to-one counselling, survivor support groups, and public education regarding violence against women aimed specifically at young women between the ages of fourteen and twenty-four.

This report identifies the barriers in services and support that young women who are survivors of sexual assault experience and encounter. It provides a needs assessment of existing community services, medical, police, and court services that are available to women in the City of Vancouver.

The report reflects the obstacles perceived and encountered by young women survivors of sexual assault. Through two focus groups which were organized with the assistance of the Vancouver Rape Relief and Women's Shelter, and Street Youth Services, a total of 13 women participated in this study. Two of the women were individually interviewed. Systems service providers, for example, the police, medical, and court personnel were also interviewed in order to include their perspectives on the issue.

The voices of the young women who participated in the focus groups form a significant component of this report. In addition, a literature review highlighting helpful and insightful material, as well as a list of organizations dealing with the issue of young women and sexual assault are included.

In summary, the report acknowledges that young women survivors of sexual assault are an extremely vulnerable group in society. They are at a higher risk, and are unable to access community services and systems. The primary issues for these young women include: a lack of confidence in agencies and systems, a fear of not being believed, a sense of age discrimination, a lack of resources, services that are tailored specifically to the needs of young women, a lack of basic services such as food and shelter, and finally, evidence of police and court dismissal of young women's rights.

The young women consulted in this study strongly recommended that more services be made available for young women survivors of sexual assault. They further advocated for a multi-service centre and for female peer counsellors who are based at community and drop-in centres. Many young women believe that the support they receive from their peers is essential to the healing process. They urge the police and court systems to take more immediate action on reports of sexual assault. Their accounts indicate that these agencies tend to be dismissive of the experiences of sexual assault.

Young women participants in this study also stressed the need for confidentiality from police and the courts when reporting a sexual assault. They further recommended that basic services such as housing, food, resources, education, financial, emotional and medical support be made accessible to young women survivors of sexual assault.

Community organizations interviewed for this study recommend a greater need for additional funding to rape crisis centres and youth drop-in centres so that the latter can continue providing critical services to young women survivors of sexual assault. It was generally acknowledged by those who were interviewed that workers at rape crisis and youth drop-in centres have the necessary expertise in terms of providing services to young women survivors. However, their services need to be augmented with additional programs and support workers who are trained to deal with the issues of young women survivors of sexual assault.

Many of the young women who participated in this study were initially cautious about being further “researched.” However, their commitment, strength and desire to challenge the myths and discrimination they face motivated them to continue their participation. Their voices represent their incredible resilience and commitment to change. Their stories show us some of the ways in which young women survivors of sexual assault need not fall through the gaps.

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## **I. INTRODUCTION**

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### **SUPPORT AGENCY BACKGROUND**

This community research project was undertaken with the support of the Women Against Violence Against Women Rape Crisis Centre (WAVAW/RCC) in Vancouver, British Columbia. WAVAW/RCC is a grass-roots feminist collective that strives to end violence in the lives of women and children. The mandate of the organization is to provide support, advocacy, accompaniment and referrals to women who are surviving sexual assault. Some of the services WAVAW/RCC provides include a 24-hour crisis line, one-to-one counselling, support groups, advocacy, and accompaniment to police, court, medical and government agencies.

WAVAW/RCC has a specific focus on young women survivors of sexual assault. There are two liaison workers who coordinate and promote the Centre's Young Women's Group (YWG). The group provides support to women between the ages of fourteen and twenty-four. The issues and needs of this group have been identified as being distinctly different from issues confronting women who are twenty-five or older. The young women who participate in this group, as well as crisis workers at the Centre have long expressed their frustrations and anger with having to confront and surmount barriers that prevent young women survivors from accessing the services they need. The lack of available services and support for this group constituted the major impetus for this research project. Thus, the definition of the research as a needs assessment has its roots in the current reality faced by young women survivors and crisis workers.

### **COMPONENTS OF THE RESEARCH PROJECT**

The research undertaken for this needs assessment spanned a period of ten months, starting June 1995, and ending March, 1996. Specifically, the research involved the following:

- A critical review of the literature identifying the emotional, physical and psychological effects of sexual assault, social and family pressures that young women face, and services available to them after having survived a sexual assault.
- Assessment of discriminatory barriers such as ageism and sexism, as well as other forms of oppression in terms of how they impact upon and heighten the inaccessibility of services for young women.
- An investigation of the quality of legal, medical, and police treatment received by young women after having been assaulted.
- An examination of issues of confidentiality and options that young women are given by service providers and systems personnel.
- Assessment and evaluation of primary services that young women may use after a sexual assault. This information was derived from interviews with representatives

from the Women's Health Centre Sexual Assault Service, the Sexual Offence Squad of the Vancouver Police Department, Crown Counsel Victim Services, and other community agencies in Vancouver's Lower Mainland.

## **BACKGROUND OF THE RESEARCHERS**

As researchers of this study, we come with the experience of being young women ourselves who share some of the concerns of the women we consulted. We are also front-line rape crisis workers, advocates, and support workers of women who are survivors of sexual assault. Our age, and anti-violence activities and work, places us in the specific position of understanding the need to explore and expose the issues facing young women survivors.

Our experiences of being at hospitals at 3 am, and in police stations at all hours of the day doing advocacy work with young women had made us realize the critical lack of resources, information, abuse of confidentiality and lack of respect that young women survivors of sexual assault confront. In one-to-one counselling, we came to recognize the incredible gaps and barriers that young women face, both before and after a sexual assault.

This study is designed with a view toward addressing the lack of information about existing services, and simultaneously highlighting the limitations of these services. An additional aim of this study is to provide concrete recommendations for change that existing service delivery organizations can implement in their programs, procedures, policies and protocols. It is with this hope that we offer our findings and analysis.

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## II. A REVIEW OF THE LITERATURE

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While the literature dealing with violence against women is extensive, for our purposes we concentrated only on those studies that were directly related to young women survivors of sexual assault. In particular, we consulted the literature on rape, dating violence, and teenage survivors of sexual assault. These works are discussed in the following section. For the sake of clarity and for use as a resource, this review is presented in the form of an annotated bibliography.

Robin Warshaw's study entitled, *I Never Called it Rape: The Ms. Report on Recognizing, Fighting, and Surviving Date and Acquaintance Rape* (1994), stands out as one of the most important contributions in this area. The study reveals that 38 percent of women who have been raped were between the ages of 14 and 17 at the time of the assault. A vast number of these assaults remain hidden. Teens, like older women, tend to be raped by classmates, boyfriends, casual friends, and even co-workers.

A longer-term study on adolescent vulnerability to sexual assault, cited by Warshaw (1994), found that nearly all female teen victims knew their attackers. The breakdown of figures revealed that 56 percent had been raped by a date, 30 percent by a friend, and 11 percent by their boyfriends. The figures further indicate that 78 percent of the women did not tell their parents and only 6 percent reported the incident. Most failed to do so because they knew the attacker, and/or had no visible injuries to prove their case. Warshaw points that many teens are unable to report the sexual assault to family, rape crisis counsellors, or the police.

Much of the existing literature focuses on education for young women. For example, DeAnne Fitzpatrick's *Outreach to Teens: A Manual for Counsellors Who Work with Teen Victims of Violence against Women* (1992), offers a concise and useful guide for creating awareness of the issue, as well as providing training for peer group counselling among teens. This manual also explores the process of socialization and gender stereotyping, and debunks common myths about violence against women.

Fitzpatrick's manual is an extremely useful tool for service delivery organizations who want to work with youth to implement peer support or educational programs. The focus is on education and prevention. Thus, the manual does not contextualize the issue of violence by providing a critical examination of barriers that teens face in accessing services relating to sexual assault. However, the work prioritizes young women's needs and concerns, and offers prevention techniques for both pre- and post-sexual assault.

*Dating Violence: Young Women in Danger* (1991), an anthology compiled by Levy offers another useful analysis of issues specific to young women survivors. The women's voices in this anthology recount their personal experiences of abuse. Their stories highlight the diversity of this group which includes lesbians, working class women, women of colour, poor women, and incarcerated women. The latter sections focus more on the

psychoanalytic perspective as it relates to violence. This perspective can be highly problematic because of its individualized focus.

In a later collaborative work entitled, *What Parents Need to Know about Dating Violence* (1995), Levy and Giggans cover preventative steps that can be taken to prevent violence against young women. This work underlines the critical need for support by young women who have experienced sexual assault. Through a diversity of personal stories and a variety of information on support mechanisms, the work aims to reduce the denial and fear that many parents and teen peers have around sexual assault. Levy and Giggans emphasize the responsibility and accountability of young men, as well as the shared responsibility of families and friends. However, the book's relevance to our study was limited given that it focuses on the situation in the United States and hence, mentions resources and service delivery organizations that are based in Seattle.

Bohmer and Parrot's (1993) study focuses specifically on sexual assault of women on college campuses. It offers some useful and concrete suggestions for the prevention of sexual assault, as well as an analysis of the academic and legal system's response. The study also identifies barriers that women as survivors can expect to encounter within the academic system. However, while the study is a positive contribution through its highlighting of the extent of the problem in universities and college campuses, it does not deal with those young women survivors who do not attend these institutions.

Some of the literature we examined did not deal with the issue of violence from a gender-based perspective. By this we mean that the studies did not focus on the systemic aspect of violence against women, or acknowledge that it is predominantly men who are the offenders. Our research assumptions are based on a more systemic view of violence against women, focusing particularly on those aspects of society, institutional and otherwise, that make us as women more vulnerable to violence.

Interestingly, some studies and educational prevention programs dealing with violence in relationships attribute it to "bad communication." Such a view obscures the issues of power and control that are inherent in gender relations. The reality is that men have more power and control over women, and violence is one vehicle by which this power and control is expressed, maintained, and perpetuated. An example of the "bad communications" model is evident in the Canadian Red Cross Society's, *Dating Violence Prevention* (1993). This manual is widely used throughout schools to implement training programs. It contains some vital information on how the family, mass media, educators, and others play a role in the process of gender socialization. The manual also includes myths, statistics, and definitions of sexual assault.

However, this manual's treatment of dating violence tends not to be gender specific. It does not make explicit the connections between women as survivors and the reality of patriarchal power as evidenced by male perpetrators. Relationships are conceptualized very narrowly and there is an implicit assumption that all relationships are heterosexual.



The chapter dealing with “Dating and Mating: Cultural Variations,” is highly ethnocentric and tends to perpetuate stereotypes. In contrast, public education material from front-line rape crisis centres was found to be much more helpful and inclusive. It tended to be more critical and analytical in its presentation of assault as a manifestation of power relations.

Two other resources which we found to be highly useful include: *No Fairy Godmothers, No Magic Wands: The Healing Process after Rape* (1993), by Judy Katz; and *If You are Raped: What Every Woman Needs to Know* (1985), by Kathryn Johnson. Both resources are very helpful to survivors of sexual assault and to service providers dealing with them. Katz’s work focuses on counselling for young women survivors of sexual assault. It provides the reader with a good sense of the possible emotional and physical reactions that women experience after a sexual assault. The work also identifies ways in which women can build support systems. As well, it provides a realistic view of the often stigmatizing ways by which some mainstream support services, for example, mental health systems, (mis)treat women who are sexually assaulted. Specific chapters provide an overview of the advocacy needs of women survivors.

Johnson’s work (cited above) is useful in that it contains practical steps that an assaulted woman can undertake. The book also includes a self-help guide which provides a stage-by-stage description of the healing process. However, the work tends to assume that all women react in the same way, and go through a uniform process of healing. Although general in its orientation, the book does not deal specifically with the situation of young women survivors.

A more recent publication from Health Canada entitled, *Dating Violence: An Issue at Any Age* (1996), provides hands-on training and an awareness raising program. The manual contains effective strategies and exercises which are useful to facilitate a discussion of date rape in a variety of settings. Although the authors acknowledge that the prevalence of sexual assaults in dating situations makes young women vulnerable targets, it does not focus on their specific needs, nor treat them as a priority group. Interestingly, the advisory committee involved with this publication did not include any members of youth centres or independent sexual assault centres. The publication aims to broaden the definition of dating violence, and in the process, dilutes its applicability and relevance for young women.

## SUMMARY

This brief review of the literature identifies the need for research that prioritizes young women’s concerns and provides an assessment of community services from their perspective. Above all, the review highlights the necessity to examine the situation from the point of view of the young women themselves – how programs and policies can be made applicable to their situations. It also offers their assessment of existing programs and services, defining where these impede the provision of services to young women who have experienced sexual assault.

In contrast to the literature reviewed, the present study focuses particularly on the local situation. In this respect, our research is informed by the support of community agencies who work with survivors of sexual assault in Vancouver. The service organizations that we interviewed are local and parallel those which exist in other provinces.

The present research also differs from the literature surveyed above, in that its focus is action oriented. We hope that the findings and recommendations we offer will be implemented by service delivery organizations and government agencies mandated with the responsibility of providing support to survivors of sexual assault.

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### III. YOUNG WOMEN AND SEXUAL ASSAULT

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Sexual assault is a violent crime committed primarily by men against women. It is any forced sexual contact ranging from kissing or fondling, to sexual intercourse. Regardless of the interaction between a man and a woman prior to the point where she refuses consent to sexual contact, further action on the part of the man constitutes sexual assault. The crucial element of sexual assault is the desire to control, humiliate, hurt and degrade a woman. It does not stem from uncontrollable sexual urges, but from a desire to dominate and control. Sexual assault takes away a woman's most fundamental right, the right to control her own body and sexuality. (Wiebe 1985)

Young women are especially vulnerable to sexual assault. The Canadian Panel on Violence Against Women noted, in its final report (1993), that more than half of the women under the age of sixteen had experienced some form of "unwanted or intrusive sexual experience." In addition, data from the Women's Safety Project which interviewed 420 women indicated that, "34% had been sexually abused by a non-relative before age 16," and "43% of women reported at least one experience of incest and/or extrafamilial sexual abuse before age 16" (1993:9). The report states that "young women are at especially high risk of being sexually assaulted" (1993:A6).

Young women survivors of sexual assault experience a variety of emotions. Just as each woman is different, so is her experience, coping ability, and reaction to the assault. Women may experience feelings of anger, sadness, depression, isolation, fear, lack of trust, grief, guilt, self-blame, a sense of being dirty, terror, disassociation, numbness, panic, and anxiety. Physical reactions may include bulimia, anorexia, nightmares, nausea, insomnia, migraines, panic attacks, black outs, flashbacks, and an inability to have any physical or sexual contact.

Depending on the severity of the assault, women may suffer such injuries as bruising, bleeding, cuts, soreness, redness, swelling and a variety of such physical ailments. Other medical concerns that women may need to address include testing for AIDs, sexually transmitted diseases, and pregnancy.

One major factor of the aftermath of a sexual assault that young women experience is the feeling of not being believed. This often results in self-blame. As a result, many women do not feel that they can tell anyone about the assault. This leaves them feeling isolated and responsible for the assault. These feelings are compounded when young women interact with the medical, legal and justice systems (see, Canadian Panel on Violence Against Women, 1993:213).

In their consultations with survivors, the Canadian Panel on Violence Against Women found that:

Police are often reluctant to lay charges in cases where they cannot see any injuries or where they are no witnesses. By using their discretionary power, the police support or deny access to the justice system for women according to their narrow criterion of the “good witness,” that is, white, middle class, able, heterosexual, etc. Anyone differing from this ideal is considered less credible. (1993:216)

The report further notes that sexual crimes are not dealt with adequately by the courts. Information about the court process is often inaccessible. As a result, young women are cautious and hesitant about using the justice system. Many also undergo a process of re-victimization by the courts and police. Often, even after going through the system, women see the perpetrators walk away without charges or convictions. As Barbara Roberts notes:

Rape is easy to get away with. Few rapists go to court; fewer go to jail. In Canada, the ratio of suspects brought to trial for offenses reported to the police (and only 10% of the rapes are reported) is lower for rape than for any other crime against the person. (1983:8)

Most cases of sexual assault are not reported. According to Bohmer and Parrot, “Approximately 90 percent of sexual assault cases involving people who know each other are never reported to the police” (1993:31). In part, this may have to do with perceptions of police effectiveness. Roberts and Mohr (1994) found that 52 percent of the victims they surveyed regarded the police to be ineffective in dealing with sexual crimes.

Additionally, sexual assaults are often not reported because of feelings of self-blame and personal responsibility that victims experience. Young women may also feel that they will not be believed by parents and others.

Thus, it can be argued that there are multiple facets to the issue of access to support and services. On the one hand, there is the common perception among young women who have experienced sexual assault that they will not be believed. On the other hand, there is a lack of trust in social systems mandated to protect the interests of young women – the courts, the police, and the medical institutions.

This research focuses specifically on the systems and support organizations that deal with young women survivors of sexual assault. The objective is to highlight any gaps in services that exist and to recommend ways in which organizations can better fulfil the needs of young women who are survivors of sexual assault.

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## IV. METHODOLOGY

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This research project utilized a combination of different methodological tools. Individual structured interviews were used to obtain the views of personnel working in the various “systems,” i.e., the Sexual Offence Squad of the local police department, Sexual Assault Service provided by a hospital, and Victim Services provided by Crown Counsel. These systems were chosen because their mandate covers the provision of support and services to young women survivors.

Individual, structured interviews were also used to access the views of community support organizations. We defined community service organizations as those entities that are not for profit and relatively autonomous from government. These included rape crisis centres and shelters, women’s support services, and service organizations that focus specifically on HIV positive women and street youth. A listing of all organizations consulted in this study can be found in Appendix A.

Accessibility was a key factor which we considered in compiling our list of community organizations to be interviewed. We chose to include organizations which serve immigrant women, women who speak English as a second language, women who are deaf and/or hard of hearing, and women who have learning disabilities or specific comprehension requirements. As well, we included organizations that serve lesbians, women of colour, and women from particular ethnic backgrounds. Not all of these organizations responded to our request.

Interview questions for both the systems and community organizations are included in Appendix B of this report. Organizations were contacted by telephone, fax, and mail. In both cases, the goal was to ascertain gaps in services, as well as to elicit opinions regarding possible measures that could be implemented to effect change.

### FOCUS GROUPS

To obtain the views of young women survivors, two focus groups were organized with the help of some of the community organizations interviewed. Focus group methodology was chosen because it eliminated the need for signed consent forms (which young women would have had to secure from their guardians or parents). Further, the group setting allows for the articulation of multiple perspectives and viewpoints.

However, convening focus groups of young women survivors of sexual assault proved to be one of the most difficult tasks in our research design. Initially, we attempted to reach young women through mass mailouts directed at schools, universities, colleges, community centres, agencies, libraries, and youth organizations. To supplement this effort, we distributed posters in key areas around the city. We also faxed posters to relevant agencies and posted them in various streets, malls, and libraries.

While we had expected some difficulties in getting young women to participate in our research project, we did not anticipate the overwhelming lack of response. We realized that trust was a major issue. The few women who did respond to our call, were difficult to contact as they rarely left their telephone numbers, or provided inaccurate numbers or numbers that had been disconnected.

We knew that young women survivors of sexual assault tended to be sceptical of sharing their very painful personal experiences with people they did not know. We were also aware that it would be difficult for many young women to call or meet with us for fear of having their friends and families find out. Since many of them may not have disclosed the assault to anyone, there was another level of fear and anxiety about sharing the information with strangers. As well, we were aware that women from marginalized communities faced an additional barrier stemming from language, ability, sexuality, and racism, which might make it more difficult for them to contact us.

Yet another factor that might have impeded their participation in our research was the issue of confidentiality. Young women may have been afraid of disclosing information for fear of the consequences they might face from the police, medical, and legal systems, as well as from the Ministry of Social Services. The issue of confidentiality was highlighted in our interviews with representatives from systems and community organizations.

The issue of identifying behaviour that constitutes sexual assault could have been an additional factor impeding young women from participating in our research project. In our previous work in schools and with rape crisis centres, we were aware that many young women were not aware of the definition of sexual assault. This, combined with the tendency toward self-blame, lack of disclosure, and issues of confidentiality, served, in our opinion, to dissuade women from participating in the research.

## **COMMUNITY-SPONSORED FOCUS GROUPS**

In the course of our interviews with community organizations, we found several that were very helpful in assisting us to convene focus groups. The Vancouver Rape Relief and Women's Shelter, and Street Youth Services, both came forward to offer their support and assistance. Through their networks, we were able to convene focus groups of young women survivors. The front-line workers from these organizations helped promote the research through postering, word-of-mouth, and outreach. They also advised us to use existing "drop-in" centres as the sites for focus groups. As a result, we were able to hold two focus groups consisting of eleven women in total.

In addition, we met with two young women who wanted to be interviewed individually. They did not feel comfortable in a focus group setting. We agreed to interview them. The interview questions and focus group format are included in Appendix C. For the focus groups, we also asked the participants to provide some demographic data indicating their age, history of assault, services used, education, living situation, cultural background, work, sexual orientation, relationship status, and any other information they wished to have included. A breakdown of this data is available in Appendix C.

## **RECORDING AND HANDLING OF DATA**

With the permission and consent of all those who participated in this project, we taped the interviews and focus group discussions. These were then grouped according to the themes that emerged. An analysis of this data is presented in the following sections. Where possible, we have attempted to use direct quotes so as to let our participants “speak” about their own realities. For reasons of confidentiality, all names that might identify participants have been removed from the body of the report.

It should be noted that the original data for this study has been destroyed in keeping with the ethical requirements of social research.

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## V. FINDINGS FROM THE FOCUS GROUPS

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As mentioned previously, with the assistance of two community organizations, two separate focus groups were convened. A total of eleven young women participated in the groups. In addition, two individual interviews were conducted. It should be noted that while the groups represented considerable diversity in the background of the women who attended, there was a lack of representation from immigrant as well as deaf and hard of hearing women. (See Appendix C for a demographic profile of the participants of the focus groups.)

This lack of representation from women in marginalized communities suggests that more time, energy and resources needed to be in place in order to solidify linkages with specific communities. As well, the absence of women from specific communities could be linked to the general distrust that many marginalized groups have with regard to research requests. It is apparent that many of these communities have been researched extensively, and often there has been a lack of accountability from researchers. It is therefore, understandable that there might be a certain reluctance to participate in yet another research project. Further, when language ability and other forms of communication are barriers, participation can become even more difficult.<sup>1</sup>

In order to retain the authenticity of the stories of the young women who participated in the focus groups and interviews, we have used direct quotes as much as possible throughout this section.

### THEMES

As researchers, we were privileged to have young women share their experiences with us. The focus groups and interviews were emotionally charged, filled with anger, and highly disturbing in what they revealed.

As we sat listening to the various women, we were struck by the reality that their stories did not resemble the popular media images we are bombarded with about young women. The women spoke to us about the many barriers they faced in attempting to access basic necessities such as food, shelter, and health-care. Their struggle to meet basic survival needs occurred at a time when many were dealing with the emotional aftermath of violent and sometimes horrific, sexual assaults by strangers and by people they had trusted.

There were many different themes that emerged from the focus groups and interviews. These included experiences of being discriminated against because of age, lack of

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<sup>1</sup> In retrospect, we would argue that future research would need to incorporate a longer time frame which would then allow for the establishment of good working relations with specific communities.



knowledge about services available, lack of information about sexual assault, services that were found to be useful and those that were seen to be problematic, and finally the specific obstacles that young women had encountered in attempting to deal with sexual assault.

A common theme that ran throughout the participants' stories dealt with their sense of being abandoned by society, their specific need for services and resources, and their distrust of particular systems. Below is a sample of some of their responses:

I am an 18-year-old prostitute. I have been working on and off for six years. I am angry that I don't have the support I need to get off the streets and make something of myself. People don't understand how addictive working is. I have so many stories to share, but no one who will listen to them.

Another young woman noted:

I am 17 years old. I have a kid and I have one on the way. I hate the idea of how men seem to think they can overpower someone and get away with it. I mean on the streets it is called a "skin" charge, when someone has raped another. And most of the time, all they get is like 30 to 60 days in jail. I think the only way to stop them is the death penalty.

## **AGE DISCRIMINATION**

The majority of the participants attributed their difficulties to age discrimination. Thus, because of their age, their experiences were not treated with respect or taken seriously. At the same time, they identified common stereotypes which work against them. Young women articulated this issue in a number of different ways. As they put it:

I think they think older people have their heads more together and that they know what they're talking about, and because we're young, we're different you know.

I was in lock up when I was 14 and I was trying to tell these people that I was raped while I was working right, and they would look at me like I didn't know what I was talking about.

It's an age discrimination too, they don't look at you ... say if a 25-year-old walked in and say a 25-year-old got raped, and I'm 19 and I walk in, they go and rush over to the 25-year-old.

Overall, how many young people have actually gone through courts and stuff like that ... actually carried that through? No one takes you seriously until they think you're of an age where they think you know what you're talking about.

Yet another young woman said:

Did anyone realize that being raped made you grow up a lot more? Like when I was 13, I thought I was 20 you know, I thought I was so old. You know, you get adults saying that you're just a kid, you don't know anything but yet ... getting raped and going through all these problems makes you feel so grown up, you don't have a childhood left. Then when you have to go to clinics and they're like, you have to be 18 or you have to be 15. I feel 18. I've gone through the same shit as a 30-year-old would go through, yet I'm not old enough physically but mentally I am.

The women also discussed how intersecting forms of oppression impacted on their lives. Age discrimination was thus combined with gender-based discrimination, and in some cases, racial discrimination. The women were aware of how these differences affected the ways in which they were treated by service agencies. As one of them indicated:

It's a big racial thing – as a white person, say I was to walk into a clinic and say you were to come with me [pointing to another woman in the room], I would get treated differently than you would because you're native and I'm white. Which doesn't bother me about race but you do get treated differently than me or others ... it's not just a gender thing, it's an ethnic thing.

One woman commented:

They [the service agencies] were more concerned with the particulars of my marriage. "Oh was it an arranged marriage?" Yes, it was an arranged marriage, but is that relevant to the fact that I got sexually assaulted in that marriage? A lot of counsellors were interested in the cultural aspect of why, or there was always the comment, even at the hospital in spite of how good they were, "This happens a lot in your culture."

Culture is then used as kind of root explanation as to why this young woman was the target of sexual assault. Despite the reality that many other women also suffer from sexual assaults, the tendency among these agencies is to mirror the racist attributions that are prevalent throughout society, namely, that culture is the cause of violence.

Other young women mentioned their socio-economic backgrounds as playing a critical role in how they were treated. Thus, because of squatting, living on the streets, and being extremely poor, their needs are often dismissed. They felt that systems and agencies did not believe that they were sexually assaulted. Discrimination, prejudice and judgement were several factors that the women identified. These impeded their access to vital services. The young women who participated in the focus groups expressed the view that in their estimation, systems and agencies had not done any educational work within their respective organizations to really understand the diversity and complexity of issues facing young women survivors of sexual assault.

## GAPS IN SERVICES

A prominent issue that surfaced in the focus groups was the dramatic lack of information that participants had around the definition of and services for sexual assault. Many of them had discovered the different agencies *after* the assault. This discovery often occurred through a process of multiple referrals from different agencies. In their words:

I didn't even know I was sexually assaulted ... so to know my rights was beyond me.

At that time, I was even unsure of what had exactly happened ... was it rape?

They kind of keep that [information to services] locked up. They don't make them very available to people. You have to go through a referral and all this other bullshit. You can't just walk in and say, "Hey, fuck I need help!" Oh well, you've got to get this fucking social worker and his boss and her sister's cousin to refer you.

I think I'm really aware of a lot of services available in Vancouver now, but that's only because I bounced around in all of them and that's the only way I got to know. It's kind of like, you go to one and that place sucks, so you go to another one.

At the time, I didn't know what was out there, and I mean that's a big thing! I look back now and if I had been taught that or if someone had just mentioned it, I think it would have been different.

How come no one ever told us ... why isn't it taught that this is what you can expect, these are your options, this is where you can go. Even let women know that these services are out there. I had to go and research it. I should have just known that there are all these different services out there if I need them.

These statements express the sense of frustration that young women are experiencing. It is alarming to note the extent to which information about sexual assault is lacking. Clearly, much more outreach is required. However, as front-line workers, we are aware that additional outreach translates into a greater requirement of services. Existing services which are already stretched, will need to be supplemented and reinforced.

Issues of confidentiality and sensitivity were also raised in the context of the focus group discussions. The participants mentioned feelings of discomfort, lack of privacy, being treated in a condescending and patronizing manner. In their words:

I kind of feel uncomfortable going into different places because you walk in and they're like... "What's your name again?" and they say, "Well I've got you in file number 416." You know, everything's a file... "Well let me look up your file." You can't just see one person, you've got to see all these different workers, and they all know your business. You walk in and they go, "Well, there's that charity rape case."

Not just one person knows your case, but everybody knows your case like in group homes. Like if you're sitting there talking to someone, every person in that group home and every other group home that's attached to that home, knows your business. That's why I don't like talking to anybody.

Other women mentioned:

A lot of times when you walk into a place and you look at the services they offer and you wonder if I'm young enough for this, am I old enough for that? Am I this enough for this or that enough for this? Do my problems fit your credentials so that you can help me? Lots of times you wonder, am I desolate enough to be here or do I have to go out and do something really harsh so that I belong here.

Just going to places like this, I feel like it's, "Oh we've dealt with people like her, we'll use the same method that we used with the last person." I want someone that's going to deal with my problems individually instead of using me as a statistic ... which is what I feel sometimes.

I think a lot of community services need to be culturally sensitive. They need to be sensitive to the other person.

## **EVALUATION OF EXISTING SERVICES**

We asked the focus group participants and the two interviewees for their evaluation of existing services. As we have noted before, young women survivors tend to turn to one another, as peers. Through word-of-mouth, their evaluations about particular services tend to influence others who may be caught in the same situation.

Women felt very strongly about the services they would recommend to other survivors. Generally, they recommended seeking out the assistance of the medical system so as to have themselves examined for physical injuries, pregnancy, and sexually transmitted diseases. Free clinics and hospitals equipped with specific sexual assault services were recommended as being most effective in dealing with the medical needs of survivors. For emotional needs, the women recommended community based counselling services as offered through rape crisis and women's centres. Youth oriented services were also recommended for their peer support networks and their multi-service approach.

In contrast, the police and legal systems were unanimously mentioned as services that young women would not recommend to other survivors. From their experiences, they felt that the police or the legal system did not take appropriate action when dealing with their reports. The participants commented that they had felt discouraged, degraded, blamed and re-victimized when they had reported the assault to the police, and had attempted to go through the court process. One participant revealed a particularly horrifying incident, recalling:

When I got raped by a trick ... he anally, vaginally, orally raped me. He also slashed me with an X-acto knife across my chest and across my hands. He slashed me all over ... and I called the police, and they said, "Well ... carrying around \$800 on you and standing on the street corner, you're kind of asking for it." And they wouldn't do anything. I had a license plate number, I had a full description of the inside of this car, what the guy looked like, and they didn't do shit! I had bruises, cuts, everything. I had every sign on my body of being penetrated and raped, and they didn't do anything. I was cut from head to toe with slashes all over my body, and they didn't give a shit! I had all the proof, and they didn't believe me. They said I did it to myself ... they just don't care – it's gross!

Another recalled her experience in court:

I went into shock and they put me in a psych ward. I was blocking things out and in court they were showing pictures of various bruises on my body. In court, the man was sitting in front of me and they were taking out photos of my body, and they were taking them out and the man was sitting right there. It's a circus, and they tore me apart....

Others mentioned that they had not even reported the assault to the police because they felt it would be a waste of time. They cited the lack of convictions for sexual assault as a major deterrent to consulting the police. As one participant stated, "I thought I'd spare myself the grief."

Participants also stated that they would discourage others from seeking psychiatric help. Many mentioned previous experiences where, upon disclosure of a sexual assault, they had been placed in psychiatric care. The young women added that they had been made to feel that they were crazy and somehow responsible for the assault(s). The use of prescription drugs as a primary mode of therapy by psychiatrists also contributed to the negative evaluation of this particular treatment/service. Participants talked about the experiences of become addicted to prescription drugs that they were initially given by psychiatrists and medical personnel. As one woman put it:

I went to the hospital and they didn't believe me because I was ... they said I was so attached to my mother because my father committed suicide when I was four. They said that I was so attached to my mother, being a single parent, that I was trying to get rid of her boyfriend by saying that he raped me and it was all just a big game ... it was really sick!

Another said:

I might not be able to have kids ... sterility from being hooked on these drugs since I was 16. They had me on 10 mg of Valium a day for two years, I'm still kind of shaky about it. I was taking like eight different things just so I'd forget what happened. They [psychiatrists/medical team] didn't want me to remember so they could get on with their next case.

Psychiatrists, according to these young women, do not spend the time required to establish a relation of trust. They simply expect young women survivors to “spill your guts.” For many young women, this is unacceptable. Already distrustful of societal authority, they are not likely to confess their innermost feelings and secrets to a relative stranger. The situation is compounded in cases of sexual assault where the young women are already experiencing self-blame and shame, not to mention trauma.

## **THE CRIMINAL JUSTICE SYSTEM**

Participants offered a variety of responses to the barriers they confront. Of primary concern, was the reaction of the criminal justice system to sexual assaults. It seems clear from their examples about the police and the court system that they regard the latter as being non-supportive, prejudicial, and woman-blaming. These attitudes, they suggest, prevent justice from prevailing in sexual assault cases.

Women felt that laws regarding sexual assault needed to be reformed. Further, that the procedure for police reporting and charging of sexual assaults required change. Many women felt that the police and court systems indirectly and directly condone sexual assault offences by giving perpetrators lenient sentences. The young women who participated in the focus groups and interviews, wanted to see the men who assaulted them face severe consequences for their actions. Currently, they felt that the men were merely getting a “slap on the wrist” for committing such violent assaults as rape.

Participants and interviewees were also frustrated by what was required as “proof” by the police and the courts to determine whether a sexual assault had occurred. They could not comprehend how, even when they had “proof” as in bodily injuries, their attackers were set free. It was unbearable to them, that after being re-victimized in court, to see their attackers walk off with lenient sentences or no charges being laid.

It was not surprising, therefore, to discover that the young women survivors who participated in this research project, were distrustful of the police and the courts.

## **HIV/AIDS**

Participants and interviewees stated that their one major fear after a sexual assault was the possibility of contracting AIDS. It was thus necessary for them to seek medical assistance through clinics and other sites where AIDS testing is available. However, the lack of confidentiality was identified as a critical barrier to accessing these systems. The participants felt that without the assurance of confidentiality, many young women survivors would forego AIDS testing and would thereby, put themselves and others at further risk. It is critical for young women to know that such agencies as youth drop-in centres and STD clinics provide confidential and anonymous testing for AIDS and HIV.

## EDUCATION

As previously noted, many of the participants and interviewees had highlighted the need for additional education about sexual assault. Some recommended advertising available services in the form of television commercials and bus shelter posters. This would raise awareness about sexual assault and the services that are available to deal with it. Additionally, participants recommended the publication and widespread distribution of reading materials about sexual assault.

Education about legal and medical rights was also mentioned as a priority area. The participants felt that it was really important for young women to know their rights. They suggested implementing educational programs in schools, beginning in Grade 7. Having community agencies such as local rape crisis centres come into schools and do presentations, was another effective strategy that could be used to educate young women and men. They also suggested having a space whereby young women and men could ask service providers questions about the legal, medical and emotional ramifications of sexual assault.

Educating men, as much as women, was seen as a positive step toward the long-term prevention of gender-based violence. Participants noted that if young men were educated as to the consequences of their actions, they would likely take more responsibility. As one participant commented:

It's so common, it should be common knowledge and yet it's treated as if one in a thousand, maybe, gets raped. I agree with education and one thing too, more education for men. Don't misunderstand [me], I'm not trying to say that he doesn't know what he's doing, he knows that he raped you, that's not it at all, but just like, driving it home.

The issue of education was also extended to cover all service agencies and systems which deal with young women survivors. Participants noted that if systems and agencies were adequately sensitized, through education, to their particular needs they would be more accessible. Further, they commented on the need for systems and services to liaise with one another, provide services under one roof so that women are not bounced around the social service network.

Above all, the young women commented on the need for respect, confidentiality, equality and a non-judgmental attitude from systems personnel. This would help to alleviate age, gender, race and class-based discrimination among the other forms of discrimination they suffer.

## RECOMMENDATIONS

Focus group participants and interviewees suggested the following recommendations which, if implemented, could enhance access to services for young women survivors.

1. That the Criminal Justice System be reformed to adequately address the needs of survivors. This would include changing the rules with regard to the requirement of “proof.” As well, it would include educating and sensitizing personnel about the effects of sexual assault on young women, their needs, and the services they require.
2. Providing additional confidential medical services for the testing of AIDS, pregnancy, and sexually transmissible diseases. Medical personnel also need to be sensitized to the realities of sexual assault as they affect young women. They need to be made aware of age-based discrimination and how this dissuades young women from seeking medical help.
3. There is a profound need for “safe” spaces – multi-service drop-in centres where young women can come and access the services they need. In such an environment, women can attend to a variety of needs without having their confidentiality threatened.
4. A transition house that would cater specifically to the needs of young women survivors of sexual assault. Once again, such a shelter would have to assure confidentiality by not requiring the consent of guardians or parents.
5. Having additional young women working at neighbourhood houses and community centres. These workers could provide the necessary counselling services and long-term help. These centres are also located in the suburbs and near schools, and are thereby more accessible to young women.
6. The need for peer support groups was also mentioned. It was recommended that where possible, agencies set up support networks that could function as peer groups for young women survivors. This would help to diminish the isolation and helplessness that the young women feel.
7. The need for confidentiality underlined most of the themes articulated in the focus group discussions and interviews. It was recommended that young women’s experiences of sexual assault be kept confidential by all service providers, and that information or documentation not be released except if a women chooses to do so on her own accord. Further, young women need to know that they have some control over the information they are sharing with service providers.
8. Services need to be located in areas close to major bus routes, and also in the suburbs. It is not enough to have agencies concentrated in the downtown core.



9. Service providers need to ensure that they have young women counsellors who can provide the necessary support for survivors. Agencies should also seek to provide services in other languages, including sign language for women who are hard of hearing or deaf.
10. Service providers need to work against racism, sexism, ageism, ableism, classism and homophobia. They need to educate themselves on the diversity and complexity of issues that affect young women survivors, and further, need to translate that sensitivity into their programs, protocols and procedures.
11. Services for young women need to be free, offered on a pay-what-you-can basis or on a sliding scale, since many cannot pay for counselling services or for group support services. This would enable poorer women to access the services they need. It would also free other young women from having to ask their parents for economic support to access services.
12. Information about sexual assault and services need to be made more available to young women. Information should be distributed in elementary, junior and high schools, colleges, universities, technical institutes, community centres, shopping malls, theatres, hospitals, clinics, and any other public places where young people congregate. Young women should be able to pick up clear, concise, accurate and easy to read material on sexual assault. Such material should also be made available in other languages, in Braille, and through TTY. Materials should include contact numbers identifying where women can access these needed services.

## **SUMMARY**

These recommendations summarize actions for change that young women survivors deem as being critical toward enhancing access for them. Embedded in these recommendations are the particular obstacles they face when attempting to get the services they need. It is apparent that young women survivors need to have service providers treat them in an equitable manner, listen to their stories attentively, and respond to them with respect.

Additionally, the above recommendations identify a need for services which are more youth and woman centred in their approach, and which take into consideration existing obstacles such as the lack of confidentiality, the need for long-term counselling, and the ongoing need for support.

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## **VI. FINDINGS FROM THE “SYSTEMS”**

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The following section provides a thematic analysis of the data we obtained through our interviews with representatives of the Sexual Offence Squad of the local police department, Sexual Assault Service provided by a local hospital in conjunction with a women’s health centre, and the Crown Counsel’s Victim Services. All interviewees were asked the same questions.

Our interview questions focused on assessing existing services provided by these systems, and asking them to identify gaps in services. Additionally, we asked them if they had implemented measures to make their services more effective in reaching young women survivors.

### **YOUNG WOMEN SURVIVORS AND THE “SYSTEMS”**

It is unclear how many young women survivors of sexual assault actually consult services provided by the medical, legal, and court systems. From our interviews with representatives from these different agencies, it was apparent that formal statistics categorizing women by age were lacking.

The Sexual Offence Squad approximated that 550 out of every 700 women who are sexually assaulted are over the age of 14. Crown Counsel’s Victim Services suggested that their agency deals with “maybe 40 cases a year” of women between the ages of 14 and 24. Finally, the representative from the Sexual Assault Service of the local hospital estimated that 35-40 percent of the women who use the service are between the ages of 14 and 24 years.

A more precise count of the number of young women using these systems would be beneficial both to advocates and service providers. The data would indicate the kinds of services young women find as being relevant and suitable to their needs.

### **SERVICES PROVIDED**

According to the representative from the Sexual Offence Squad of the local police department:

The main service we provide is the investigative process; for other services such as counselling we rely on other community support services. The process of reporting is no different for young women of ages 14 and up than it is for adult victims. If a woman is 14 or older, we rely on WAVAW [a rape crisis centre] and other community support services. We have posters that deal with sexual exploitation for young people. We have also been renovating to make the space [in the department] less threatening, as well as trying to get our detectives into as many interview training courses as possible. The Sexual Offence Squad does the interviewing and

follows the investigation. Even though we are not always the first to arrive on the scene, the front-line police officers are required to call us.

From this account, it is clear that the police do not differentiate between the needs of young and old survivors. It is also apparent that they rely heavily on the services of other community organizations to provide support, counselling, and court accompaniment.

The sexual assault service at the local hospital and women's health centre focuses on providing medical examinations for women who are sexually assaulted. The representative described their services as follows:

Basically our service does the medical-legal examinations for adolescents and adults who are sexually assaulted. So the actual service is focused on sexual assault examination, not on distinguishing adolescents, although they are part of the women we see. We see [women] aged 14 and up ... there is some grayness around that, it's sort of difficult to identify because it depends on the circumstances of the assault. For example, we can get a 14-year-old who is being sexually abused by her father, or even a 13-year-old, and she would be more appropriate for the Children's Hospital, depending on her sexual development or if she is sexually active. If you have a 14-year-old that was sexually active, that was date raped, then she would go through us. The issues surrounding incest are associated with disclosure, and certainly for younger kids, the differences are around the way the exam is done, whereas for adolescents the issue of disclosure is not an issue.

The role of Crown Victim Services is to educate survivors of violence about court procedures and to provide emotional support throughout the process. The educational material available from Crown Victim Services was primarily aimed at young survivors of sexual abuse. Colouring books and books with large illustrations and text documenting legal procedures were available for children to read. There was no comparable material for young women survivors.

As the representative from Crown Victim Services defined it, the role of her agency is to:

...foster a feeling of trust and empowerment .... Further, we are not counsellors, so we know of outside agencies that will provide this service, and we coordinate well with them. It is important for women to trust us, and while we don't discuss evidence, we are available for women to contact us at all times.

## **ARE YOUNG WOMEN TREATED DIFFERENTLY?**

Determining whether there is a difference in the manner in which young women are treated is critical to identifying any potential gaps in services. All systems representatives were asked the question as to whether such differences existed.

In the opinion of the Sexual Offence Squad and Crown Counsel Victim Services, young women are treated no differently than older women. This lack of distinction indicates that

there is no recognition for the special needs of young women as a group of survivors. It further implies that age is not taken into account in the development of programs and services. Without age appropriate programming and sensitivity, the court and police systems cannot undertake effective outreach and service delivery programs to effectively serve young women survivors. In fact, there is a danger that programs without age sensitivity could perpetuate myths about young women survivors.

The representative of the Sexual Assault Service at the local hospital highlighted some of the prevalent myths about young women survivors. She argued that young women suffer from age discrimination noting that:

I do think there are differences. There's no question in my mind that young women get judged faster. I mean everyone gets judged, but, for example, there are certainly a lot more questions about whether they [young women] were drinking, about what they were wearing, what was their behaviour at the time of the assault, etc. I think generally there's a feeling that young women are making themselves more vulnerable. Certainly everyone engages in high risk activity but seeing them as more responsible as a fundamental attitude, is unfair.

It is interesting to note that only one system indicated any awareness or articulation of age discrimination. The tendency seems to be one of collapsing young women into the category of children or alternatively, a category containing all women without reference to the differential types of access and characteristics of the women themselves. The result or strategies used have not been uniform as can be seen in the following section.

## **SERVICES FOR YOUNG WOMEN**

The different systems interviewed indicated that they had used a variety of approaches to reach young women and inform them about the services that were available. The representative from the Sexual Offence Squad commented that:

I try and do the best public relations I can when I go to schools, and other women's groups. We depend on services such as WAVAW and VISAC [Vancouver Incest and Sexual Abuse Centre] and try to keep good communication lines open. Our interview process is becoming more private and sensitive, due to renovations and trying to create a safer space.

Currently, the unit is housed in the local police station which can be very intimidating to young women survivors. No alternative venues were mentioned by the representative. Interestingly, rape crisis centres offer young women the opportunity to have the police come to the centre to conduct their investigation.

While school outreach programs function as a highly effective avenue by which to communicate information about sexual assault, the reality is that not all young women attend schools. It is apparent that the police rely heavily on sexual assault centres to relay information about sexual assault to the public.

The representative from the Sexual Assault Service at the local hospital, also shared some important strategies that they use in making their services more accessible and amenable to young women survivors. The assurance of confidentiality was mentioned as being one of the most effective and important elements of the service. Further, they are very concerned about protecting the rights of the young women they serve. As the representative noted:

I think one of the biggest issues is guaranteed confidentiality and genuinely giving them the choice, which is sort of combined. I think “choice” around who hears about the assault.... I think for a lot of adolescents, when they enter the institution of a hospital, that their rights are, sort of, obliterated, basically.... So we try, knowing the difficulty for an adolescent to seek medical help, to guarantee her confidentiality and make sure she is choosing who is told. For example, we have a standard procedure: Do you want us to tell your doctor? Do you want a follow-up? All of those kinds of things we are conscious of. Hopefully our service is perceived as being safe for street kids so that, say a young girl is sexually assaulted on the street, that she will come in and know that her rights will not be violated. That’s the sort of thing we try and do within a large institution, which is not always easy. Training for physicians ... would be a good idea.

Crown and the Sexual Offence Squad need to be even more concerned about the issues of confidentiality for young women survivors of sexual assault. However, both of these organizations are based on, for the most part, legal issues associated with the Criminal Justice System. These include the notion that women survivors are potential “witnesses” to the crime of sexual assault. According to this line of reasoning, it is in the interest and safety of society to prosecute attackers/abusers and hence, individual women’s rights are not at the forefront of these institutions’ concerns. At the same time, it should be noted that the hospital’s Sexual Assault Service has long been associated with rape crisis centres and hence, reflects more awareness of the realities faced by survivors of sexual assault.

## **OBSTACLES FACED BY YOUNG WOMEN IN ACCESSING THE SYSTEMS**

In the course of our preliminary research and observations, we found that many young women do not even attempt to access the services available to them through the police, courts, or medical systems. The Sexual Offence Squad representative attributes this to the prevalence of negative myths about the police. The representative from the hospital’s Sexual Assault Service suggested that many women do not disclose the assault for fear of the repercussions they may face from family, peers, and the public.

Other obstacles identified dealt with the lack of sufficient numbers of women detectives on the Sexual Offence Squad. The representative commented that:

Young women face the unknown. Trying to get disclosure is difficult ... getting the young women to the hospital is difficult. There is a myth that police don’t care, but once a woman talks to the Sexual Offence Squad, it becomes easier. I would like to see more women in this office. Naturally, when a young woman is sexually assaulted, she wants to speak to a woman police officer. However, we just don’t

have enough. But once they speak to one of the men, everything is fine. The most specific obstacle is the negative myths about police, so we need to inform young women.

In addition, a common obstacle cited, especially with reference to Victim Services, was the need and cost of counselling. Women want counselling but do not have the resources for obtaining it. The only possible funding they can get is through Criminal Injuries Compensation.

The Criminal Injuries Compensation application is available to women through the Workers' Compensation Board. However, it can take over a year for the forms to be processed, and the resulting amount of compensation varies from the provision of resources, financial awards, and/or provision of counselling services. As front-line workers, we have observed that many young women are not given any compensation for the violence they have survived, and many do not know how to apply for Criminal Injuries Compensation. For young women, the added obstacle is that they require a parent or guardian to sign the application for compensation. Since many of them do not wish to tell their parents or guardians about the sexual assault, obtaining signatures for seeking compensation is not an option they can consider.

Further, as reported by the representative from Crown Victim Services:

Criminal Injuries Compensation will not settle until after the court process which is not a validating thing at all. I find this upsetting. It is a big obstacle because women can't get into the counselling they need. In court, where the victim has to face the accused ... just knowing that someone is there, is important.

So not only do women have to be willing to disclose the assault and obtain the necessary signatures, they also have to go through the court process, which in itself is intimidating and re-victimizing.

Another obstacle in accessing services stems from the reality that many young women do not identify their "experience" as being a sexual assault. This is largely due to the lack of awareness about sexual assault issues among young women. The representative of the hospital's Sexual Assault Service raised some important issues in this regard. She noted that parental judgement, discomfort in talking about sexuality with adults, and fear of the unknown, can all contribute to a lack of information about sexual assault. As she put it:

First of all, I think that young women don't identify [the experience] as sexual assault. In other words, if they are pressured in a date rape situation to have sex, they think that maybe they agreed. They do not have an understanding of the concept of the right to say no.... This is often a problem. There is a connection between confidentiality and their lack of understanding. That is the notion that they feel there will be consequences for them, if their parents find out, for example. They will in some way be held responsible and restricted in their future activities, which is different in adults. So there is the issue of telling the parents and finding

out what the consequences are. I think people in general have a fear about institutions and accessing institutions, but I think for adolescents, these fears are intensified, since they may not have been to a hospital without a parent or guardian before. Also, it may be more of an embarrassing experience for an adolescent to talk about sexuality than it would be for an adult.

Overall, the obstacles pertaining to access as identified by representatives from these systems focus on the lack of a universal awareness of the definition of sexual assault, survivor rights, the fear of disclosure, lack of knowledge about the implications of disclosure, and barriers to obtaining counselling services.

There were very few services that could assure confidentiality to young women between the ages of 14 and 24, although the older a young woman is, the more access she is likely to have to confidential services. Police, medical and court systems need parental or guardian involvement or consent for anything related to sexual assault. The predominant invasion of young women's privacy, we think, added to the feelings of reluctance of young women to be participants in our research.

## **POSSIBLE SOLUTIONS**

When asked what they would recommend as solutions to existing barriers to access, representatives from the different organizations recognized and underlined the need for more funding for specialized programs and services. Immediate and ongoing counselling was deemed as being critical.

Additionally, the representative from the hospital's Sexual Assault Service noted that services designed for young women should focus on their needs and wants. Respecting a young woman's choice and treating her in a non-judgmental manner is critical to providing appropriate service in the case of a sexual assault. Young women also communicate with one another. Hence, if they regard a particular service as fulfilling their needs, they are likely to communicate its availability to others who may be in the same situation.

Along with education, confidentiality was another issue identified by the Sexual Assault Service representative. She noted:

I think certainly around the obstacles of not identifying sexual assault, more education ... to really confirm for everybody, but particularly adolescents, what sexual assault is. With our own organization, we have big struggles around adolescent issues and reporting to parents, and I think the problem is the liability of the hospital. The important thing is what she [the survivor] wants and, if you do that, you create a better, more accessible service for adolescents.

In contrast, our interviews with the Sexual Offence Squad or Crown Victim Services did not elicit a similar response. The Sexual Offence Squad representative did not offer any suggestions as to how myths about police could be dismantled. Rather, the representative added that:

Many young women do not have the proper upbringing, they may not have their mother there on their backs to keep them out of bad situations.

Such a comment implies that mothers and young women are responsible for the sexual assaults they might experience. It could also deter young women from accessing police-based services.

While these solutions highlight different ways in which the systems can be made more accessible to young women, several of the organizations consulted have implemented specific strategies to improve the situation. The following section details these pro-active strategies.

## **PRO-ACTIVE STRATEGIES**

One strategy offered by the police's Sexual Offence Squad has been to increase outreach to young women. As the representative noted:

I have personally become more active on committees to try and develop sensitive protocols for investigation, and just becoming more active in trying to find solutions.

The Sexual Assault Service has also tried to reach marginalized women – women working and living on the streets. By recognizing the importance of confidentiality and consistency of service, the organization has "...done more work around prostitution which often involves teenage women...." The representative further noted that:

I think we have tried to address some of the street kids' issues with service providers, being sensitized to things from our discussions with prostitutes' organizations. Like, be very consistent with doing what we'll say. So if you say you're going to do follow-up, make sure you do it, in simple terms. Because there is already a lack of trust, it will simply confirm that you aren't true to what you say.

Consulting community groups, changing the attitudes of service providers toward young women's experiences, creating a trusting relationship and providing consistent services, are some of the ways in which the Sexual Assault Service at the hospital has managed to create positive change. Unfortunately, not all the systems organizations interviewed manifested this level of pro-active behaviour.

For systems such as Crown Victim Services, outreach and consultation are not viable options given their limited staff and resources. Consequently, the organization relies on volunteer labour. According to their representative:

We often do free services for young people or for elderly persons. We go to their home to support them. It's not part of our program but we care, so we do it. Sexual assault is a very high priority for us.



While anti-violence work is a priority for both systems and community organizations, the reality is that community services have, and continue to provide countless hours of counselling, accompaniment, and advocacy for young women survivors of sexual assault. This is done without adequate funding or infrastructure.

Neither the police nor court representatives provided any evidence of distinct changes made in their service delivery or operating philosophies that would contribute to raising awareness and enhancing access for young women survivors.

## **SUMMARY**

In concluding our interviews with representatives from each of these systems, we asked them to list five main concerns or issues they perceived as being critical to the adequate provision of services to young women survivors of sexual assault. It is interesting to observe the varied classification of priorities provided by each of the agencies interviewed.

The Sexual Offence Squad of the local police department provided the following classification: (1) Support for women to go through the court system; (2) cooperation and communication between support services and the police; (3) community coordination (the organizing of community agencies and systems to share information); (4) immediate and long term counselling; and (5) educating women about sexual assault.

The representative from Crown Counsel Victim Services suggested the following five priority issues that needed to be addressed in order to improve services to young women: (1) providing the correct information regarding the whereabouts and release date of the perpetrator; (2) empowering victims; (3) giving women a sense of confidence so that they are able to face the truth; (4) providing women with support and a sense of being heard; and (5) respecting young women survivors.

The representative of the Sexual Assault Service at the local hospital identified the following priority issues: (1) guaranteeing confidentiality; (2) increasing awareness through education around issues of sexual assault and the rights of survivors; (3) being respectful toward young women; (4) trusting and believing them; and (5) educating service providers about youth and their issues so as to increase awareness, promote a non-judgmental attitude, and enhance support.

All of the systems identified education in terms of increasing awareness about sexual assault as a key element. In the past, such education has, however, come from sexual assault centres as part of their strategies to raise awareness. It is critical that systems take the initiative and commit to self-education on an ongoing basis. Education would help sensitize the police and the courts about the realities that not only young women survivors face, but the broader issues of violence against women in society.

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## VII. FINDINGS FROM COMMUNITY ORGANIZATIONS

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As with interviews conducted with systems organizations, interviews with workers from community organizations providing front-line services were carried out using a similar format. Each organization was asked the same list of questions (see Appendix B). Our investigation focused on: (a) issues of age discrimination; (b) identification of obstacles that young women face; (c) the particular programs, services and approaches the organizations take in dealing with young women; and (d) potential solutions that could be implemented. Where appropriate, we have inserted direct quotes from the interview data.

### AGE DISCRIMINATION

As advocates and support people, front-line workers witness the treatment toward young women in a variety of situations. Often, community service workers will accompany a woman when she is seeking assistance for welfare, housing, counselling, medical help, police, and court processes. During this process, it is the aim of the front-line worker to help fill the gaps in support experienced by young women who are survivors of sexual assault.

When community workers were asked if they felt that young women were treated differently by systems and support organizations, they responded affirmatively. Discrimination on the basis of age was a key issue they identified. A sample of their responses are provided below:

Well, young women aren't believed in as readily. It's horrifying to actually watch an assessment being done when we walk a kid into a service when that issue is brought up, you know, the lack of acknowledgement around that [referring to the painful experience of sexual assault]. It's sort of an attitude that the younger ones have it coming because they put themselves into these really bad situations and they're, you know, careless, not cautious, or too naive. What we hear over and over is the questioning of the validity of what their experience has been and the other part is simply not considering it as an issue. It's part of the package.... When it is an older woman, there seems to be more focus on their feelings and generally more acknowledgement. (A worker at Street Youth Services.)

A front-line worker from a local rape crisis centre noted that:

Law and society perceive young people as children ... either irresponsible (sic) or not responsible at all. In the context of sexual assault, two clear messages are being given – that young men are not responsible for the crimes they commit, and young women are irresponsible and somehow to blame.

Yet another worker referred to the stereotypes that abound regarding young women. She remarked:

I think women in general are not taken seriously, but maybe that's compounded for young women, and there is always that blame issue ... that stereotype around that if an older woman is sexually assaulted, she didn't ask for it. But a young woman has done something.

A rape crisis centre worker observed that:

Young women are legally still children until 19, but often they are quite able to speak for themselves. Adult response is often to either not offer guidance and not act at all, or the complete opposite of taking control and not considering what she says or wants.

Other workers brought up issues related to the geographic site of the assault as somehow diminishing the credibility of the young women. One worker recounted:

... part of it comes out of the same old kinds of myths about rape, so that if you get sexually assaulted in a squat by somebody, or by someone you've been hanging out with on Granville Street, then somehow, that's not as serious as if someone happened to jump out of a bush!

Such stereotypes affirm the myth and popularity of stranger rape while discounting the reality that most sexual assaults are perpetrated by an individual who is familiar to the young woman.

In discussing the interaction of young women with systems organization, a front-line worker noted that:

Young women are treated very differently by agencies. Often they are not informed of all their options, not assured of any confidentiality of their stories, and not believed or respected after the assault. Many young women do not feel safe going to systems such as the police, medical, court, Social Services, etc.. This lack of safety is validated by the disbelief, blaming and age discrimination that system workers have institutionalized against young women survivors of sexual assault.

Thus, age discrimination translates into a lack of belief, dismissal, trivialization and non-response to survivors' experiences of sexual assault. These attitudes are underpinned by stereotypical assumptions regarding youth that society holds. Such assumptions portray youth as being irresponsible and careless, and as deliberately inviting trouble.

## **OBSTACLES IN ACCESSING SERVICES**

Based on their experiences, front-line workers identified a number of obstacles that young women survivors tend to face when accessing support and services. Critical among these is the lack of information about sexual assault, possible services, and women's rights. Many young women have left their family home and are isolated. As one worker put it:

I think a lot of the obstacles are around the fact that women, under a certain age anyway, don't really have access to services in general that are geared mainly toward adults over 16 or 18. Often it's about fitting into a system that has real age barriers and especially when that's compounded with women who, for whatever reason, don't have support from their families. I guess just again, that isolation factor, invisibility, and for them not knowing what's out there, and not being able to ask because of the all the layers of shame and guilt ... really hard stuff. Just processing experiences like that, to actually reach out and get some help ... that's the first thing....

For young women still staying at home, the obstacle is one of accessing services without the knowledge or supervision of the parent. This becomes particularly difficult when the parents are viewed as being controlling and domineering. According to one worker:

I see distinctions between those over and under 18, or in and out of high school. For high school students living at home (usually), there are problems which accompany the lack of autonomy, fewer choices such as moving to escape the abuser. Also not being taken seriously by adults/parents, living within the small high school community which often means a lack of privacy and/or support, lack of information about their rights, available resources, and lack of resources to access services, etc.

Front-line workers provided countless examples of young women who had been assaulted in the home, at school, and in other areas, but who could not access services because of fear, lack of resources, not knowing they had been sexually assaulted, and having their experiences discounted by adults and social service agencies. In many cases, adults in a supervisory position fail to intervene or act on behalf of the survivor. One rape crisis worker recounted that:

I've run into young women telling me that maybe the sexual assault happened after school and even though it's on school property, the administrators and principles ... are really hesitant to get the police involved, even if she wants to. Because it's after school, there is a sort of "pass the buck" type thing going on.... There's less services because there are so many problems with accessibility for young women in terms of who they can tell. Is it safe to tell?

From these accounts, it appears that young women have inadequate information about services and their rights. They also suffer from feelings of self-blame and mistrust. As a result, they often isolate themselves. As service providers and advocates, many community workers who were interviewed expressed anger, outrage, and despair at the poor treatment of young women from systems that are supposed to provide them with counselling services, food, housing, shelter, and other kinds of support.

This sense of frustration is rooted in the experiences of front-line workers who often accompany young women survivors to various agencies to enable them to access financial aid, shelter, and support. As one worker noted:

It's absolutely infuriating. It's because of the Ministry [of Social Services] and the income assistance they will not provide them with ... and the message is given out that they best find a man who is 17 years or older, who can take care of them ... and they are just so much at risk, being housed in ... dumpy hotels, having to stay wherever anyone will take them. You know, it's just that they are so vulnerable and so we have the problem, or one of the major problems, and from there I mean it's getting the services in place so that they can be safer.

The drain of resources, energy and time is a constant strain that support workers face when being in the position of advocates for young women. Community workers are left constantly working to get young women the services they require and that are a part of their basic human rights.

## **PRO-ACTIVE STRATEGIES**

In order to better address the needs of young women survivors, community organizations have undertaken and implemented a variety of strategies. These have included increasing outreach and education programs in schools, providing information on HIV, ensuring confidentiality, and building trust with young women on an individual basis. As one HIV/AIDS outreach worker noted:

I would say that we have changed in the sense that we have a lot more awareness around the connection between sexual assault and HIV, and so trying to do more education in that respect, and more awareness. For example, if young women are coming to us diagnosed with HIV, just to be aware that one of the risk factors may have been sexual assault. That may seem very basic but in the field of HIV, it is even a huge step because most people we are dealing with don't acknowledge sexual assault as a factor.... Building trusting relationships with young women, respecting confidentiality ... I mean these are just obvious, you know, respecting confidentiality, having a non-judgmental approach and just letting women know that what they're experiencing is valid and real, and to be acknowledged in the same way, and that they are not alone.

Recognizing that young women cannot always be accessed through the school system, many of these community organizations have implemented pro-active strategies to reach those who work and live on the streets. Even here, community organizations have had to focus on building trust. As one worker commented:

... we actually go out onto the street and they [young women] may not come you know, especially if it's someone new or who's a little wary. Sometimes, especially kids, think that we're part of the Ministry [of Social Services], but we're not – but if they don't know that, they wouldn't come in here, so we actually go out there.

From these and other accounts, it appears that young women on the street are especially distrustful of the police, the courts and other “systems.” These are seen as being part of government and as not sensitive to the issues and realities of young women survivors.

One positive and successful strategy that some community organizations have used is to provide multiple services to young women. Thus, instead of offering one particular specialized service, they have incorporated other services within their organization. They have also liaised with other systems so as to build a mutually reinforcing relationship. A worker from Street Youth Services, which has tried this model, offered the following perspective:

Speaking about the general attitude of the program, it's a very approachable program and very accessible to young women ... and very safe. What seems to work for them, a few things that have been very helpful, is our relationship with the police ... I guess having them come down here ... which is a safe place for them [young women]. Having the clinic here is another really good thing because they have that ongoing rapport with the nurses and someone who will take them to the hospital, they have us. We try to do as much as possible to bring services to where they are comfortable.. and that is here, that is one thing that has worked.

Community workers have attempted to alter their services and programs to meet the diversity of young women using their agencies. Many front-line workers were very critical of the services they provided and of the gaps that exist within their agencies. Workers were also very receptive to adapting and encouraging change within their organizations to better accommodate young women survivors.

## **OBSTACLES IN ACCESSING COMMUNITY SERVICES**

Although community workers attempt to be as accessible as possible for the young women who use their services, there are specific obstacles that put restraints on the services and programs that workers can provide.

Geographic location of the agency was cited as one likely barrier to young women. For example, one agency worker mentioned that:

[We are] located downtown, far away from most schools.... [We] don't go out and do groups at schools, etc. Also, there is a reluctance among most teens to confide in adults or use an agency. At this time, we have no teen staff.

This need to be "teen oriented" so as to reach out to young women, was a common theme cited by many workers. Having teen workers was one way in which community organizations could ensure that young women could "relate" to them. As well, workers mentioned the need to connect with other organizations that work with young women. These would include health care centres and social service providers.

The greatest obstacle, however, dealt with the funding situation of most organizations. Limited by human and financial resources, they were not able to conduct as wide an outreach program as was required. As one worker noted:

You know you're limited with resources, limited with time, etc....we only have three full time positions. We can't keep this place open ... 24 hours a day. Obviously that is a major obstacle.

## **WAYS TO ENHANCE SERVICES**

It was widely suggested that a service that helps advocate for young women throughout the systems, from the initial first contact with the medical systems through to the conclusion of the court procedures, would be a extremely useful. Rape crisis centres attempt to fill in this gap by providing continuous counselling, support and advocacy but do not have the level of funding required to maintain such service on a consistent basis. Hence, funding was identified as a priority issue.

Workers noted that more funding is required to provide programs and services that are designed specifically for young women survivors. The provision of services would include having a full-time physician on staff who could then focus on and develop longer term relationships with the women who visit the centres. It would also include counsellors and other workers who could then provide more than a "Band-Aid solution" to an immediate crisis situation. More regular outreach to schools was also mentioned as another positive step toward dealing with young women survivors.

Some workers suggested having a transition house specifically for young women. As one worker put it:

The transition house would be number one, definitely! A lot of time the problem for us is accessing services for basic needs. Young women need income assistance and often, because they don't have that, we can't even get to the other stuff! We can't even get there, I mean we spend so much of our time fighting with the Ministry [of Social Services] to help!... Well obviously you are aware of the cuts and changes to welfare ... so this is just going to get worse.

It is apparent that part of the frustration experienced by community workers stems from the reality that many of the services they try to access on behalf of young women are located in diverse areas, under different government departments and ministries, and many of these services are also facing financial cut-backs. Consequently, workers spend a lot of their time advocating for young women. This situation combined with the crisis-oriented nature of most community services, does not give workers much time to engage in long-term counselling or follow-up with the women they serve.

The need for further research was also identified as an emerging requirement. Some mentioned the need for additional research on the specific needs of young women. Others discussed the need for research that would make clear the links between HIV infection, sexual assault and incest.

## RECOMMENDED SOLUTIONS

In terms of possible solutions that could be put into place to alleviate the situation of young women survivors, community workers recommended the following:

1. Early implementation of health and sex education from a woman-centred perspective.
2. Enhanced access to child-care, health care, and women's organizations.
3. The involvement of Ministry personnel for accompanying survivors through the Criminal Justice System.
4. Sensitive health care providers and law enforcement officers including lawyers.
5. Accessible housing for young women.
6. A transition house for young women.
7. More women workers in systems and community service organizations.
8. Ensuring confidentiality to young women survivors.
9. Education and sensitization of staff in all systems.
10. Ongoing education for community workers.
11. More comprehensive statistics and research dealing with young women.
12. More funding for community services and centres that work with young women.
13. Acknowledgement of the essential work done by community resource.
14. Funding community, frontline, feminist, anti-violence services and agencies that work with young women.

It is clear that community organizations, front-line service providers and feminist sexual assault centres are in critical need of additional funding to do justice to the programs and services they offer. The lack of financial resources creates a trickle-down effect of fewer workers, more duties per worker, fewer programs, less specific servicing, and finally, a lack of continuity in the services being provided. This then contributes to the situation of a young woman survivor being referred to a variety of agencies, and thus "floating" through the social support system.



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## VIII. CONCLUSION

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Sexual assaults against young women must be addressed in terms of the larger context of young women's lives today. Service agencies need to factor in issues such as racism, prostitution, poverty, HIV/AIDS, teen pregnancies, homelessness, drugs and alcohol addiction, peer pressure, and age-based discrimination in whatever programs or services they choose or are mandated to deliver. Yet, it is apparent that specialized services for young women survivors are clearly lacking within most of the service organizations included in this research. It is clear that young women survivors have experiences which are somewhat different from older women. However, until agencies begin to keep track of the number of young women that are being assaulted, identify their experiences of dealing with sexual assault, or follow their progress through the systems, there is very little possibility for change. Keeping records and statistical data is clearly a necessity to account for the high number of survivors of young women.

Based on the findings of this pilot research project, we can conclude that young women survivors are mistrustful of the services that are available to them. This is particularly true of those services provided by "systems" such as the medical, legal, and government-based institutions. At the same time, community service providers who are looked upon favourably, such as youth and women's centres, are severely strapped for funding and are unable to provide extensive services. Their resources are stretched to the limit.

Young women survivors need to be assured of confidential services, services that will not require the disclosure of their assaults to guardians and parents. Basic rights, such as access to food, shelter, and economic support also need to be addressed. Otherwise, young women survivors will keep falling through the gaps.

In order for systems to become more responsive to the needs of young women survivors, they need to educate themselves about the effects of sexual assault on young women. Designating specific staff who can then work with young women would be highly beneficial. A safe and sensitive environment is a requirement so that the women who seek their services can be treated in a humane and compassionate manner. Systems can no longer afford to dismiss, trivialize, or ignore the concerns of young women who are survivors of sexual assault. To do so is simply to shuffle these young women from one institution to another, thereby increasing their risk and vulnerability.

Additional funding is a necessity for community organizations, rape-crisis centres, and youth centres which provide core and supplementary services to young women survivors. These organizations are severely strained by having to stretch their resources in order to provide existing services, and advocacy for young women. It is not enough for systems to simply refer women to these centres. Clearly, a more equitable relationship needs to be forged between the different service providers so that they can work in concert to help young women survivors of sexual assault.

There is clearly a pronounced need for education about sexual assault, the services available to survivors, and the specific issues facing young women. Educational initiatives need to be implemented in all areas of social life, and should include women and men from diverse communities. Thus, education is a necessity for both survivors and perpetrators of sexual assault, as well as for systems working in this area.

The young women who participated in this project, shared their stories in good faith. They shared their stories in the belief that this research would not be filed away, or used as mere reading material. Their stories of pain, sadness, anger, and depression were told with the hope of change. The recommendations they have provided can be used to implement change. Change is desperately needed. Change can begin with the commitment of all systems and services to address the concerns of young women survivors with sensitivity, respect, non-judgement and confidentiality. Otherwise, young women survivors of sexual assault will continue falling through the gaps.

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## APPENDIX A

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### A LIST OF COMMUNITY AND SYSTEMS ORGANIZATIONS CONTACTED

Regional Crown Counsel  
865 Hornby Street  
Vancouver, BC  
V6Z 2E6

Crown Counsel  
222 Main Street  
Vancouver, BC  
V6A 2S8

Women's Health Centre  
4500 Oak Street  
Vancouver, BC  
V6H 3N1

Battered Women's Support Services  
P.O. Box 1098, Postal Station A  
Vancouver, BC  
V6C 2T1

SUCCESS  
87 East Pender Street  
Vancouver, BC  
V6A 1S9

Philippine Women Centre of B.C.  
451 Powell Street  
Vancouver, BC  
V68 1Z7

Peak House  
2427 Turner Street  
Vancouver, BC  
V5K 2E7

Ministry of Social Services  
Adolescent Services  
575 Drake Street  
Vancouver, BC

East Vancouver Community Services  
101 - 400 Campbell Street  
Vancouver, BC  
V6A 3K2

Aries Project  
Urban Native Youth Association  
Vancouver, BC  
V5L 1S7

Vancouver Police Department  
Sexual Offence Squad  
Major Crimes Division  
2120 Cambie Street, Vancouver, BC

Deaf Women's Group  
Greater Vancouver Assoc. for the Deaf  
2125 West 7th Avenue  
Vancouver, BC

Pacific AIDS Resource Centre  
1107 Seymour Street  
Vancouver, BC  
V6B 5A8

Pine Free Clinic  
1985 West 4th Avenue  
Vancouver, BC  
V6J 1M7

Reach Clinic  
1145 Commercial Drive  
Vancouver, BC  
V5L 3X3

Odyssey II  
2875 St. George Street  
Vancouver, BC  
V5T 3R8

Mid-Main Clinic  
3998 Main Street  
Vancouver, BC  
V5V 3P2

Downtown Eastside Youth  
Activities Society  
223 Main Street  
Vancouver, BC V6A 2S7

Rape Relief  
Box 21562 - 1850 Commercial Drive  
Vancouver, BC  
V5N 4A0

Western Institute for the Deaf  
and Hard of Hearing  
2125 West 7th Avenue  
Vancouver, BC  
V6K 1X9

Greater Vancouver Association  
for the Deaf  
2125 West 7th Avenue  
Vancouver, BC  
V6K 1X9

BC Coalition of People with  
Disabilities  
#204 - 456 West Broadway  
Vancouver, BC, V5Y 1R3

United Native Nations  
8th Floor, 736 Granville Street  
Vancouver, BC  
V6Z 1G3

Hey-Way-Noqu  
206 - 33 East Broadway  
Vancouver, BC  
V5T 1V4

BC Institute Against Family Violence  
551 - 409 Granville Street, Vancouver, BC, V6C 1T2

Street Youth Services  
1237 Richards Street  
Vancouver, BC  
V6B 3M6

DAWN Canada  
776 East Georgia Street  
Vancouver, BC  
V6A 2A3

Vancouver and Lower Mainland  
Multicultural Family Support Services  
306 - 4980 Kingsway  
Burnaby, BC, V5H 4K7

Vancouver Gay & Lesbian  
Community Centre  
#4 - 1170 Bute Street, Box 2259  
Vancouver, BC  
V6B 3W2

Vancouver Lesbian Connection  
876 Commercial Drive  
Vancouver, BC  
V5C 3W6

UBC Women Students' Office  
203 - Brock Hall, UBC  
Vancouver, BC  
V6T 1Z1

South Asian Women's Centre  
8163 Main Street  
Vancouver, BC  
V5X 3L2

WAVAW/RCC  
P.O. Box 88584  
Chinatown Postal Outlet F  
Vancouver, BC, V6A 4A7

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## APPENDIX B

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### A LIST OF QUESTIONS FOR COMMUNITY AND SYSTEMS WORKERS

1. What services/programs does your agency provide for young women survivors of sexual assault?
2. What services/programs/procedures have you found to be successful in aiding young women survivors?
3. What do you see generally as the obstacles young women face after a sexual assault? What specific obstacles do you see for young women who use your service?
4. What gaps can you identify that young women who are sexually assaulted fall into?
5. What general solutions would you suggest for the obstacles young women experience? What solutions specific to your service would you suggest?
6. Has your agency made any changes to your service regarding young women survivors of sexual assault?
7. How many young women use your service per year? (Approximately.) Do you have any other statistical information on young women and sexual assault?
8. Do you feel that there are differences in the way young women are treated versus older “adult” women regarding sexual assault? If so, what are these differences?
9. If you could prioritize the five main concerns/issues that are critical to look at in servicing young women survivors of sexual assault, what would they be?
10. Do you have anything else you would like to add or share for this research?

### FOCUS GROUP QUESTIONS

1. Have you used or tried to use services related to being assaulted? (Police, medical, courts, counselling.)
2. If not, why?
3. If yes, what was your experience with the services you used?
4. Do you feel you are treated differently because you are a young woman? If so, how so?
5. Are you familiar with services available to young women who are sexually assaulted?
6. What are your supports in your life when dealing with hard issues such as sexual assault?

7. What are the main issues/concerns or problems you have had with dealing with sexual assault(s)?
8. What did you think your rights were before your were sexually assaulted? (Legally, medically, in terms of counselling, compensation, and confidentiality.)
9. What would you say to a young woman who was sexually assaulted? What services would you recommend? What services would you discourage her from using?
10. What are the five major barriers, problems for you in dealing with services related to sexual assault? (Courts, counselling, police, medical, criminal injuries compensation, welfare, housing.)
11. Is there anything you would like to add to let people know how things could be changed to make things better for young women who have been sexually assaulted? (Comments, suggestions, etc.)



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## APPENDIX C

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### A DEMOGRAPHIC PROFILE OF FOCUS GROUP PARTICIPANTS

In total, eleven women participated in the focus groups and two were individually interviewed. Two focus groups were held, each in a different location.

At the beginning of the focus group, participants were informed about the requirement for consent and permission, as well the confidentiality of the research process. Women were informed that they could stop their participation at any time.

The demographic profile of the focus group participants is based on information voluntarily provided by the participants.

#### Age

Three of the participants fell between 14 and 18 years of age; 8 women were between the ages of 18 and 24, and 2 were over 24 years old.

#### Survivor Information

All 13 had been sexually assaulted. Another 5 women knew others who had been sexually assaulted.

#### Services Used

- 7 women had consulted the police
- 2 went through the court system
- 7 attended counselling services (mainly psychiatric/psychological counselling services as opposed to community counselling)
- 3 sought help from the Ministry of Social Services and Housing
- 5 sought medical help
- 4 went to their personal or family doctor
- 1 sought criminal injuries compensation
- 3 went to their school counsellors
- 2 went to Victim Services
- 6 went to youth services (Odyssey II, alcohol and drug services, group homes, Street Youth Services).

#### Educational Background

- 2 attended college

- 2 attended university
- 2 were taking correspondence courses (distance education)
- 1 was taking an adult learning course.

### **Living Situation**

- 1 lived on her own
- 2 lived at home
- 5 lived with friends
- 1 lived on the streets
- 1 lived in a squat
- 1 slept under bridges and with friends in other cities
- 1 lived in a group home
- 1 lived with her boyfriend.

### **Cultural Background**

- 6 European
- 1 South Asian
- 3 First Nations
- 3 mixed race (First Nations, Chinese, Spanish, Filipino).

### **Work**

- 3 received welfare
- 1 sex trade worker
- 3 supported by families
- 2 well paying, mainstream jobs
- 1 minimum wage worker
- 1 seasonal worker
- 1 unemployed, was on welfare but has been cut off
- 1 did not answer.

### **Sexual Orientation**

- 5 bisexual
- 7 heterosexual
- 1 confused and uncertain.

**Relationship Status**

- 4 single
- 2 living with partner
- 1 married
- 2 had some other form of commitment
- 3 dating
- 1 unsure.

**Other information**

- 3 mothers
- 1 mother-to-be
- 2 HIV/AIDS positive.

**Other Personal Information that Women Wanted to Have Included in this Research**

- 1 currently divorced and going through sexual therapy
- 1 not from British Columbia
- 1 depressed
- 1 21 years old.





# SEXUAL ASSAULT

ANY UNWANTED SEXUAL CONTACT INCLUDING FORCED TOUCHING,  
KISSING , AND/ OR INTERCOURSE



## ATTENTION:

**WOMEN BETWEEN THE AGES OF 14 - 24  
WE ARE CONDUCTING RESEARCH THAT  
MAY INTEREST YOU!!!!!!**

WE WOULD LIKE YOU TO BE A PART OF FOCUS  
GROUPS DISCUSSING THE KINDS OF SERVICES  
AVAILABLE FOR YOUNG WOMEN SURVIVORS OF  
SEXUAL ASSAULT.

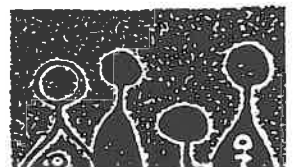


**YOUR INPUT IS VERY VALUABLE TO US!!!!**

**IF YOU ARE INTERESTED PLEASE LEAVE A  
MESSAGE AT 737-0074.**

SMALL HONORARIUMS WILL BE GIVEN TO  
PARTICIPANTS ALONG WITH REIMBURSEMENT FOR  
TRAVEL AND CHILD CARE.  
LANGUAGE INTERPRETERS WILL BE PROVIDED AS WELL  
AS ANY OTHER ACCESSIBILITY NEEDS.

WE WOULD LIKE TO ENCOURAGE YOUNG WOMEN FROM  
A DIVERSITY OF BACKGROUNDS INCLUDING: WOMEN  
OF COLOUR, FIRST NATIONS WOMEN, LESBIANS, DEAF  
AND HARD OF HEARING WOMEN, ETC.





# **SEXUAL ASSAULT AND YOUNG WOMEN: IDENTIFYING THE GAPS**

WE ARE TWO INDEPENDENT RESEARCHERS THAT WOULD LIKE TO MEET WITH YOUNG WOMEN BETWEEN THE AGES OF 14-24 WHO WOULD LIKE TO TALK ABOUT THEIR EXPERIENCES OF SEXUAL ASSAULT AND THE ISSUES OF HOW COURTS, POLICE, AND OTHER AGENCIES TREAT YOUNG WOMEN SURVIVORS. WE WANT TO KNOW WHAT YOU THINK NEEDS TO BE CHANGED OR ADDED THAT WILL MAKE IT SAFER AND MORE SUPPORTIVE FOR YOUNG WOMEN WHO HAVE BEEN SEXUALLY ASSAULTED. YOUR EXPERIENCE AND IDEAS ARE VERY IMPORTANT TO US !!

IF YOU ARE INTERESTED OR KNOW OF ANYONE WHO IS INTERESTED WE WILL BE HAVING A DROP-IN DISCUSSION GROUP AT:

**STREET YOUTH SERVICES  
1237 RICHARDS STREET  
VANCOUVER**

**SATURDAY, JANUARY 6TH 1996 BETWEEN  
4:00 TO 6:00PM.**

**ALL INFORMATION WILL BE CONFIDENTIAL.**

**THERE WILL BE HONORARIUMS OF \$30 PER  
PARTICIPANT IN THE GROUP DISCUSSION AND WE WILL  
BE HAVING PIZZA AND POP !!**

**IF YOU SHOULD HAVE ANY OTHER QUESTIONS ABOUT  
THIS RESEARCH PLEASE CALL ZARA OR HOLLY AT  
258-0132.**

**THANK YOU. WE HOPE TO SEE YOU ON SATURDAY !!**