

Taking Charge: Young Women, Alcohol and Sexual Assault

A Consultative Project with Young Women,
Professionals and Parents to Develop Resources to
Increase Awareness, Prevention and Support



Project Report

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For: Parent Action on Drugs

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“Taking Charge: Young Women. Alcohol and Sexual Assault” Project Report

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A. Executive Summary

“For years I thought it was my fault for being too drunk. I never called it ‘rape’ until much more recently, even though I repeatedly told him, “No.”(1)

The harms associated with underage drinking range from impaired driving to alcohol poisoning. However the link between drinking and sexual assault has not been explored in depth within the school system.

In the fall of 2006, Parent Action on Drugs received funding from Ontario’s Ministry of the Attorney General to develop resources to support victims, peers, professionals and parents to talk about the issues associated with alcohol-related sexual assault.

Partners in the project included professionals involved with alcohol education, health education, guidance and sexual assault counselling. Additionally, several young women from both secondary schools and post-secondary institutions joined the partnership.

For this project, sexual assault was defined as any form of touching that makes a girl uncomfortable. This can include kissing, touching, fondling and includes forced sexual activities including rape all of which are consistent with *Criminal Code* definitions of sexual assault (2).

The project’s goal was the following:

“Through a consultative process with young women, this project will develop tools for dialogue and resources for intervention support and education of teenage victims of sexual assault, ages 16-18, their peers, parents and support professionals.”

An Environmental Scan showed that while programming related to sexual assault is widespread for this audience, the relationship with alcohol, particularly in a partying atmosphere is limited if mentioned at all.(see Appendix 1)

There were unanticipated outcomes included a debate on the responsibility of the professional to report disclosures of sexual assault to CAS or the police. (See Appendix 3) and links with other programs addressing similar issues including the Canada Safe Schools Network project for younger girls and a theatre production Grey Bruce county, for secondary school students (“Far from the Heart”). Both of these projects occurred concurrently with the “Taking Charge” project and this project’s partners linked with them to support each others’ activities

The evaluation process demonstrated that the consultative process was successful. Tools were developed to increase dialogue. These included resources for intervention and education for professionals, peers and parents.

Because of timeline and resource restrictions, what is still unknown is whether this increased dialogue will lead to a reduction in alcohol-related sexual assault. The report addresses several recommendations for a way forward to enhance the results of this project with young heterosexual women and ways to add to the objectives to include heterosexual young men and lesbian, gay, bisexual and transgendered youth.

B. Project Goals, Objectives, Rationale, Process, and Final Deliverables

1. Goal

The project had as its goal to work in a consultative process with young women to develop tools for dialogue and resources for intervention support and education of teenage victims of sexual assault, ages 16-18, their peers, parents and support professionals.

2. Objectives:

1. to develop a partnership with women in the target age and older who have an interest in and/or expertise in this area. This partnership will act in an advisory capacity for the project.
2. to identify guiding principles that are acceptable to all partners, and which are based in a non-judgmental and non-stigmatizing approach to this issue.
3. to identify tools and resources that are currently in place in Ontario to address these issues, either for education or support purposes
4. to develop additional tools for dialogue and education of young women about this issue, in collaboration with young women
5. to develop additional resources for intervention and support with parents and professionals
6. to disseminate these resources across Ontario in both English and French
7. to evaluate the process and the outcomes of this initiative

3. Rationale

Alcohol Use by Youth

The use of alcohol at parties in secondary school is well known. Statistics from the Ontario Student Drug Use Survey in 2007 (3) indicate that:

- Drinking significantly increases with grade. Rates climb by more than ten percentage points with each grade, between grades 7 and 11 (from 28% to 79%). The prevalence climbs again by 12th-grade, to 83%
- The prevalence of drinking does not significantly differ between males (62%) and females (61%).
- 24% report becoming drunk at least once during the 4 weeks before the survey (about 228,100 students). Reported drunkenness is not significantly different between males and females (25% vs 24%).
- Drunkenness is lowest among 7th-graders(3%) and peaks in grade 12 (46%).

Prevalence of Sexual Assault

Alcohol-related sexual assault is often kept a secret, or is suppressed by a young woman because:

- she fears humiliation from peers
- she feels guilty that it got that far
- she fears reprisals from the boy
- she fears consequences from her parents

Often young women are not even aware that they have been assaulted because of the myths about sexual assault:

- you have to fight back for it to be labeled assault
- if you said “yes” once then the guy can’t be charged
- “date-rape” is different from sexual assault

Recent research reports that “conservative estimates of sexual assault prevalence suggest that 25 percent of women have experienced sexual assault, including rape. Approximately one-half of those cases involve alcohol consumption by the perpetrator, victim, or both. Alcohol contributes to sexual assault through multiple pathways, often exacerbating existing risk factors. Beliefs about alcohol’s effects on sexual and aggressive behavior, stereotypes about drinking women, and alcohol’s effects on cognitive and motor skills contribute to alcohol-involved sexual assault.” (4)

In an online survey completed for this project with 139 health and education professionals in Ontario who work with girls in high schools, over half of the respondents had had a teenage girl disclose that she had been sexually assaulted or had thought she might have been “date-raped” by a boyfriend, girlfriend or dating acquaintance. Over half of these disclosures occurred in the past year. The role of alcohol in the assault was acknowledged by 80% of those who disclosed the incident. Professionals reported:

“She couldn’t stop the assault because she was too drunk.”

“Alcohol impaired her choice”.

“Some do not realize an assault had taken place till the next day”. (5)

Alcohol is identified as a risk factor for assault by Statistics Canada but few Canadian studies have addressed alcohol and sexual assault specifically.

Reluctance for victims to come forward

Sexual assault is the most under-reported violent crime in Canada. “Despite efforts to improve the justice system responses to sexual assault, the reporting rate is declining. Only 8% of sex assaults were reported to police in 2004, a significant drop from 1999. In 2002, the majority (61%), of victims of sexual offences reported to the police were under the age of 18. The group with the highest rate of sexual victimization was girls ages 11-19.” (6)

Reasons for not reporting to police are varied and include fear of reprisals by the offender, shame and embarrassment, and a reluctance to become involved with the police and courts.

There also appears to be environmental support for non-disclosure. The results of a recent Ontario schools study indicate that sexual harassment which occurs in Grade 9 continues throughout high school with “students who reported (on the survey) two or more forms of harassment in Grade 9 were significantly more likely to be the victim of dating violence in Grade 11. (7) The study does not state whether or not the Grade 9 students who were harassed spoke up about the situation, but we make the assumption that this did not occur since the harassment, bullying and violence continued till Grade 11.

Because of this reluctance, the Project’s Advisory group determined that working through professionals in secondary schools would be the best way to reach young women in either an educational or counselling perspective.

Existing programming

In a review of programming addressing sexual assault, prevention and support, few programs addressed the relationship to alcohol, and how partying can lead to situations where assault occurs. (see Appendix 1 – Environmental Scan)

This specific setting leads to a unique combination of sensitive issues – sexual encounters, underage drinking, young women who are inexperienced both in drinking and in sex, and a teen culture which both downplays the consequences of/accepts casual sexual encounters but labels women who have been involved as “sluts”. This is a challenging topic that requires careful, sensitive, exploration.

The Mandate of Parent Action on Drugs

Parent Action on Drugs is a leader in developing programming to support youth, parents and communities to address alcohol and drug related issues. These programs are evidenced-based and rely on youth as partners in their development, implementation and evaluation.

This program will support professionals to deliver resources that will identify prevention opportunities for girls as well as meet the support mandate of health and education professionals.

4. Process

Phase 1 – Project development

In the fall of 2006, an Advisory Group of professionals and young women was chosen to guide the project. These women came forward because this was an interest and a mandate in their work or because they had experienced issues regarding alcohol and sexual assault themselves or in their family or friends.

Guiding principles for this project

This project:

- was driven by young women who are interested in helping their peers.
- was supported by professionals who work in alcohol education and in sexual assault.
- was developed to get young women talking about the potential for alcohol-related sexual assault, how to reduce the risks and how to support other young women if it happens.
- is targeted at young women ages 16-18 who go to parties where alcohol is available, who may be drinking themselves and engaging in sexual activities from kissing to intercourse.

- is of the conviction that women are never to blame as victims of assault. This includes anyone who might have previously sought out sex or was thought of as being “easy” or other negative terms.
- is about helping to keep young women safe rather than telling them not to drink or not to get sexually active.
- is inclusive, values diversity and acknowledges that culture, race and religion impact on these issues.

These guiding principles came from the partners and are based on two strategies common to health promotion

- Harm reduction
- Empowerment theory

Rebecca Fortin, a masters student in health promotion at the time of this project and a member of the Advisory Group prepared an analysis of these strategies for the Project. She wrote:

“The development and implementation of *Taking Charge* is primarily influenced by empowerment theory, anti-oppression theory, and feminist theory. Empowerment theory suggests that empowerment can only be generated from within ones. Building capacity, emphasizing human rights, increasing participation, and enhancing decision-making power among intended audiences (in this case young women) are essential when using empowerment theory in practice. As such, *Taking Charge* was developed by young women who are interested in helping their peers. (8)

Secondly, *Taking Charge* takes an anti-oppressive stance, and “values diversity and acknowledges that culture, race and religion impact on these issues” (Guiding principles). And finally, using feminist theory in *Taking Charge* is to fully acknowledge the need to develop a program to address sexual assault in drinking situations from a female perspective. This allows young women to learn for themselves and achieve full control over their sexuality and their choices around alcohol use. As a result, the importance for young women to develop and have control over the activities of *Taking Charge* is underscored.

Harm reduction is the central ‘cause and effect’ theory that underlies the *Taking Charge* program. *Taking Charge* is expected to be more effective than programs that promote abstinence because it focuses on addressing harms, balances costs and benefits, recognizes the underlying social conditions that affect sexual assault/drinking, and places central focus on youths’ needs and strengths. Harm reduction is used not only because abstinence programs are ineffective, but also because ‘just say no’ programs can have harmful outcome on an individuals’ feeling of self-worth and can jeopardize the relationship between ‘client’ and ‘professional’, *Taking Charge* recognizes that alcohol is the dominant drug used among adolescents in Ontario. However, it does not tell young people not to drink or not to have sex. Rather, *Taking Charge* messages provide resources/strategies to reduce the potential harm associated with these behaviours. “Our objective is to keep young women safe, rather than tell them not to drink or not to get sexually active” (Guiding principles).

The Advisory group agreed to these principles and underlying strategies before the Project’s outreach work began.

In the spring of 2007, the Advisory Group met with over 150 young women ages 15-18 in from many regions in the province in discussion groups to identify and report on the reality of alcohol and sexual assault. The objectives included hearing from young women about what they did and did not know about alcohol-related sexual assault, their attitudes towards support and prevention, the information points that they felt most important to share with their peers, coming to a consensus on key messages, a unifying theme and resources. Two of these groups were conducted in French. And two were conducted within the Tamil community . A pre and post-test was conducted with each group (for results – see Evaluation).

Incentives in the form of \$30 in cash were given to the girls who participated. Signed consents were received from the parents of the girls unless they were 18 or over. In each group there was a Facilitator, a Recorder, plus at least one Counsellor available to support any girl who became anxious as a result of the discussion. In all groups, the Facilitator was a member of the project Advisory and in four groups, the Youth members of the Advisory took on this role.

Key Findings:

- i. New Knowledge:
 - a. The girls were aware of the terms rape, date-rape and sexual assault but not clear on what sexual assault really means.
 - b. They had some understanding about alcohol as it relates to sexual assault but wanted more information
 - c. They reported that reluctance to come forward/getting help is second most common “Information point”
 - d. This was because of social consequences like embarrassment, getting a bad reputation, losing friends, keeping a boyfriend. This was validated in some groups where girls were very judgmental about girls whom this may have happened to. There were also personal consequences (feeling guilty or shameful) and parental consequences (concern that parents would be angry or hurt)
 - e. The majority did not know about the legal definition of consent and the relationship to intoxication

- ii Attitudes to Support:
 - a. School counsellors were mentioned immediately as school-based helping resources – but when asked if they would access them, answers were often in the negative because of fear that police or social services would be called in
 - b. The majority agreed that they would not/could not go to parents about this because of repercussions, disappointment, and shame. Community supports were not well known.

- iii Attitudes to Prevention:
 - a. The majority felt we could and should do something to prevent it
 - b. Common prevention strategies included; going and staying with a group, not drinking or “knowing your limit”, not going with a guy you don’t know, not going to an isolated place with any guy you don’t know.

- iv Formats for information-sharing:
 - a. Most common format was “discussion groups just like this”
 - b. In curriculum
 - c. Not a website
 - d. Peer-led or led by someone who has experienced it/use real life stories or a trustworthy professional
 - e. Girls-only groups

- v Key messages.

Based on the results from the discussion groups, three key messages were chosen to be developed into creative concepts for further testing. The key messages included:

 - a. The role of alcohol in sexual assault - “You like him, He likes you. You’re both drunk. Now what.”
 - b. Consequences and resources – “Sexual assault happens to girls like you. At parties like yours”
 - c. Friendship and support – “ Your best friend needs you – ASAP (Alcohol + Sexual Assault + Parties)”

Phase 2 – Creative Concept Development

In the fall of 2007, several activities took place.

1. a discussion group was held with mothers of young women ages 16-18 to ascertain their level of information about this topic and how they might respond to their own daughter if it happened to them.
2. an online survey was completed by 139 health and education professionals who work with this age group in secondary schools, teen clinics and community health centers.
3. the creative concepts were tested with 4 more groups, two of which had been part of the first round of discussion groups with girls. No incentives were given for these discussion groups and the Social Marketing consultant facilitated the sessions.

Key Findings:

- i. Mothers’ Discussion Group:
 - a. Results of pre and post-test indicate a significant change in mothers’ perceptions about whether or not their daughter would come to them.
 - b. By the end of the discussion, mothers identified that the situation was quite complex and they could not be sure how they might react.
 - c. Given this, they see a need to talk with their daughters before this could occur and would be interested in a resource to support this discussion.

- ii. Online Survey for professionals:
 - a. Over half of professionals who completed the survey reported that they had had girls disclose incidents of alcohol-related sexual assault and for the most part this occurred about 1-2 times a year
 - b. The majority of the girls do acknowledge the role alcohol has played in the incident.
 - c. In girls under 16, 29 % of the respondents reported the incident either to parents, police or CAS (with CAS being the most common choice), 1%

did not report and 24% stated it depended on what the girl herself wanted or on the situation itself (e.g. age of the perpetrator)

- d. In girls over 16, 7% indicated they reported the incident (with police being the most common choice), 10 % indicated they did not report and 32% indicated that it depended on what the girl wants and the position of authority of the perpetrator.
- e. Some settings have formal protocols that mandate response, others have informal guidelines. 46% of respondents reported that it would be helpful to see what has been helpful with other professionals
- f. Follow-up support was offered by 48% of the professionals. Supports included ongoing 1-1 counselling or group counselling.
- g. More than half the professionals did not have access to existing programs where discussion about this issue could take place. For those who did have access to such programming, it was most likely to be through curriculum (physical and health education, religion) with smaller numbers reporting extra-curricular activities like girls groups and drama groups.
- h. Responding to the question “What additional information would be useful to you”, 75% indicated that they would like to see (in descending order) legal information, statistics and demographics, case studies and testimonials from girls, teaching kits and lesson plans, tool-kit to guide discussion group and information on other drugs. To a similar question, “What would you like to see in such a tool-kit?”, respondents identified many of the same items as above but also included promotional material and activities, videos and other visual aids, plus advice on best practice, list of available services and information on self-defense or prevention strategies. Culturally diverse resources would be very useful.
- i. Many professionals indicated that young men should be seen as an important target group for activities and resources as well both as perpetrators and as victims.

iii Results of focus groups with girls

- a. Meaning of Sexual Assault - Words ‘pressure’, ‘unwanted’, ‘force’, ‘feel uncomfortable’ and ‘taking advantage’ were used most to describe what sexual assault means. These words should be used in descriptions as much as possible.
- b. Favourite Concept: Boy/Girl (See Appendix 5)
Girls said, “Gets right to the point.”, “The question makes you wonder/think”, “Very eye catching”, “Good length, not too much writing”, “I think everyone has been in a situation like this.”, “You can tell that if they were sober, they wouldn’t be doing that.”, “Makes the connection between alcohol and sexual assault quicker than the other two”
There were some negative responses
“Message not clear”, “They don’t look drunk.”
- c. Some professionals wondered if the couple should be more representative of diverse cultures in Ontario. The girls we surveyed (who came from many ethnoracial backgrounds) did not identify this as an issue and in fact commented more on how common the scene was.
- d. There were also comments from professionals about the appearance of an existing relationship between the boy and girl, (you like him, he likes you) but in the current teen girl lexicon, “like” could easily mean, “attracted to” or “he’s hot”. As well there was some concern about the

original slogan chosen by the girls (“how far is too far?”) because this might be interpreted as a girl’s responsibility to make sure it doesn’t go too far. This was changed to the current slogan, “Alcohol and sexual assault: No Consent NO WAY!” to increase the emphasis on assault being the perpetrator’s responsibility.

- e. There was discussion as well about the call to action being “Have a party plan”. Most girls identified the following: *“Even if you have a plan, you are not likely to follow it because alcohol makes you lose control.”*, *“It’s hard to make a plan.”*, *“Nothing goes as planned”* This the call to action was framed within the wording, “Now what?”, as an invitation to talk about the issues, prevention and support. It is the Advisory’s belief that the language on the poster will encourage discussion with a professional or peer leader.
- f. Graphic Elements and Language of Boy/Girl
 - Strong, visual, literal photography was most appealing.
 - two groups felt the yellow/black combination was dramatic and caught your attention while two others wanted a full-colour design. It was determined by the designer and social marketer that the two-colour design would be more memorable.
 - All groups thought the language in all posters was appropriate for their age group and sensibilities.
- g. Recommendations that the following items be produced as resources in black and yellow.
 - Keychain as a giveaway for the girls post-discussion group
 - Poster for general awareness, promoting small group discussions, and other events.
 - Parent Brochure to advise about the commonality of alcohol-related sexual assault and focuses on ways to respond

Phase 3 – Communication Tools Development and Dissemination

In the winter of 2008, the project began its training, production and dissemination phase with the following activities:

- development and production of the Tool Kit in English and French
- presentation at the Canadian Safe Schools Network annual conference
- delivery of a Learning Teleconference to over 45 health promotion and education sites in Ontario

5. Final deliverables

Final Tool Kit

The Taking Charge Tool Kit for Professionals includes several resources and activities including:

- a guide to the Taking Charge project, the issues and the concerns
- activities which can be replicated with girls in schools, on teams, and in other groups where young women gather.
- resources for girls including a key chain with the slogan, “Alcohol and Sexual Assault No Consent NO WAY!”
- resources for professionals including a poster which addresses the concerns and puts forward a call for action

- resources for parents including a brochure for mothers about the issues, talking with your daughter and where to get help if needed
- A DVD/CD with additional resources plus the graphics for the poster and the brochure to support replication and sustainability

To access a Taking Charge Tool Kit, contact Parent Action on Drugs, (416) 395-4970 or go to the website www.parentactionondrugs.org

Canadian Safe School Network Conference.

One unanticipated outcome of the project was a link with the Canadian Safe Schools Network since they had also received funding to develop a curriculum support document for teachers of younger girls (grades 7, 8, & 9) around sexual assault.

A request to deliver a workshop with this group at the annual conference provided an opportunity to share the project's results with over 40 teachers and school administrators. The school-based professionals were very interested in the project and re-iterated the concerns that they have to deal with concerning young women and alcohol-related sexual assault. The debate about whether or not to report continued in this venue and is a challenging issue. For some Boards of Education, reporting post disclosure is absolutely demanded and professionals have been placed on leave because they did not report. In other jurisdictions, teachers and guidance professionals use a situational guide to determine their response. One such guide is included in this report (see Appendix 3). In some regions, professionals check with the Child Protection Agency to see whether or not the case meets their mandate while other regions do not have this support.

For more information about the Canadian Safe School Network Curriculum Support Document, go to www.canadiansafeschools.com

Learning Teleconference

In March, 08, a learning teleconference was held with health and education professionals. Over 45 sites were registered with many sites identify two or more professionals in attendance. A powerpoint presentation directed the teleconference which identified the process, the guiding principles, the activities, the key findings and the plans for the final deliverables. This proved to be a successful initiative and the results of the evaluation are included in the next section.

The final Taking Charge Tool Kit for Professionals will go to all the sites that participated.

C. Evaluation:

- Evaluation plan
- Unanticipated outcomes
- Limitations

Evaluation plan and results

The Evaluation plan was developed early in the process. Evaluation objectives and questions were written to support the development of tools.

Evaluation Questions:

Question 1 – Were program activities were implemented as planned?

- a. all activities were implemented as planned within the time-frame. The only activity which was not completed was a review with the Professionals who received the Tool Kit about whether or not they were able to use the resources, how effective the resources were and whether or not they were seeing more dialogue on the issues.
- b. While the Advisory Group represented the diversity of Ontario's young women at times, this was not consistent throughout. This was thought to be due to the challenges of keeping the young women engaged over a longer term. In the Recommendations section there are suggestions for improving this aspect of the Project.
- c. The Advisory did however represent all the appropriate sectors for this issue.
- d. The young women in all the groups (Advisory and discussion groups) identified feeling safe enough to tell their stories although one young woman who joined the Advisory and who had experienced a recent assault was not able to continue after her first meeting.

Question 2 – Did the target groups increase their knowledge of this issue?

- a. Pre and post-discussion group test results with girls indicated that there were significant increases in information about alcohol as a date-rape drug, about the definition of sexual assault, about the fact that legal consent cannot be given if one is intoxicated and finally information about available supportive resources in schools or communities.
- b. There was a increase in information about alcohol and sexual assault in mothers as reported in the pre and post discussion group test result, as well as a change in attitude about whether a daughter would come forward to talk to her parents about this issue. While parents did not identify specific key messages, they did identify a desire to have resources so they could talk to their daughters about this issue.
- c. Professionals indicated that they increased their knowledge about the issues and the project.

Question 3 – Did the participants in focus and discussion group identify the issues and the key messages which are most important in this discussion for target groups of young women and their parents

- a. Overwhelmingly, the girls thought this was an important issue to discuss and while many had not had the experience themselves, they had witnessed or heard about girls for whom this was an issue.
- b. Most important information identified was that alcohol is the most common drug associated with sexual assault, and concerns that girls are reluctant to come forward to seek help because they fear that professionals will report the incident and that parents will retaliate.
- c. There continues to be stigma around those girls who have experienced this and many young women report that the girl herself “probably” contributed to the assault thought her behaviour or dress.
- d. Girls and parents wanted information about where to go for help in the community was considered important for both group.
- e. While the information about the meaning of consent when a person is intoxicated was found to be interesting, it was not considered absolutely necessary to get out immediately. This information has been included in the activities that are available to the professionals.

Question 4 – Did the participants identify ways and means of getting these messages and this information out to young women and to their parents?

- a. Girls in the discussion groups identified ways that would work for them in getting the messages out to others. For the most part this involved “Girls Groups” or discussion groups in school or other venues. Secondly, they felt that inclusion of this information in the curriculum would be useful.
- b. Parents were less sure about ways to engage other parents but felt that there should be some resource to help parents talk to their daughters about the issue. The Tool Kit also includes activities to engage parents in a school meeting using the parent brochure to give them the information.
- c. Professionals identified several ways to get this information out including girls groups, physical and health education and drama. They also identified that while many of them had access to these venues, they needed resources to support activities.

Question 5 – Did the girls who participated in both spring and fall discussion groups report that the creative concepts and suggested resources met the objectives of delivering the key messages in a youth-friendly and engaging format?

- a. The girls from two groups were satisfied with the creative concepts developed to speak to the key messages and overwhelmingly chose the “girl-guy” concept as the most effective in meeting the communication objectives.

- b. These results were replicated by the two groups of girls which were new to the discussion.
- c. One group of girls who participated in both sessions was so influenced by the creative concept that they decided to work on a drama based on the key messages to take the information forward.

Question 6 – Did professionals identify that the “Taking Charge Tool Kit” as useful for professionals?

- a. There were two tools to gauge professionals’ interest and needs regarding these issues – an online needs assessment completed in the fall of 2007 and an online evaluation of the Learning Teleconference completed March, 2008
 - The online survey results are reported on page 9 since the data was needed for the process of development of resources.
 - The evaluation following the Learning Teleconference reported
 - a. 28 sites completed the evaluation
 - b. 79% identified that the teleconference met their expectations (very well to a great deal)
 - c. 89% identified that the teleconference increased their knowledge about the Taking Charge project (very well to a great deal)
 - d. 79% reported that they had an increased knowledge about the resources and activities (very well to a great deal)
 - e. unanswered questions remaining included wanting information on whether or not training workshops on this topic would be offered, how the tools might be used beyond Ontario (specifically Nova Scotia), and why police and either enforcement officials were not included as a target group
 - f. one additional comment was particularly interesting: *“I was expecting more depth with respect to the concepts such as increasing respect in the school setting. Perhaps it will become more clear in the toolbox materials. I’d also like to caution against overly polarizing the perpetrator versus the victim - usually male victimizing female. I would suggest that breakdown in the developmental process can be responsible for the actions of both members of the diad and that in some ways the male perpetrator may also be a victim and may also be living with having done this terrible thing. This program should help all youth achieve a healthier definition and actualization of their sexuality such that they do not have to resort to overpowerment and substances as they struggle to find their way to adulthood and to mature and healthy sexuality.”*
 - g. The project was unable to test whether or not professionals are using the Tool Kits and whether or not they are effective in getting dialogue going about these issues.

Unanticipated outcomes

During Phase 2, a discussion about the Project's stance on the need to report disclosures developed into a debate within the partnership and within the community of professionals who work with young women.

From the online survey, we found that there was a diversity of opinion and a variety of professional responses about the need to report if a girls discloses a sexual assault. The professionals we heard from considered the following issues in making their decisions.

- if the girl is over 16 (and in some cases when she is under 16 but over 14)
- if the assault occurred at a party when one or both had been drinking
- if the girl does not want to talk to the police
- if it did not occur on school property or during school hours
- if the girl is interested in continuing to talk with the professional involved or go with the professional to seek additional counselling outside the school
- if the girl follows up with a medical consult
- if the girl will stay involved with the professional to assess her ongoing needs
- if the perpetrator was not a person in authority or power over the girl (e.g. not a family member or residing with the family, not someone the girl feels will pose an immediate threat to her safety)
- if the assault is not ongoing

In the survey we conducted with professionals, over half of the respondents who identified a disclosure by a young woman stated that reporting the incident was not necessary or "depended" on the criteria above.

In this challenging issue, school professionals are guided by board policies and protocols. In some regions, they also have the option to call a local child protective agency like the Children's Aid Society and ask for advice about whether or not reporting is mandated given the facts of the case.

The Taking Charge Advisory Committee is well aware of the mandates of boards of education, and professional reporting needs, but the sexual assault counsellors on the Project's Advisory Committee feel strongly that each situation should be addressed on its own. According to best practices in responding to victims who have experienced trauma, there are four needs to be met by the initial responder/supporter:

- the student needs a non-judgmental approach
- she needs medical attention
- she needs to regain some power in the situation
- she needs to know it was not her fault

Sexual assault counselors remind other health professionals and educators, "Whenever possible, teens need to have "control" handed back to them as loss of control is what happens in sexual assault. See the teen as a person with rights and not as a fragile 'victim'".

The Project has addressed this challenge in the Taking Charge Tool Kit and has provided several resources and activities to support professionals in addressing this

aspect of their work with young women including an example of one community's response process (see Appendix 3).

This is a very important discussion because the main reason girls we spoke with gave for reluctance to come forward was their concern that it would be reported - to police, CAS, parents or other authorities.

Limitations

While the consultative process has provided us with input and feedback regarding the resources, the scope of this project does not allow for an outcome-based evaluation about changes in knowledge, attitudes or skills because of the Tool Kit, the activities and the resources.

Therefore, we do not know if increasing the dialogue about alcohol-related sexual assault will actually result in less alcohol being used, fewer reports of sexual assault, changes to the "girl-culture" environment to increase peer support or changes to professional response to increase support to victims.

E. Recommendations

The consultative approach which guided this project meant that recommendations from the target groups and stakeholders could be included immediately in the project's deliverables.

However, there were recommendations from these same groups which could not be addressed within the parameters of this project. These were:

1. Offer the same type of outreach, needs assessment and resources for young heterosexual men and lesbian, gay, bisexual and transgendered youth

The recommendation about addressing young heterosexual men came from all the groups addressed by the current project. It was strongly felt that young men needed to have their voices heard in this discussion plus they needed to work on their knowledge, attitudes and skills when it comes sexual health and substance use. In a speech given by Stephen Lewis to the Ontario English Catholic Teachers, he re-iterated the need for this type of programming with both genders. "World wide, one in three women will be the victim of abuse – physical, sexual, or psychological – because of her gender at some point in her lifetime," he said. "Teachers can be a major educational force in restoring gender equality," Lewis said. "In addition, social norms and expectations in many places create an environment in which both men and women do not see violence against women as inherently wrong. Teach children to be respectful of each other. Especially teach boys to respect girls and women." (Stephen Lewis, UN special envoy for HIV/AIDS in Africa", 2007, "Ending Impunity Against Violence Against Women and Girls, OECTA AGM, 2007).

Considering *Taking Charge's* commitment to an anti-oppression framework, it is also recommended that the outreach, assessment and resource development process be offered to lesbian, gay, bisexual and transgendered youth with representatives being a part of the planning and delivery of these activities.

2. Address gender-sensitive issues within the curriculum

In February, 2008, Ontario's Minister of Education Kathleen Wynne announced that her Ministry was re-engaging a team of safety and education experts to address the prevention of sexual harassment, homophobia and gender-based violence through curricular and extra-curricular activities and policies.

Given the results of the Taking Charge project, we support this process and recommend the following

- that the Safe Schools Action team use the results of the Taking Charge project to identify the impact of alcohol on sexual harassment and assault and ensure this information is included in the development of educational prevention strategies.
- that the Safe Schools Action Team use the results from the taking Charge project to identify in-school support mechanisms for girls who have been victimized in alcohol-related sexual harassment or assaults but who do not wish to report the incident
- that the Safe Schools Action Team use the activities and resources developed by the Taking Charge project to support awareness and prevention of alcohol-related sexual assault.

3. Because of time constraints, the Taking Charge project was not able to evaluate the effectiveness of the resources developed during this project once they were disseminated to the target groups. It is recommended this further step occur to ensure the activities and resources:

- increase the dialogue about the issues
- increase professionals' skills in supportive responses and triage
- increase knowledge of community support with girls
- increase discussion of safety strategies around partying

This may require additional funding.

The evidence used to underpin *Taking Charge* has significant implications for further evaluation, especially outcome evaluations about the risk factors directly involved in these issues (alcohol, sexual activity, "girl-culture" and stigma, reluctance to disclose).

Firstly, the difficulty in measuring the prevalence of sexual assault must be acknowledged. Measurements of sexual assault, especially in situations where alcohol is present, are often unreliable, as victims often are reluctant to report an assault. This does not mean *Taking Charge* could not measure the incidence of sexual assault, but an evaluator would have to be mindful of the reliability of such results.

Second, while the literature reveals a significant need to change social norms, especially to combat the negative stigma associated with victims of sexual assault when alcohol is present, it is acknowledged that this demands a long-term investment in environmental support beyond the scope of a single project.

Finally, it is important to recognize that *Taking Charge* values empowerment and is committed to a harm reduction approach. Therefore, the reduction in alcohol use

and/or sexual behaviour would not necessarily be the best indicators of success. More suitable indicators of success could be personal empowerment, knowledge of safety strategies, and the use of safety strategies to reduce risk of assault in drinking situations.

The effectiveness of using harm reduction approaches for alcohol misuse has been well established for adult populations; however, less so for youth populations (9). Thus, it is even more important for *Taking Charge* to plan for and eventually conduct outcome evaluations.

However, what would be an interesting outcome and able to be evaluated easily is any attitude changes surrounding the role of alcohol in sexual assault.

4. A recommendation made by young women in the discussion groups was to have their peers be able to lead the discussion groups. The Taking Charge project was able to use young women as facilitators for the discussion groups but have not developed this model for the educational activities since it would require additional training for peer leaders since the topic is extremely sensitive. However it is recommendation that this type of peer leadership be offered to young women with appropriate training and support. Peer Educators should be coached by an trainer who understands and values empowerment practice and principles, such as: commitment to program improvement, community ownership of evaluation and evaluation results, democratic participation, and social justice (10). This would also expand the commitment to empowerment beyond the advisory committee and project planning activities.

5. Gender and sexual orientation is not fully explored by the *Taking Charge* Project, therefore, it is recommended that in any further phases or expansions of the project, these should also be acknowledged as factors that have an impact on the occurrence of sexual assault

6. Maintaining participation of diverse youth on the Advisory was a challenge for the Taking Charge project. It is recommended that in another phase, the Advisory could use “key Informant Surveys” as tools to determine whether or not the youth and professional advisory committees are continually and successfully using mechanisms to facilitate meaningful youth participation and decision-making during committee meetings. Key informant interviews would be a better method because interviews would be able to capture more in depth information, be less structured to accommodate questions/concerns, and to immediately clarify comments. The interviews would act a a tracking tool as well and would be useful to increase accountability and track partnership development – especially when incorporating new members (e.g. male and/or queer youth)

7. The Taking Charge project recommends that Parent Action on Drugs keep track of requests for this information and for the Taking Charge Tool Kit. Closely monitoring ongoing utilization of program resources and materials would provide information to the PAD and the Ministry of the Attorney General to determine if the resources are being implemented and used as planned, and to make informed changes to improve the design and delivery of *Taking Charge* resources.

F. References

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" Evidence is especially needed as to the age/grade at which school-based drug education can appropriately graduate from a message of "don't use" to one of, "if you use, remember this."
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G. Appendices

1. Environmental Scan (see attached)

2. Best and promising practices for school-based and for community-based sexual assault programs.

3. Reporting Requirements for Professionals – One Community’s Response

4. Evaluation Tools

- a. Logic Model
- b. Process Tracking Sheet
- c. Pre and Post-Discussion Group Tests
- d. Outline for Discussion Groups (Spring)
- e. Pre and Post-Mothers Focus Group Tests
- f. Mothers Focus Group Outline
- g. Outline for Focus Groups (Fall)
- h. Needs Assessment Survey for Professionals
- i. Satisfaction Survey on Learning Teleconference for professionals

5. Creative Concept

6. Links with Other programs

Appendix 2. Best and promising practices for school-based and for community-based sexual assault programs.

The University of Alberta has published a literature review on what appears to be best and promising programs in Canada related to adolescent sexual assault programming in schools. While this does not deal specifically with alcohol-related sexual assault, the components of successful programs can be replicated – and many have been included in the Taking Charge project.

We include it here for those professionals who wish to learn more about evidenced-based programming. The references are available on the website which is given at the end of the article.

What We Know About School-based Sexual Assault Prevention

While the definition of sexual assault includes child sexual abuse, sexual harassment, dating violence as well as assault by a stranger, prevention programming in this area has most often been directed at sexual assault as a discrete entity. The audiences have traditionally been college and university students. However, all of the programs that we identified were for middle and high school students. Some are now recognizing that sexual assault prevention should include students starting in Grade 5 or 6. This recognizes that we not only need to start prevention efforts early, but also that young people this age can be victims and/or perpetrators. Sexual assault prevention is sometimes incorporated into dating violence and/or sexual harassment programs or can be dealt with as a separate programming topic.

Program Objectives: Schewe (2002) suggests that increasing awareness of sexual assault is a necessary objective, but not sufficient for prevention programs. Personal safety skills (usually self-defense) aimed at reducing the risk of being sexually assaulted by avoiding high-risk situations are most often directed at girls and young women.

Program Content: While our knowledge of how to prevent sexual assault is still in its infancy, especially with school-aged children and youth, a number of elements have been identified as consistent within promising prevention programs. These include (National Rape and Sexual Assault Prevention Project, 2000; Schewe, 2002):

- *Informing students about relevant school policies and complaint procedures, and existing Canadian laws;*
- *Examining the concept of consent, including the forms coercion can take and typical things people might say to pressure someone into having sex;*
- *Examining myths and stereotypes about sexual assault;*
- *Exploring the contribution that alcohol and other drugs may play in sexual assault;*
- *Promoting victim empathy to replace traditional victim blaming and increase the understanding that sexual assault can happen to anyone — young or old, female or male, rich or poor, attractive or plain;*
- *Tailoring the curriculum to the particular audience, such as using examples that reflect the age and racial characteristics of the audience, and using local rather than national statistics;*
- *Avoiding confrontation, blaming men and blaming the victim;*
- *Focusing on healthy relationships as well as understanding what sexual assault is and its causes; and*

- *Providing information on national and local community resources to help those victimized by sexual assault (e.g., crisis lines, sexual assault centres).*

Sexual assault prevention programs have been designed for young women-only, young men-only, and mixed-group audiences. The program content for young women usually focuses on the ways perpetrators tend to behave; addressing peer pressure, bystander issues, and victim-blaming attitudes; and enhancing assertiveness and self-defense skills (National Rape and Sexual Assault Prevention Project, 2000). The all-female group opportunities to more freely discuss feelings and experiences. In young men-only groups, sexual assault curricula generally addresses issues of: 1) peer and societal pressures that promote abusive behaviours, including attitudes that tacitly and/or overtly condone sexual assault; 2) sexual assault myths and stereotypes; 3) men and boys as victims; and 4) how to respond to girls and boys who have been victimized (National Rape and Sexual Assault Prevention Project, 2000).

Presentation Methods: *Three elements should be considered in the development and implementation of all sexual assault programming.*

- *First, like all prevention programs, using a variety of presentation methods is encouraged, including videos available from local and national sources*
- *Second, students need to be actively involved in the prevention programming. The National Rape and Sexual Assault Prevention Project (2000) encourages interactive activities such as role-playing and problem-solving exercises that guide behavioural responses; opportunities for students to create characters and write scripts, which reflect their reality in their community involving sexual assault; and presentations by survivors and by sex offender treatment providers.*
- *Third, provide students with multiple sessions, thereby increasing likelihood of more lasting effects.*

Teacher Training: *Teachers should have the opportunity to examine their own attitudes towards sexual assault and confront the myths and stereotypes they may hold.*

Parent Involvement: *Some educators are apprehensive about informing parents about activities and programs about sexual assault. However, as in all other prevention program areas, the more parents know about your program, the more supportive they may be (National Rape and Sexual Assault Prevention Project, 2000). Letters and parent meetings can be used to inform them about what sexual assault is and its causes, explain the program and enlist their help.*

Do They Work? *Communication skills are often used as the skill-development component of sexual assault prevention programs; however, currently there is no evidence that this is effective in preventing sexual assault (Schewe, 2002) (Resource Manual from RESOLVE, University of Calgary, <http://www.ucalgary.ca/resolve/violenceprevention/English/reviewprog/assaultintro.htm#intro>)*

As well, there has been work done on best practices for community-based sexual assault prevention – and again, although it does not relate specifically to alcohol-related sexual assault, it is a useful source of information for health promoters and other health and education professionals who wish to promote a community response to sexual assault.

In the article, *Sexual Offences in Canada*, written by Rebecca Kong and her colleagues for Juristat 23:6, Ottawa, Canadian Centre for Justice Statistics, 2003, the need for a coordinated consultative collaborative community approach is stated. Many communities have responded to a call for a community sexual assault protocol. Encouraged to be a part of such protocols are:

- local hospitals
- police
- public health
- sexual assault counselling centers
- women's shelters
- courts
- local CCAC
- victim-witness programs
- child protective agency

and other agencies which work with women around issues of sexual assault.

Examples of Ontario community's which have developed protocols include Halton (<http://www.ninasplace.ca/pdf/Protocol.pdf>) and Owen Sound (www.endabusenow.ca)

The BC Association of Specialized Victim Assistance and Counselling Programs (http://www.bcyth.ca/BN_13_TPR.doc) has developed a briefing document on the "Critical Elements of an Effective Response to Violence Against Women". It calls for collaboration between enforcement, health and counselling services at a provincial level and introduces a new approach for reporting sexual assault. Called "Third Party", it aims to

- involve the Community Coordination for Women's Safety Program—funded by the Ministry of Community Services—and representatives from RCMP E Division Investigative Standards Unit, BC Association of Municipal Chiefs of Police, Vancouver Police Department Sex Crimes Unit and Victim Services and Crime Prevention Division of the Ministry of Public Safety and Solicitor General.
- allow victims to pass on to police via a third party (a victim support service) information about sexual crimes committed against them, in a way that feels "safe" to them and provides an opportunity that may lead to a victim making a formal police report.
- allow police to review information, look for and evaluate trends, create profiles of assailants and/or take other actions such as instituting patrols in the areas. Police can contact agencies collecting third party reports if they wish to follow up with victims, but the decision to give a full report rests with victims.
- be a standardized system across the province

Appendix 3 - Reporting Requirements for Professionals – One Community’s Process

(From the Sexual Assault and Partner Abuse Care Centre, Grey Bruce Regional Health Services, Owen Sound, Ontario)

What you may see/hear:

- Almost all sexual assault/partner abuse victims blame themselves in some way for what has happened
- Will often have trouble trusting other people
- May be experiencing a wide variety of symptoms ie) physical symptoms, flashbacks, nightmares, intrusive thoughts, self harming behaviour, suicidal thoughts, anxiety, hypervigilance

What to say/do:

- Let her/him know you believe them, be a good listener, do not pry, do not make assumptions
- “It is not your fault,” “Sexual assault/abuse is against the law”
- Whatever their response is, it is “normal”
- If student was drunk/under the influence, was unable to consent, therefore “it was sexual assault”
- Allow them as much control as possible within mandate to report ie together make an anonymous call to CAS/Police/SA&PACC
- Accessing help sooner rather than later will allow a greater choice of options for care and improve recovery
- Encourage access to medical care (SA&PACC, Public Health, Primary Health Practitioner)
- If not accessing further care, must ascertain if injuries, potential poor medical outcome due to injuries, sexually-transmitted infections, pregnancy, HIV, safety, self harming behaviour, suicidal thoughts, other children at risk
- If student declines to access medical care, continue support, and encouragement re medical care/counselling
- Take care of yourself, access support as needed. Call the local sexual assault counselling centre

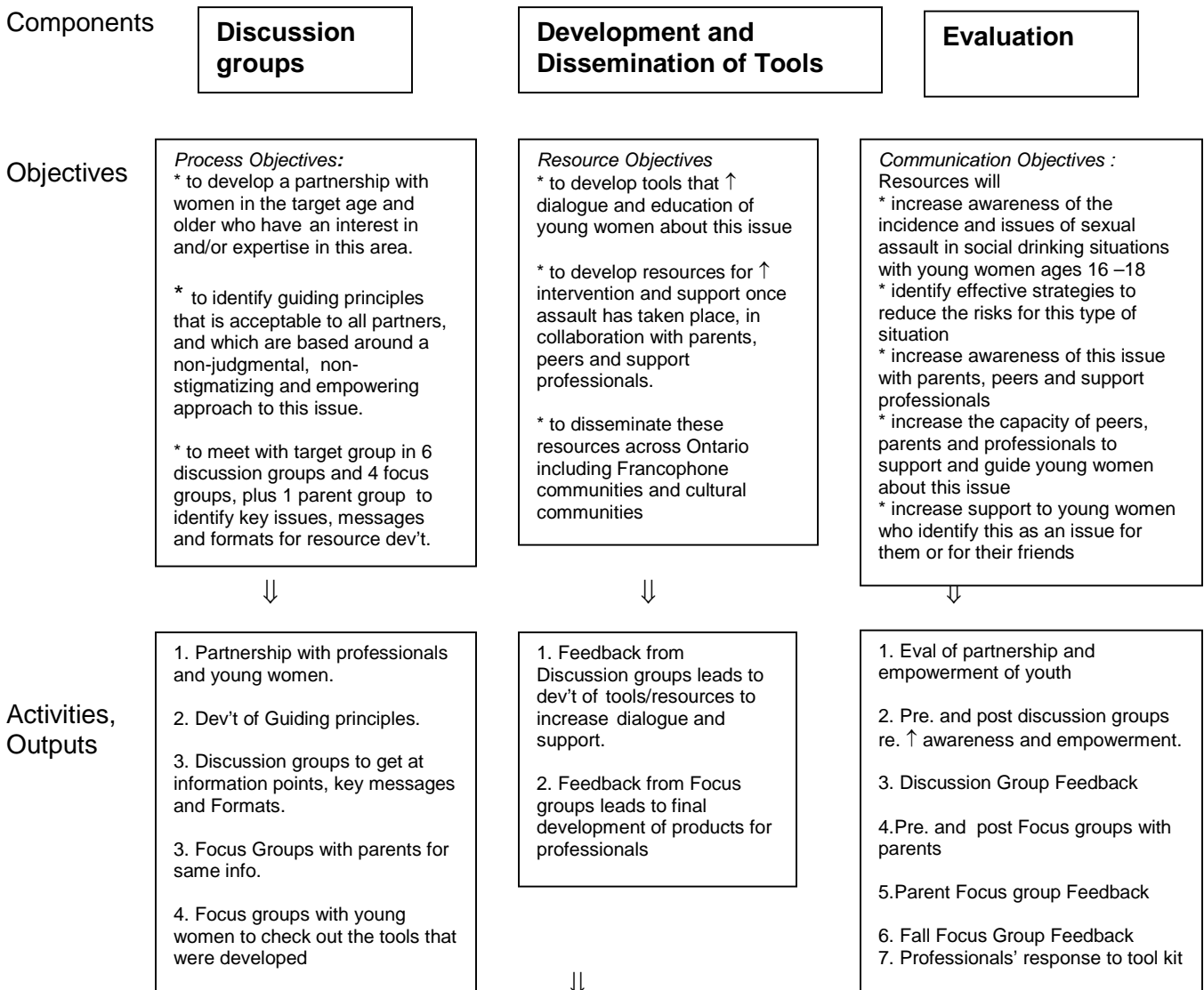
Regardless of the age of the student, it must be determined if there are any other children at risk of harm or assault by the same assailant!

The Child Protective Agency may still be able to assist with linking to resources, even if it deemed that the case is not reportable.

Appendix 4 - Evaluation Tools

- a. Logic Model
- b. Process Tracking Sheet
- c. Pre and Post-Discussion Group Tests
- d. Outline for Discussion Groups (Spring)
- e. Pre and Post-Mothers Focus Group Tests
- f. Mothers Focus Group Outline
- g. Outline for Focus Groups (Fall)
- h. Needs Assessment Survey for Professionals
- i. Satisfaction Survey on Learning Teleconference for professionals

Logic Model



Target Groups

1. young women ages 16-18 in 6 sites this spring, and four sites in fall
2. parents
3. young women in 4 sites next fall
4. professionals across the province



Short Term Outcomes & Indicators of Success

1. Partnership will report project activities took place as planned – 100%
2. Youth Advisors will report an ↑ in empowerment about issues. – 75%
3. Discussion group participants will have an increased awareness of the issues – 75%
4. Discussion group participants will identify an ↑ in empowerment about talking about the issues – 50%
5. Discussion group participants will identify key issues, key messages and key formats – 100%
6. Parent group will identify an increased awareness of the issues – 75%
7. Parent group will identify satisfaction with the resources – 75%
8. Professionals will identify an increased awareness of the issues after Learning Teleconference and an interest in supporting the work at their schools – 75%
9. Professionals who receive the package identify satisfaction with the satisfaction with the Tool Kit – 75%

1. Tools are developed which
 - * 75% of the returning focus group participants identify as effective in getting young women to talk about the issues
 - * 60% of the new focus group participants identify as effective in getting young women to talk about the issues
 - * 75% professionals identify as effective for addressing key issues, key messages and key formats to get young women to talk about the issues.
 - * 75% of parents identify as effective at getting them to think about ways to talk about this with their daughters



Long-term Outcomes

1. increased numbers of resources used with target group of young women
2. increased numbers of young women identifying available supports
3. increased numbers of young women seeking support

1. After 3 months, 25% of professionals who have been sent Tool Kits identify that resources are being used, and that young women identify increased awareness of issues and supports, and that young women are seeking supports.

Process Tracking Sheet

Activity	Date completed	Evaluation Tools	Indicators
1. Partnership and Guiding Principles	September 2007	Partnership Survey	90 % of Partners indicate that partnership followed the Guiding principles and met their needs as partners
2. Discussion Groups (Spring) x 6	April and May, 2007	1. Pre. and Post Discussion Tool, 2. Discussion Group Tracking Tool	100% of all groups are delivered Groups delivered were: Anglophone groups (4 GTA, 1 rural) Francophone groups (2 Sudbury)
3. Parent Groups (Summer) x1	August 2007		Parent group occurs 1 group for mothers delivered October, 07
4. Development of Draft Tools/Resources (Summer)	July and August 2007		Draft resources are developed 3 Creative concepts developed
5. Focus Groups to test draft resources (Fall) x 4	October/November 2007	1. Focus group Tracking Tool	Focus groups occur in 4 regions 4 groups delivered, 2 from previous sessions (Toronto and Burlington), 2 new groups (IMPACT Youth Conference in Niagara) Resources discussed at groups and developed afterwards.
6. Final production of tools resources and Tool Kit for professionals, peers and parents	November/Dec. 2007		Products are developed and tool kits go out Final Tool Kits designed to reinforce creative concept. They include: <ul style="list-style-type: none"> • Guidelines for professionals for support and awareness • Activities for awareness and harm reduction • Resources for peers and parents.

			<i>Tool Kits to go out in April, 08</i>
7. Dissemination and training	January/February, 2008	1. Professionals Feedback Tool 2. Learning Teleconference Feedback Tool	75% of professionals indicate satisfaction with resources. <i>Learning Teleconference held March 08 with over 45 agency sites taking part. Results of evaluations from 29 sites</i> <ul style="list-style-type: none"> • <i>94% reported the teleconference met expectations (good – a great deal)</i> • <i>82% rated the learning teleconference very good to excellent</i> • <i>that 75 % of health professionals attending reported satisfaction in the teleconference, the program and the resources.</i>

Pre and Post-Discussion Group Tests (Spring, 2007)

This summary includes approximately 55 girls from St Josephs in Toronto, MM Robinson in Burlington, Owen Sound, MacDonald Cartier in Sudbury, Westhill SS and Middlefield SS.

As can be seen below there were some pre-post differences particularly in questions 2 about alcohol as a date-rape drug; question 3 about the differences between sexual assault and date-rape; question 4 concerning consent; and questions 10a and b about resources available at school and use of these resources.

1. Date-rape is a term for rape that occurs when one person drugs another person

	True	False	Don't Know
Pre	46	4	5
Post	45	4	-

2. Alcohol is a common date-rape drug

	True	False	Don't Know
Pre	34	11	11
Post	46	2	-

3. Sexual assault is the same thing as date-rape

	True	False	Don't Know
Pre	14	22	18
Post	16	32	-

4. You can still give consent to sex if you are drunk

	True	False	Don't Know
Pre	22	24	9
Post	3	44	-

5. It is expected that girls will drink before or at parties

	True	False	Don't Know
Pre	26	21	7
Post	25	21	2

6. Alcohol and sex at parties go together

	True	False	Don't Know
Pre	16	30	8
Post	21	24	2

7. Sexual assault is common at parties where people are drinking

	True	False	Don't Know
Pre	41	11	3
Post	43	5	1

8. It is easy for a girl to go for help if she has been sexually assaulted.

	True	False	Don't Know
Pre	20	29	7
Post	24	22	3

9a. The most common thing a girl might be feeling after being assaulted is:
Most frequent answers both pre and post were guilt, embarrassment, shame, violated, hurt, scared mad, fearful.

9b. This would be different if she had been drinking.

	True	False	Don't Know
Pre	10	38	7
Post	10	36	2

9c. If true, how would it be different

She would have been less aware, might feel more responsible, might not know what to think.

10a. There are resources in this school for help after sexual assault

	True	False	Don't Know
Pre	30	6	20
Post	44	3	1

10b I would use these resources

	True	False	Don't Know
Pre	18	22	15
Post	26	12	9

10c. If False, why not?

Same reasons as below in discussion groups – fear of gossip, might go to a doctor.

11a. There are resources in my community for help if this happened

	True	False	Don't Know
Pre	42	2	11

Post	46	1	1
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11b. I would use these resources

	True	False	Don't Know
Pre	32	11	11
Post	32	7	8

11c. If False, why not?

Same as above and in discussion groups.

Post Test Only

12a. I felt safe and comfortable enough in these discussion groups to give my opinion.

	True	False	Don't Know
Post	43	-	-

12b. If False, why not?

No comments.

13a I have learned new information in this discussion group

	True	False	Don't Know
Post	39	3	-

13b. If True, what have you learned?

About consent, how young women find it difficult to come forward, there are places you can talk about it, alcohol has a big effect on how you make choices.

14a. I have changed my mind about how I would respond if this happened to me or to someone I knew?

	True	False	Don't Know
Post	21	20	1

14b. If True, what helped to change your mind?

Everyone is in the same boat, listening to other people's opinions.

15a. I would do some things differently now after discussing this.

	True	False	Don't Know
Post	21	21	-

15b. If True, what things?

Talk to someone, be more careful and take responsibility, make try to form a group.

Discussion Group Outline Tool (Spring)

Ask for signed Parent Consent Form if under 18.

Handout Nametags and Pre-Discussion Group Test for completion **(about 5 minutes)**

Introduction: **(about 5 minutes)**

Hello and welcome to the Discussion Group today.

My name is _____,

Do you know what we're going to talk about today?

I am with a project called Taking Charge: Young Women, Alcohol and Sexual Assault.

This is one of six sites in Ontario where this topic is being discussed.

The recorder for this discussion group is _____

We will spend about 1 1/2 hours together. I will ask you a series of questions and _____ will record your answers in written form

You will receive \$30 for being a part of this Discussion Group, but you are free to leave at any time without any penalty, and you have the right to refuse to answer any questions. Also, we encourage you to ask questions – and we hope to ensure your sense of comfort and safety.

This project is a youth-driven project to identify the common experience of alcohol-related sexual assault, how to prevent it or avoid the risks for it and if it happens, how to provide effective help.

The discussion of alcohol-related sexual assault is potentially a sensitive one for many young women. You may have experienced this yourself or you may know someone who has experienced it.

We suggest there are some ways to make this a safer and more comfortable place to talk about this. You don't have to share personal information but if you do, we recommend that group members respect confidentiality, unless a person is OK with people outside the group knowing about their story. Also, if someone discloses a situation where they may be in danger, we will talk further with you about that after the group.

Some parts of this discussion could trigger strong feelings. You may decide to withdraw, or you may decide to stay and work through the feelings here in this discussion group. Either is OK – and if you do feel like you wish to withdraw, _____ is available right now to spend some time with you.

Any information discussed in this focus group will remain confidential among the research team and will be used only for research and programming purposes. Names

will not be mentioned in any reports resulting from the group. Your participation is voluntary, you have all agreed to participate and for those of you under the age of 18, we have received parental permission for your involvement.

Are there any questions at this point?

We have an information sheet for you to take away. It defines the terms we are using and gives you some contact names and websites if you want more information. Because we want this to be as local as possible, we encourage you to add to your own list after we talk about the available resources.

Now we will begin the Discussion Group. **(Note to Facilitator – the bolded statements are the key pieces of information that we want the participants to comment on. Make sure you get them to at least talk about these)**

A. First I will ask you for information about the issues: (about 15 minutes)

1. What's the 1st thing that comes to your mind when I say "rape"?, date-rape?, sexual assault?

a. Probe: If there is any difference, what is it?

2. What do you know about the role of alcohol in sexual assault?

a. Probe: How big a part does alcohol play in sexual assault in your experience?

Probe - What are the effects of alcohol that contribute to sexual assault?

3. We know that alcohol is the most common drug reported in sexual assault or rape.

- i. Is this new information?
- ii. Does this information make sense?

4. How common is alcohol-related sexual assault in your experience?

Probe - Have you personally seen this/experienced this (either you or a friend)? (Remind them of ground rules)

Can you describe a common experience?
Are there settings where this occurs more often?
Probe: Bush parties?, house parties?, clubs?

5. What is available to help young women who have been assaulted?

Probe – In school? In the community? What about your doctor, or sexual health clinic?, guidance?

Would these be the same for young women who felt they were drunk or had been drinking when it happened?

6. What does “consenting” to sexual activity mean to you? Is this what you believe personally or what you have been told?

According to the law, you cannot give consent if you are intoxicated.

Is this new information?

What do you think about this information?

- B. Now we'll ask you about your attitudes towards this topic. Remember there are no right or wrong answers (about 20 minutes)

1. Some people say that alcohol-related sexual assault is going to happen. We can't prevent it. What do you think?

Probe – is it inevitable? Why? Why not?

Probe – What about feeling sexy and being healthy and having fun and avoiding sexual intimidation. Is this a possibility? How do you do that?

2. What are your feelings towards girls who have been sexually assaulted

Do your feelings change if the person who assaulted the girl has been drinking?

Do your feelings change if she has been drinking too?

3. What do you think victims should do if alcohol-related sexual assault happens to them?

4. Many young women who are sexually assaulted do not come forward for help for themselves.

i What do you think about this information?? Why?

Probe: What reasons might they have for not wanting to talk to anyone?
What about if they were drinking? Or others were drinking

5. If you were a friend of someone who was sexually assaulted while drinking, what would you advise her to do?

Probe - what school resources would you recommend – guidance?
Sexual health clinic? Why?

Probe – what community resources would you recommend – assault care centre?, rape crisis? Why?

Probe - Would you talk to your parents about this or encourage your friend to talk to her parent/s? Why or why not?

How would you want your parents to react if you told them about being assaulted? What if you had been drinking?

Who else would you talk to or suggest someone talk to?

6. Do you think it is a good idea to get young women your age to talk about this issue? Why or why not?

Probe - What do you think can be accomplished by getting young women to talk about this issue?

C. Now I'll ask you about ideas for programs, resources, topics, key messages and ways to get messages across to girls your age.(should take about 25 minutes)

1. What have you seen or been a part of that looked at alcohol-related sexual assault? Or just sexual assault?

Probe – school curriculum? Extra-curricular? Club? TV? web? poster? brochure? theatre?

Probe - What did you like/didn't you like about it?

2. What do you think we should do to get young women talking about the role of alcohol in sexual assault, how to prevent this and how to respond if it happens?

Probe - What topics should be covered in any program or resource?

Probe: Give them some suggestions to get them talking after they've said their first thoughts – what about the role of alcohol in sexual assault? What about the common settings, what about talking about ways girls can feel sexy and have fun and not be intimidated,

3. So far today, we have discussed the following topics (**To Facilitator - Show bolded statements below, provided by project**)

1. **Information about the potential role of alcohol in sexual assault**

- a. How else can we describe this. Can you describe this in your own words?
Prompt - the change from "It's fun, then uncomfortable then scary."
"What's the tipping point?", "What is it about alcohol that leads to assault?"

2. **The information about consent and the law concerning sexual assault**

- a. How else can we describe this. Can you describe this in your own words?
Prompt– "yes only means yes, if I'm not drunk – then it means no"

3. **Information about why young women find it difficult to come forward for help.**

- a. How else can we describe this? Can you describe this in your own words?
Prompt – “I don’t want everyone to know – “I feel stupid, cause I was drinking” Or, “I shouldn’t have even been at that party”

4. I will know pass out copies of these information points. Which one of these issues or information topics do you think is most important to communicate to other young women your age? Or are we missing something? Please rank these points from 1-3 – best to worst and add any other points that you think should be included in any information to girls your age
5. If you were giving a message to other young women in Ontario about this topic, what would it be?

Prompt e.g.

- i. Know what sexual assault really means and how alcohol impacts it,
- ii. Empower young women to understand and be prepared for the possibility of sexual assault
- iii. Empower young women to enjoy their sexuality and have fun without being intimidated
- iv. Empower women to preserve and re-claim sexual health.
- v. The Tipping point – acknowledge and create understanding about feeling good, sexy, wanting to flirt...till the tipping point

6. What is the best way/ways to get this message and these topics across to young women?

Prompt for curriculum, peer education, print resources, web-based resources, theatre)

7. Do you have any comment to add? Anything at all about the subject?

8. Your information will be added to the information from the other 5 sites in Ontario, and it will be analyzed for common themes, common ideas and common messages. Then this analysis will be used to develop some resources (school-based, visual, web-based) which will be tested again next fall. If OK with you, we may be coming back to ask for your feedback on what we develop to see if we hit the mark. If anyone does not want to be involved with this, please let me know.

9. Facilitator – Hand out post-test, then distribute participant’ incentives and have them sign receipts.

Pre and Post Focus Group Tool - Mothers

Target Population – Mothers of Young women ages 16 -18 in GTA, representative of diverse cultures.

Taking Charge: Addressing Alcohol-Related Sexual Assault

Assigned Number: _____ **Birthday:** _____

19 _____

Day

Month

Year

Please circle your answer	True	False	Don't Know
1. Date-rape is a term for rape that occurs when one person drugs another person.	T	F	DK
2. Alcohol is a common date-tape drug.	T	F	DK
3. Sexual assault is the same thing as date-rape.	T	F	DK
4. You can still give consent to sex if you are drunk.	T	F	DK
5. It is expected that girls will drink before or at parties.	T	F	DK
6. Alcohol and sex at parties go together.	T	F	DK
7. Sexual assault is common at parties where people are drinking.	T	F	DK
8. It is easy for a girl to go for help if she has been sexually assaulted.	T	F	DK
9. The most common thing a girl might be feeling after being assaulted is:			
10 a. The most common thing a parent would feel after hearing that a daughter had been assaulted would be _____ This would be different if she had been drinking.	T	F	DK
10 b. This would be different if the girl had been drinking. DK	T	F	DK
9c. If you circled True, how would it be different?			
10a. There are resources in the school for help after sexual assault.	T	F	DK
11a. There are resources in the community for help after sexual assault.	T	F	DK
11b. If my daughter was assaulted, I would want her	T	F	DK

to use these resources.			
11c. If you circled False, why wouldn't you?			
12. What would you want your daughter to do if this happened to her?_____			

Taking Charge: Addressing Alcohol-Related Sexual Assault

Parents, Summer Discussion Groups

Assigned Number: _____ **Birthday:** _____ Day _____ Month _____ 19____ Year _____

Please circle your answer	True	False	Don't Know
1. Date-rape is a term for rape that occurs when one person drugs another person.	T	F	DK
2. Alcohol is a common date-tape drug.	T	F	DK
3. Sexual assault is the same thing as date-rape.	T	F	DK
4. You can still give consent to sex if you are drunk.	T	F	DK
5. It is expected that girls will drink before or at parties.	T	F	DK
6. Alcohol and sex at parties go together.	T	F	DK
7. Sexual assault is common at parties where people are drinking.	T	F	DK
8. It is easy for a girl to go for help if she has been sexually assaulted.	T	F	DK
9. The most common thing a girl might be feeling after being assaulted is:			
10 a. The most common thing a parent would feel after hearing that a daughter had been assaulted would be_____This would be different if she had been drinking.	T	F	DK
10 b.This would be different if the girl had been drinking. DK	T	F	
9c. If you circled True, how would it be different?			
10a. There are resources in the school for help after sexual assault.	T	F	DK
11a. There are resources in the community for help	T	F	DK

after sexual assault.			
11b. If my daughter was assaulted, I would want her to use these resources.	T	F	DK
11c. If you circled False, why wouldn't you?			
12. What would you want your daughter to do if this happened to her? _____			

Please turn page over

Please circle your answer	True	False	Don't Know
12a. I felt safe and comfortable enough in this discussion group to give my opinion.	T	F	DK
12b. If you circled False, why did you not feel safe and comfortable?			
13a. I have learned new information in this discussion group.	T	F	DK
13b. If you circled True, what have you learned?			
14a. I have changed my mind about how I would respond if this happened to my daughter.	T	F	DK
14b. If you circled True, what helped to change your mind?			

Discussion Guide for Moms around alcohol and sexual assault

1. Introduction – very informal
 - About PAD
 - About this project – Prevention is the ultimate goal.
 - Who it's for: 16-18, girls who go to parties where drinking takes place, who could become the victim of "sexual assault". They may be drinking themselves, and/or are with a guy who is drinking, and/or see a friend in going towards dangers.
 - What's happened so far (discussions with girls, summary report from Evaluation Consultant)
 - The outcome of the project eventually
2. Why we want to talk to mothers:
 - Mothers are often at a loss about how to talk to daughters about this kind of issue without getting the brush-off.
 - Moms often don't have the facts themselves about the role of alcohol in sexual assault, clarification of what sexual assault is, etc.
 - Moms might want resources to inform themselves, their daughters, etc. We want to know what would work best for them.
3. What is sexual assault in your mind? In your daughter's mind? Have you every talked to your daughter about sexual assault? Do you feel you could have been better prepared to talk to her? (Give legal meaning – and legal consent information).
4. Would you be surprised to hear that daughters told us that mothers would be the last person they would talk to if they were sexually assaulted or if a friend was.
5. How common do you think alcohol is in sexual assault (most common drug reported in sexual assault and rape incidences?)
6. Are you aware of it happening with your daughter, her friends, in her school?
7. How do you think girls react to each other if it happens to someone? (Talk about stigma, shunning of girls, embarrassment, shame, notion that it's the girl's fault for letting it go too far.)
8. What has been (would be) the consequence, if it did happen to your daughter or someone she knew?

- At home – what would you do? (Talk about how girls wanted their parents to act – “be calm, understanding, not yell, not baby her, and accept that something bad has happened, then move on from there”)
- At school (talk about the protocol in place in some schools or reporting criteria.)
- For the girl personally

9. Here are three posters we are going to test with young women next month. These are based on pre-intervention research in focus groups that gave us overall messages girls might respond to.

Discuss their preferences, relevance to their daughters' interest, message and design, where they think messages like this would most likely reach their daughters.

10. What would be the best advice we could offer mother to help their daughters prevent sexual assault, and also to help their daughters if it happened to them.

11. What kind of resources would you like – and how would you like to receive them?

12. Thank you. Here is a Parent Action Pack from PAD for your help.

Needs Assessment Survey for Professionals

Opening page:

Parent Action on Drugs and its partners in the “Taking Charge” project are developing resources about alcohol and sexual assault for professionals who work with girls ages 16-18 in either health or education-related matters. This may be through school curriculum, in clinics, at girls groups, on teams or at health centres.

We hope to increase awareness of the relationship between alcohol and sexual assault, the resulting harm, and ways to prevent and reduce this harm.

We also hope to increase skills for working with girls to prevent this from occurring or to respond effectively if it does.

This is a challenging subject and one which often the victim, friend or caregiver would rather not address. The project partners define sexual assault broadly and include sexual teasing, harassment, unwanted touching and unwanted sexual activity in that definition. The victim may not even be aware that an assault has taken place till later or she is less than able to resist at the time. This may occur because the perpetrator was drinking, the victim was drinking (or both) or the drinking environment encouraged the assault.

Although challenging, it is a subject that needs to be discussed. Young women across Ontario have given us their ideas about it. Now we would like to hear from you.

Section 1 - Demographics of respondents:

1.

Currently I work in health or education with girls ages 16-18

yes

no

If no – go to question 2 in this section.

If yes,

I work with girls ages 16-18 in the following capacity (please check all that apply)

- as a physical and health education teacher
 - as a guidance counselor
 - as a public health nurse
 - as a health promoter
 - as a sexual health educator
 - as a doctor
 - in a FOCUS Community project
 - in a community health clinic
 - other – please identify
-

2.

In the past I have worked in health or education with girls ages 16-18.

yes

no

If yes, I worked with girls ages 16-18 in the following capacity (please check all that apply)

- as a physical and health education teacher
- as a guidance counselor
- as a public health nurse

- as a health promoter
 - as a sexual health educator
 - as a doctor
 - in a FOCUS Community project
 - in a community health clinic
 - other – please identify
-

If no, thank you for your interest in this survey.

3.

I work in Ontario

Yes

No

If, yes - What city/town/county?

If no, please give your province, state or country

Section 2 - Disclosure of Alcohol and Sexual Assault

1. Have you ever had teenage girls disclose that they had been sexually assaulted or thought they might have been "date-raped" by a boyfriend/girlfriend or dating acquaintance?

Yes

No

If no, go to next Section 3

If yes, has this occurred in the past year?

Yes

No

If yes, how often does it occur

occasionally (e.g. once or twice a year)

somewhat frequently (e.g. once or twice in six months)

often (e.g. once or twice a month)

other _____

2. Have the girls ever discuss the role alcohol plays in the assault?

Yes

No –

If yes, what do they describe?

3. If the girl is under 16, do you report the incident?

Yes

No

It depends

If yes - Who do you report the incident to (please check all that apply)

Police

Parent
CAS
Other – please explain

If "It depends", please explain

If no, please explain

4. If a girl is 16 or over, do you report the incident?

Yes
No
It depends

If yes – Who do you report the incident to

Police
Parents
CAS
Other – please explain

If "It depends", please explain

If no, please explain

5. Do you have a formal protocol for dealing with these incidents?

Yes
No

If yes, is it an official protocol (e.g. school-based, health clinic-based)

Yes
No – please explain _____

If you do not have a protocol, would it be helpful for you to see one which has been found to be useful for other professionals?

Yes
No

6. Other than reporting the incident, what supports do you offer young women who disclose this situation?

Section 3 – Working with Girls Around the Prevention and Support

The Taking Charge program has been meeting with girls in Ontario ages 16-18 to ask them what they know and want to know about alcohol-related sexual assault.

Overwhelmingly, they identify a desire to talk more about this subject either through existing "girls groups", or in small discussion groups with

a professional they trust.

7. Do you have access to existing programs/classes that could be used for this discussion?

Yes

No

If yes, please describe the class/discussion group.

What additional information would be useful to you to support the discussion about alcohol and sexual assault within these groups?

If no, would you want information on how to support or run these discussion groups?

Yes

No

Section 4 – Developing a Tool Kit for Professionals

8. The Taking Charge project is developing a Tool Kit for professionals who work with this age group in schools and communities. What would you like to see in such a tool kit? What would make it useful for you?

9. Would you be interested in being part of a one-hour learning teleconference about this subject with a copy of the Tool Kit being supplied to participants?

Yes

No

If yes – send your contact information to Pat Sanagan, Taking Charge Coordinator at p.sanagan@bmts.com with the subject line:

“Requesting More Information on the Taking Charge Learning Teleconference”

10. Is there anything else you wish to tell us about the issue of alcohol and sexual assault?

Thank you for your help with this survey.

Discussion Guide for School Focus Groups (Fall, 2007)

1. Introduction to us. Put out tent cards with their first names on.
2. We need your help to reach young women like yourselves on what kind of message is best to:
 - build awareness of what sexual assault is – (more than rape)
 - tell young women that sexual assault, triggered by alcohol, is more common than many realize in the 16-18 year old age group.
 - that it is hidden, even among good friends .
 - and that you can do something to help yourself and to help friends.

The discussion of alcohol-related sexual assault is potentially a sensitive one for many young women. You may have experienced this yourself or you may know someone who has experienced it.

Can you identify some ways that we can make sure this discussion is as safe and comfortable as possible? (Ground rules)

Some parts of this discussion could trigger anxiety in which case we have provided you with follow-up numbers – and if you do feel like you wish to withdraw,(__name)_____)is available right now or later to spend some time with you.

3. Previous focus group results from young woman show:
 - strategies needed ,
 - bring it out in the open,
 - girls not supporting each other.
 - feelings of guilt, embarrassment, stigma, etc ,
 - strong connection between alcohol and sexual assault unknown,
 - What we need from you – opinions of creative messages, comments, suggestions for improvement for reaching young women.
4. What is sexual assault? What have they ever seen or heard about sexual assault – where do they get their information – from each other, TV/movies, mothers, teachers?.
5. Who would you go to first if it happened to you (open discussion) (Mom's summary)
6. Presentation of the three poster concepts – brief description

7. Ask them to write down their favourite based on attention appeal and to say what they think the main message is. Hand in.– no discussion.
8. Discuss graphics and text, etc.. (Use group questionnaires as guide.) Go over them one by one. Get responses from everyone.
 - Graphic treatment (compelling graphics, photography vs. graphics, colours, colour treatments, type fonts, readability)
 - Message: Too long, too short, too complicated, more specific on what to do, etc.)
9. Ask them to choose what they think would reach them best. They can take pieces from one and put them with another.
 - a) Time for Talk, b) Boy/Girl, c) Girl support
10. Finish by ranking the 3 on a separate piece of paper, marking down what the main message is in each and handing these in.
11. Ask what their message to young women would be if not one of these. What would be their ultimate message to girls?
12. What are the best ways to get this kind of message out. (Media, venues, resources) What's new these days? Bracelets, postcards. What do they look at, wear, give to each other?
13. How about small groups of girls organized in schools? Any experience with this? What happened? Was there an adult present?
14. Would they ever send a text message about sexual assault?
15. Look at the paper they marked at the beginning. Is their choice the same? Differences? Why?
16. If time, further group discussion. Thank you.
17. Hand out information about sexual assault and where they can go for further information. Suggest they use the suggestions in the hand out to start talking about the issue in their schools.

Appendix 5 - Creative concept that guided the development of the resources.



Appendix 6 - Links

1. PASS It On (Peers, parties and Senior Students) Peer-led health promotion and marketing program – Parent Action on Drugs (www.parentactionondrugs.org)
2. “For the Record”: Video and activities for senior students about alcohol poisoning and harm reduction based on the events from a real after-grad party. Parent Action on Drugs (www.parentactiondrugs.org)
3. Keepcontrol.ca: Website for students on safer partying (www.keepcontrol.ca)
4. Canadian Safe Schools Network: In progress, Curriculum, support document about sexual harassment and assault for teachers of students in middle school (www.canadiansafeschools.com).
5. “Far From The Heart”: Drama program with pre and post-activities addressing sexual; assault at parties – Sheatre (www.sheatre.com)
6. “Won’t Get Weird”: Sexual health information website for both Alberta and BC (www.wontgetweird.com)
7. Metropolitan Action Committee on Violence Against Women and Children (<http://metrac.org>)
8. “Yes Means Yes”: Victoria B.C.’s comprehensive strategy called Project Respect (www.yesmeansyes.com)
9. Colorado Coalition Against Sexual Assault (www.whynotask.ccasa.org)
10. “Dissolve” - One-woman play by actor/writer Meghan Gardiner. While the current play looks specifically at other substances, the actor is developing a play directed at alcohol-related sexual assault. (<http://www.meghangardiner.com/dissolve/>)
At a recent show, one of the Advisory Committee members spoke to the actor and a panel of experts about the Taking Charge project and what they would like to say to young women across the province, and here is a summary:
 - 1) use strategies to be safe (e.g. arrive together and leave together)
 - 2) be a better friend (e.g. if your friend is acting out of control, it is not because she is a slut, but maybe she needs help).
 - 3) Myth busting: that if she dresses sexy, then she deserves it
 - 4) Messages to the boys: that it is cowardly, a crime, and should be viewed as pathetic. Stressed the importance of developing positive male role models – and get this message across to other guys.