

Sexual Violence in Saskatchewan: A Survey Report 2019



**Status of Women
Canada**

**Condition féminine
Canada**

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Research Conducted by:

Sexual Assault Services of Saskatchewan

&

Community-University Institute for Social Research

University of Saskatchewan

Patience Umereweneza: Project Coordinator, Sexual Assault Services of Saskatchewan

Dr. Isobel M. Findlay: Principal Investigator, Professor Emerita, Edwards School of Business, University of Saskatchewan; Community-University Institute for Social Research (CUISR)

Dr. Marie Lovrod: Principal Investigator, Associate Professor, Women's and Gender Studies, University of Saskatchewan; CUISR

Crystal Giesbrecht: Director of Research and Communications, Provincial Association for Transition Houses and Services of Saskatchewan

Dr. Manuela Valle-Castro: Postdoctoral Researcher, Women's and Gender Studies and CUISR, University of Saskatchewan

Natalya Mason: Graduate Researcher, Women's and Gender Studies and CUISR, University of Saskatchewan

Jaqueline Anaquod: Graduate Researcher, Social Dimensions of Health, University of Victoria

Renée Hoffart: Graduate Researcher, Department of Sociology & Criminology, University of Manitoba

Survey Data Amalgamation:

Social Science Research Laboratories

University of Saskatchewan

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(Formerly Status of Women Canada)

For more information:

Community-University Institute for Social Research
R.J.D. Williams Building
University of Saskatchewan
432-221 Cumberland Ave.
Saskatoon, SK. Canada S7N 1M3
Phone: (306) 966-2121 / Fax (306) 966-2122
Website: <https://cuivr.usask.ca/>

Sexual Assault Services of Saskatchewan
103-1102 8th Avenue
Regina, SK, Canada S4R 1C9
Phone: (306) 757-1941
Email: project.sass@sasktel.net
Website: <http://sassk.ca/>

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We respect and honour the Treaties that were made and continue to provide the foundational framework for just relations among peoples and across the lands that make up the province of Saskatchewan. In addition to the territories from which our research team was assembled, these lands also include Treaty 2 territory, which was negotiated with the Anishinabek and Swampy Cree peoples and is also a traditional homeland of the Métis; Treaty 5, negotiated with the Ojibwa and Swampy Cree tribes, and homeland to the Métis; Treaty 8, traditional territory of the Woodland Cree, Dunneza, Chipewyan and Métis peoples; and Treaty 10, traditional homelands of the Dene, Ojibwe, Woodland Cree, Chipewyan and Métis peoples. Participants from all of these territories provided data for our study. In making this territorial acknowledgement, we also acknowledge the harms and mistakes of our colonialist past, and remain committed to moving forward in respectful partnership with Indigenous, Métis, and Inuit Nations and all our relations in the spirit of reconciliation and collaboration. The statement that ‘*Violence on our lands is violence on our bodies*’ is reflected profoundly in the stories we have gathered.

Project Acknowledgements

This research has been inspired and driven by individuals, communities, and agencies committed to creating a province that is free of sexual violence in all its forms. We gratefully acknowledge the contributions of all who have participated in the study. We offer our sincerest gratitude for your willingness to share your experiences, your stories, and your insights. Your contributions are invaluable to this work.

We also acknowledge all of those who have considered participating, those who had not yet participated by the time data collection was completed, and those for whom this report has come too late.

The ability to mobilize a study of this magnitude would not have been possible without the dedication and support of SASS member agencies and the community organizations that helped organize focus groups and interviews across the province, and for that help we are deeply grateful.

We sincerely appreciate all of the partners and volunteers who have supported each stage of the research process including designing the research, refining data instruments, assisting in data collection and transcriptions, reviewing and analyzing findings, and providing feedback on the report. These include Dr. Darlene Juschka, Dr. Brenda Anderson, Danielle Bird, Kerrie Isaac, Danielle Goulden, Zahra Ghoreishi, Brianna Spenst, Maaya Hitomi, and all the members of the Saskatchewan Sexual Violence Action Plan Advisory Committee. SASS also represents Saskatchewan in and derives support from a pan-Canadian network of 150 Women Leaders working to advance to gender equality across the country.

We gratefully acknowledge the Department of Women and Gender Equality (formerly Status of Women Canada) for funding of this project as part of the Government of Canada's response to gender-based violence: *It's Time: Canada's Strategy to Prevent and Address Gender-Based Violence June 2017*. This funding supports the advancement of gender equality in Saskatchewan through the development of a comprehensive sexual violence action that will provide the framework for an inclusive collaborative approach to addressing sexual violence in Saskatchewan.

SUMMARY OF FINDINGS

This research project aims to garner a comprehensive understanding of sexual violence in Saskatchewan through an examination of sexual violence experiences as well as the existing strengths and gaps in service provision.

The surveys examined instances of sexual assault among individuals in Saskatchewan, the context surrounding these assaults, the services used by sexual assault survivors, and their satisfaction with these services. The surveys examined sexual assault experiences from the perspective of survivors, their relatives and friends, and service providers.

The survey participants represent 79.38% (n=820) of all research participants (N=1033) in this study. Below is summary of the survey findings:

Who is being assaulted?

Women represented the vast majority of victims of sexual violence with the combined responses of primary and secondary survivor at 88.35%. Of all their sexual assault experiences, more than half (53.9%) occurred when primary survivors were between the ages of 13 and 24 years.

Perpetrator Identity

Survivors under the age of 18 years were most likely to be assaulted by someone they knew such as family member (34.4%), an acquaintance (24.0%), and a friend (23.2%). These assaults happened most frequently in their homes and schools.

Adults reported being assaulted most often by strangers (26.6%), acquaintances (21.8%), and intimate partners (20.5%). More than half (66%) of primary survivors reported being sexually assaulted multiple times as adults.

Disclosure of Sexual Assault Experiences

The vast majority (71.1%) of primary survivors told someone about their assault. The majority of these disclosures were made to friends (79.3%) and family members (57.7%), followed by counsellors (school counsellors, mental health counsellors etc.) at 45.7%. We found that more than one-third (37.6%) of these disclosures happened within 1-3 days following the assault. However, if disclosures are not made within those first few days, it would often take survivors more than 2 years (27.9%) to make a disclosure of sexual assault.

Formal Reporting of Sexual Assault to Law Enforcement

Fewer than one third of primary survivors (23.7%) made a formal report to municipal police or to the Royal Canadian Mounted Police (RCMP). Survivors and services providers shared multiple reasons that survivors often chose not to formally report sexual assault.

The main reasons were fear of not being believed, fear of being blamed for the assault, shame and embarrassment, fear of retaliation from perpetrator or perpetrator's network, anonymity concerns, lack of understanding that the violations were crimes, lack of trust of law enforcement's ability to handle sexual assault cases, and fear of the criminal court process.

Accessing Services and Supports

Almost half (49%) of primary survivors accessed at least one form of services and supports in relation to a sexual assault incident. The most commonly used services by primary services were Mental Health/Counselling (67.5%), Sexual Assault Centre/Counsellor (44.7%), Family Member (40.8%), Victim Services (28.2%), Police (27.2%), Medical Doctor/Nurse (24.8%), Teacher/School Counsellor (16%), or Hospital/Health Centre (14.1%).

Satisfaction Rate with Services

Primary survivors were asked to rate their satisfaction with the services they used. Of the most commonly used services, survivors were most satisfied with Sexual Assault Centre/Counsellor (78.9%), Mental Health/Counselling (77.9%), and Family Members (74.5%).

Primary survivors were least satisfied with Police (38.5%), Criminal Justice System (40%) and Legal Services (47%).

Barriers to Accessing Services and Supports

Primary survivors reported the following as barriers they faced in accessing services: anonymity concerns (54.0%), previous negative experiences with service providers (52.0%), lack of transportation (36.9%), poverty (31.8%), lack of stable employment (25.8%), lack of stable housing (17.7%), addiction (16.7%), unemployment (14.6%), disability (13.1%), childcare (11.6%), immigration status (0.5%), language barrier (1%), or other issues (26.3%).

Survivors identified the following as "other" barriers to accessing services: shame and being blamed for the assault, homophobia and lack of inclusive services, lack of support from friends and family, lack of services for minors and youth, lack of Indigenous services, internalized beliefs about what constitutes a serious assault requiring formal supports, mental illness, being told that the assault was not legitimate, fear of retaliation from perpetrator and/or perpetrator's affiliates e.g. gang members, and limited operating hours for services.

Treatment by Service Providers

Survivors reported receiving varying treatment as they accessed services from one service provider to another. When treated negatively, primary survivors reported that was predominantly due to their age (31.3%), gender (25.3%), mental health status (18.2%), sexuality (10.1%), race (9.1%), and disability (8.6%).

Symptoms Resulting from Sexual Assault

Primary survivors were asked about the symptoms they experienced as a result of the sexual assault. The most common symptoms reported include lowered self-esteem (69.0%), anxiety/panic attacks (68.4%), depressive symptoms (67.2%), intrusive thoughts (66.2%), sleep

disturbances (61.1%), change in sexual behaviour (57.5%), loss of a feeling of control (54.6%), fear of men/women (53.8%), hypervigilance (49.3%), loss of concentration (48.7%), isolation (47.1%), increased use of alcohol, drugs, or medications (43.1%), changes in lifestyle (42.0%), increase in distractibility (41.4%), and suicidal thinking (40.3%).

INTRODUCTION

About SASS

Sexual Assault Services of Saskatchewan (SASS) is a provincial membership organization for ten agencies that support survivors of sexual violence across Saskatchewan. Member agencies provide an array of services including sexual assault counselling for adults and youth, family and marriage counselling, domestic violence shelter for women and children, education and awareness with regards to interpersonal violence.

Over the last thirty years, SASS has supported its members and the community by creating a platform for resource-sharing and capacity building. The SASS vision is to provide provincial leadership for coordinating, collaborating, and capacity building in creating a province that is free of sexual violence for children, women, men, and people of all genders. The SASS mission is to create opportunities for member organizations and community to work together to end sexual violence.

About CUISR

The Community-University Institute for Social Research (CUISR) was formally established in 2000 as a type B university-wide interdisciplinary research centre, University of Saskatchewan. CUISR facilitates partnerships between the university and the larger community in order to engage in relevant social research that supports a deeper understanding of our communities and reveals opportunities for improving our quality of life.

CUISR is committed to collaborative research and to accurate, objective reporting of research results in the public domain, taking into account the needs for confidentiality in gathering, disseminating, and storing information.

About the Research Project

This research project aims to garner a comprehensive understanding of sexual violence in Saskatchewan through an examination of sexual violence experiences and the existing strengths and gaps in service provision. The research examined instances of sexual assault among individuals in Saskatchewan, the context surrounding these assaults, the services used by sexual assault survivors, and their satisfaction with these services. The surveys examined sexual assault experiences from the perspective of survivors, their relatives and friends, and service providers. The current report covers the survey findings. A final research report inclusive of interview and focus groups findings will be released at a later date.

Research findings informed the development of a provincial sexual violence action plan, an inclusive and collaborative approach in addressing sexual violence in Saskatchewan.

Previous Research

Sexual violence is an issue which affects communities and individuals of all genders, ages, ethnicities, sexual orientations, and socioeconomic categories. The 2014 Statistics Canada General Social Survey on Victimization reports a total of 636,000 known incidents of sexual assault equating to approximately 22 incidents per 1000 persons (Conroy & Cotter, 2017). Saskatchewan has one of the highest rates of sexual assault in the country at 104 sexual assaults per 100,000 persons; Manitoba and the Territories are the only areas in Canada with a higher sexual assault rate than Saskatchewan (Keighly, 2017).

Sexual violence is an act which is a gendered crime, characterized by power and control (Brownmiller, 1975). Perpetrators are often known to the victim and include friends, immediate and extended family members, neighbours, and acquaintances (Conroy & Cotter, 2017; Perrault, 2015). Experiences of sexual assault are conditioned by the time period, social context, and geographic location/s in which they occur. Research reports have documented and explored the ways sexual violence impacts a number of targeted social groups through multiple layers of oppression, including women, men, non-binary individuals, children, youth, seniors, people living with disabilities, Indigenous people, members of the LGBTQ2S+ community, newcomers to Canada, and sexually exploited and trafficked individuals (Brownmiller, 1975; Conroy & Cotter, 2017; Government of Canada, 2012; Newburn & Stanko, 1995; Perrault, 2015; & Vierthaler, 2008)

Social attitudes and myths that shame and blame victims of sexual assault are pervasive in many communities, and have significant impact on how and when survivors access healing services (Ullman, 2010).

Environmental Scan

International communities and organizations are increasingly joining efforts to develop strategies to address sexual violence. The Sexual Violence Research Initiative (SVRI) was established in 2003 by the Global Forum for Health Research in response to a growing need for research on sexual violence in resource-poor settings. In 2011, the SVRI conducted a comprehensive review of sexual violence policies in 192 countries around the world, and identified six countries that have developed exceptional sexual violence policies: Ireland, Australia, Belize, Finland, United Kingdom, and South Africa (Loots, Dartnall, & Jewkes, 2011). Each of the exceptional policies shares a number of commonalities including a focus on evidence-based best practices, a multi-sectoral approach and collaborative focus, detailed monitoring and evaluation plans, and a focus on sexual violence as part of the broader context of gender-based violence (Loots, Dartnall, & Jewkes, 2011).

An environmental scan of the legislative responses to sexual violence within selected international (Ireland and Australia), national (Alberta and Ontario), and regional or local contexts explored promising approaches in addressing sexual violence systematically. The

findings from the environmental scan indicate that a collaborative, victim-centred approach which focuses on both the systemic roots of sexual violence and improved service delivery is most effective in preventing and addressing sexual violence in Saskatchewan.

METHODOLOGY

The overall purpose of the research project was to garner a comprehensive understanding of sexual violence in Saskatchewan through an examination of both sexual violence experiences and the existing strengths and gaps in service provision.

Online and paper surveys represent one of three methods (surveys, interviews, and focus groups) used to gather data. The surveys examined instances of sexual assault among individuals in Saskatchewan, the context surrounding these assaults, the services used by sexual assault survivors, and their satisfaction with these services. The surveys examined sexual assault experiences from the perspective of survivors, their relatives and friends, and service providers.

Research Advisory Group

The survey questions were developed by the Research Advisory Committee and shared with the Saskatchewan Sexual Violence Action Plan Advisory Committee, frontline sexual assault service providers, and with the Federation of Sovereign Indigenous Nations for feedback before being finalized for submission for research ethics review.

Ethics Review

The Saskatchewan Sexual Violence Action Plan Research was approved by the University of Saskatchewan Research Ethics Board (BEH#18-62) on April 11, 2018, and research was conducted in adherence with all standards required under institutional Tri-Council behavioural ethics practices.

Surveys

For the first phase of the research, three online surveys were built using Qualtrics survey software: one for sexual assault survivors, one for secondary survivors (such as partners, parents, friends, etc. who had supported a victim of sexual assault), and one for service providers who respond to victims of sexual assault. The surveys consisted of quantitative questions combined with opportunities for qualitative, open-ended responses. These three surveys remained open from November 2017 to Spring 2018.

The second phase of survey research consisted of four Qualtrics surveys: sexual assault survivors, secondary survivors (parents and partners/spouses), secondary survivors (friends, other relatives), and service providers. These surveys were largely the same as the first, but incorporated feedback received from research participants during phase one. These four surveys remained open from May 2018 to July 27, 2018.

The primary sexual assault survivors' survey included 60 questions about survivor demographics, their experiences of sexual assault when they were over or under age 18, who

they told about the sexual assault, and which, if any, services and supports they used. Primary survivors were also asked to rate their satisfaction with these services and supports, describe any symptoms they experienced as a result of the sexual assault, and identify whether the #MeToo movement encouraged them to seek services and supports.

Surveys for secondary survivors, or relatives and friends of the person assaulted, included 40 questions about the secondary survivors' opinions and perceptions of survivor demographics, assault experiences, and the services and supports they used. The secondary survivor was also asked if they had used any services or supports.

The service providers' survey consisted of 50 questions about service provider and client demographics, reasons sexual assault survivors do not report assaults, seek medical attention, or seek services in their community, who commonly administers forensic examinations in their community, as well as the training and resources that are available in the community.

Paper copies of the surveys were also distributed in 15 communities and 12 agencies across Saskatchewan. Data from paper surveys were entered into Qualtrics and included in the final summary responses. In reporting the research results, the first and second phases of survey data were combined, wherever possible, along with the paper surveys.

| SURVEY PARTICIPANTS | | COMBINED TOTALS |
|---------------------------------|---|----------------------------|
| Nov 2017 – May 2018 | May 2018 – July 2018 | |
| Surveys | Surveys | |
| Primary Survivors = 293 | Primary Survivors = 248 | 541 |
| Secondary Survivors = 57 | Secondary Survivor: Parents/Spouses = 19 Friends/Other relatives = 39 | 115 |
| Service Providers = 124 | Service Provider = 40 | 164 |
| COMBINED TOTALS | | 820 |

Limitations

The survey was made available to all residents of Saskatchewan through the SASS website, social media platforms, newsletters, via email and other online networks. The surveys were circulated by the project steering committee, research team, and community partners. All SASS member agencies were provided with paper surveys and online links to share with clients, staff, and local community partners.

We recognize that there are individuals who had limited access to computer technology and/or internet connection, and thus were less likely to participate in the survey. Paper copies were available upon request at SASS member agency offices. However, communities without a SASS member agency were less likely to access the paper surveys as an alternative. These communities include northern communities (outside of La Ronge) and remote communities.

Research participants had to be to be fluent and literate in English, or have access to an interpreter. Owing to the sensitive nature of the survey, we recognize that individuals who may have needed help to complete the survey due to language barriers may have chosen not to participate in the survey.

Our surveys have limited representation from primary survivors engaged in sex work, individuals from religious and cultural communities (such as Mennonite groups), incarcerated individuals, institutionalised individuals, seniors, and newcomers. This limitation was anticipated early on within the study and where possible focus groups were conducted with agencies supporting these population groups in order to understand the unique experiences for members of these population groups.

The survey asked a series of self-identifying questions to establish participant demographics including age, gender, disability, immigration status, Indigenous status, education, location, and household income.. However, other identifications that could provide further understanding of the intersectionality of survivor experiences were not accounted for, including race and ethnic background, sexual orientation, and religion.

Lastly, participants were not provided with the option of providing other factors/descriptions that are linked to their personal identity and may affect their vulnerability to violence, as well as how they are treated subsequently when seeking support. An example is body size and how beauty myths put obese women at risk for callous treatment and victimization.

SURVEY FINDINGS

Participant Demographics

Defining the Participants

For the purpose of this research, participants were categorized as primary survivors, secondary survivors, and service providers.

Out of the 820 survey participants, 65.9% ($n = 541$) were primary survivors, 14% ($n = 115$) were secondary survivors, and 20% ($n = 164$) were service providers.

Primary survivors are defined as individuals who have experienced any form of sexual violence across the lifespan.

Secondary survivors are defined as individuals who have closely supported a primary survivor in seeking supports and services. They are individuals who could speak to the experiences of primary survivors; particularly for those who were unable to engage in the research for a variety of reasons such as parents sharing the experience of their underage child who is not able to participate in the study. They also shed light on the secondary trauma that is experienced by close family and friends of primary survivors of sexual violence.

The majority of secondary survivors were relatives (47.0%) or friends (27.8%) and they also reported being partners/spouses (16.6%), caregivers (0.9%), or another relationship (7.8%). Results are presented in Figure 1.

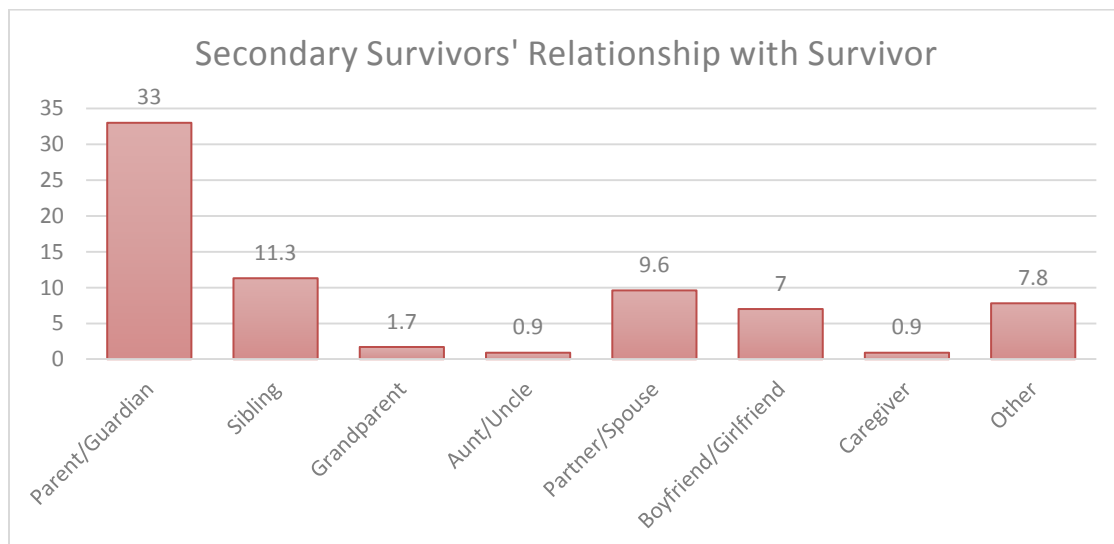


Figure 1. Secondary Survivors' Relationship with Survivor

Service Providers are defined as formal and informal service providers who support survivors of sexual violence in the course of their professional work. Services providers who participated in the study represent a variety of disciplines across Saskatchewan. It is important to note that while service providers represent 20% of survey and interview responses, service providers make up more than one third (36.5%; $n = 377$) of the contributors in the overall study through the combined participation in the surveys, interviews, and focus groups.

The service providers were employed in the following service areas: sexual assault counselling (15.3%), medical services (14.1%), mental health services (12.3%), victim services (11.0%), crisis counselling (8.6%), family services (7.4%), law enforcement (3.7%), child services (1.8%), ambulance/EMT services (0.6%), LGBTQ2S (0.6%), or other services (24.5%). Results are presented in Figure 2.

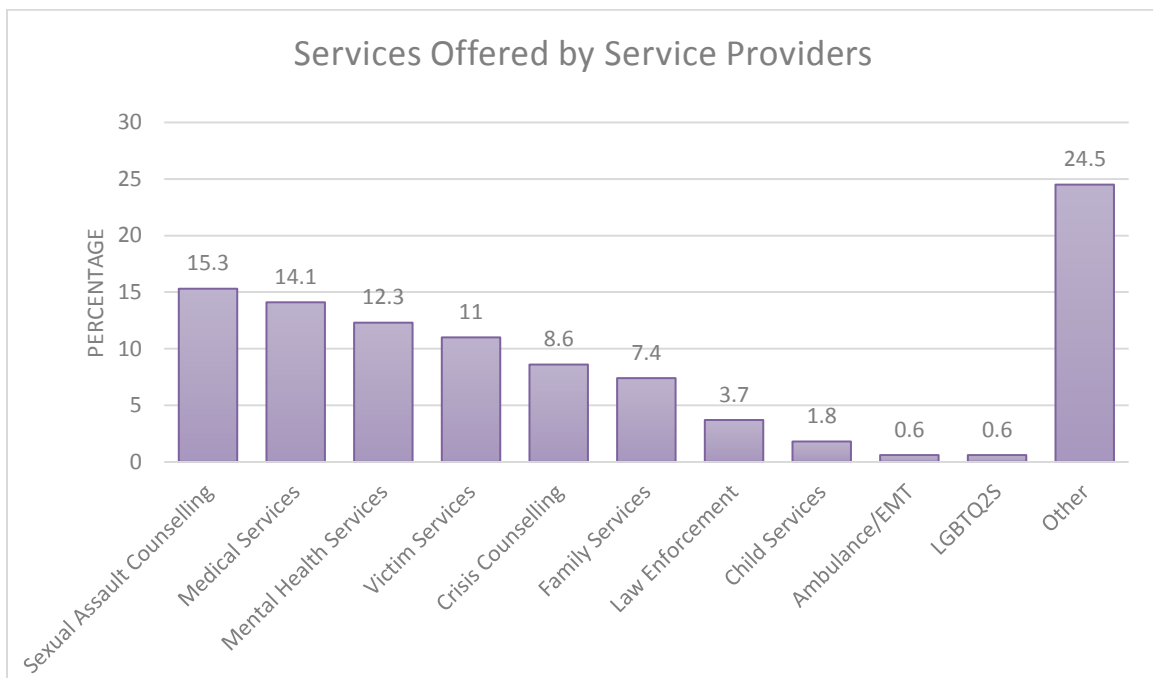


Figure 2. Services Offered by Service Providers

Age

All survey participants were required to be age 18 and above in order to participate in the study. However, only primary survivors were asked to identify their exact age (in increments) at time of completing the surveys.

A total of 541 primary survivors completed the online and paper surveys. The majority of participants, 71.6%, were between the ages of 18 and 40 at the time of completing the surveys. The remaining 28.4% were ages 41 and above. Results are presented in Figure 3.

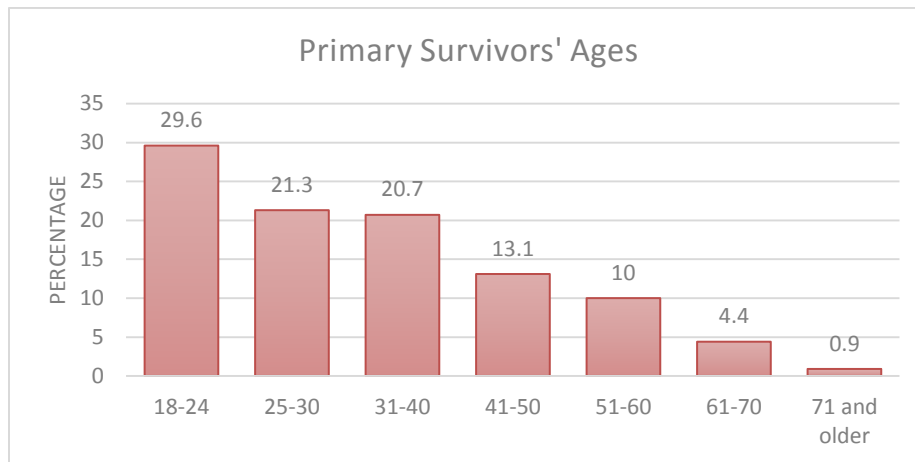


Figure 3. Primary Survivors' Age

Gender

The vast majority of primary survivors identified as female (92.4%), while the remaining identified as male (3.7%), transgender (2.6%), or two-spirit (1.3%).

Secondary survivors also reported primary survivor gender identity as mainly female (84.3%), with some male (13.0%), transgender (0.9%), and two-spirit (1.7%) survivors. Results are presented in Figure 4.

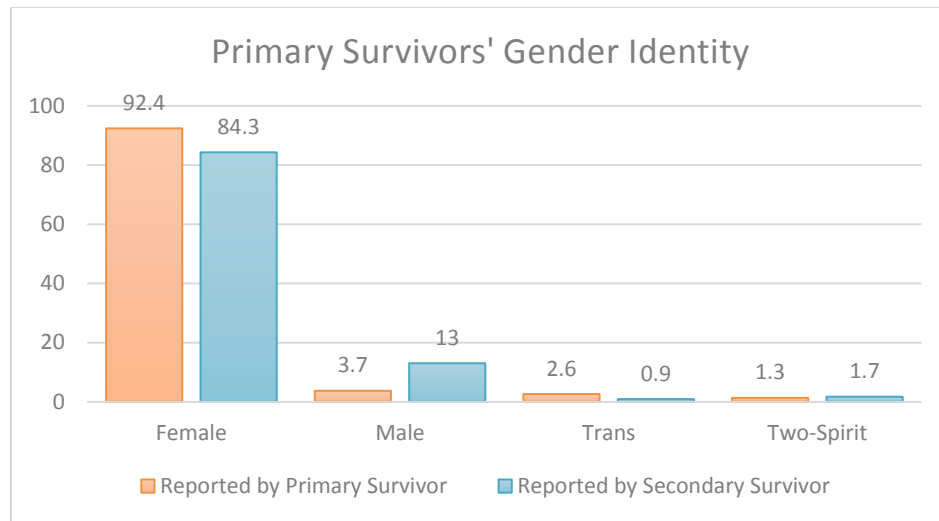


Figure 4. Primary Survivors' Gender Identity

Service providers were also asked to identify their gender and the majority identified as female (88.4%), the remainder identifying as male (9.1%), transgender (1.2%), or two-spirit (1.2%). Service provider gender identity is displayed in Figure 5.

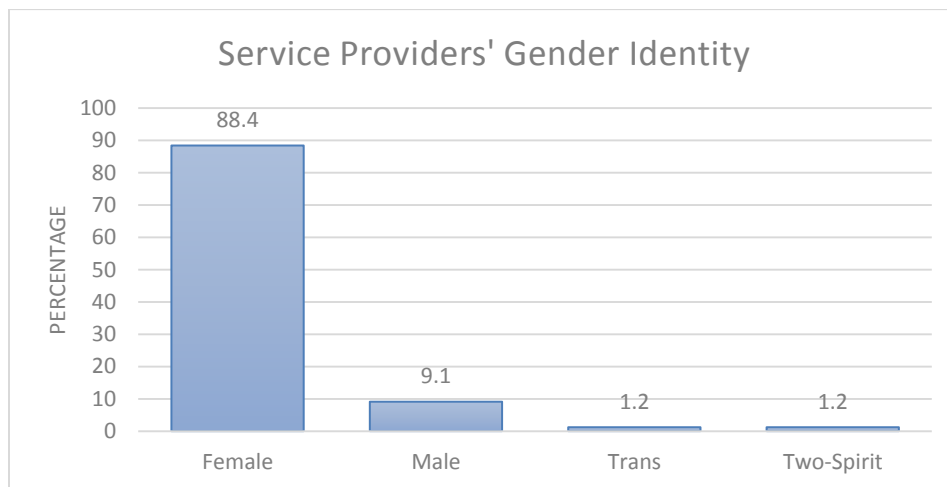


Figure 5. Service Providers' Gender Identity

Disability

Primary survivors were asked if they currently live with a disability. A total of 21% ($n = 114$) of primary survivors reported living with a disability while the 78.9% ($n = 427$) of primary survivors reported not living with a disability.

Of the 114 primary survivors who reported a disability, most reported having a psychological disability (54.1%), followed by a physical disability (31.2%), and a cognitive disability (14.7%).

Secondary survivors were also asked if the primary survivor lives with a disability, with 20.9% (24) reporting that they do live with a disability, while 79.1% (91) do not live with a disability. Among these 24 survivors, most had a psychological disability (70.8%), followed by a physical disability (16.7%), and a cognitive disability (12.5%). Results are presented in Figure 6.

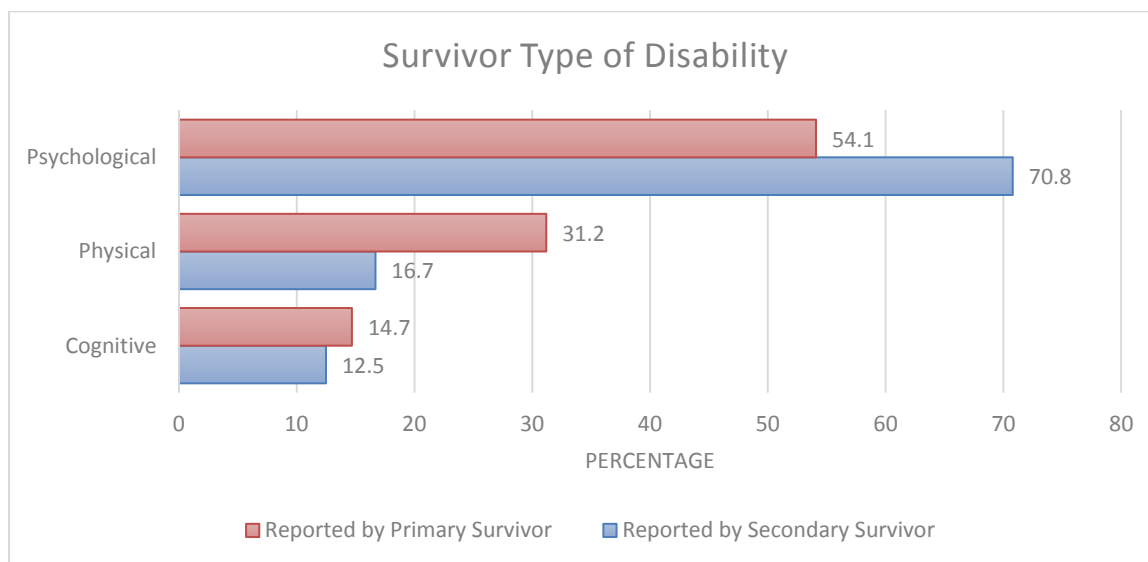


Figure 6. Type of Disability

Country of Origin

Primary survivors were asked if they were born in Canada or if they were an immigrant. The vast majority of participants were born in Canada (95.1%), while the remainder identified as immigrants (4.9%; $n=26$). Among the 26 primary survivors who were not born in Canada, (15.4%) considered themselves new Canadian immigrants having lived in Canada for fewer than 10 years, while 84.6% considered themselves long-time immigrants, having lived in Canada for 10 years or more.

Similar results were also found among secondary survivors' reports of survivors' country of origin: the majority of survivors were born in Canada (93.9%), while the remaining survivors (5.2%) were not, and one secondary survivor (0.9%) was not sure about the country of origin of the survivor. The results are presented in Figure 7.

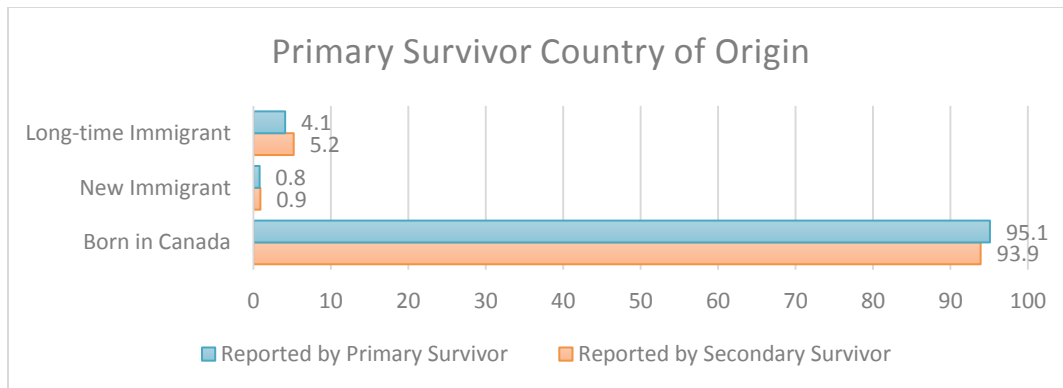


Figure 7. Primary Survivor Country of Origin

Service providers were also asked if they were born in Canada. The majority of service providers were born in Canada (95.7%), while the remainder identified as immigrants (4.3%; $n = 7$). Among the 7 service providers who were not born in Canada, four (57.1%) considered themselves new Canadian immigrants, having lived in Canada for fewer than 10 years. The remaining 3 (42.9%) did not consider themselves new immigrants, having lived in Canada for 10 years or more. The results are presented in Figure 8.

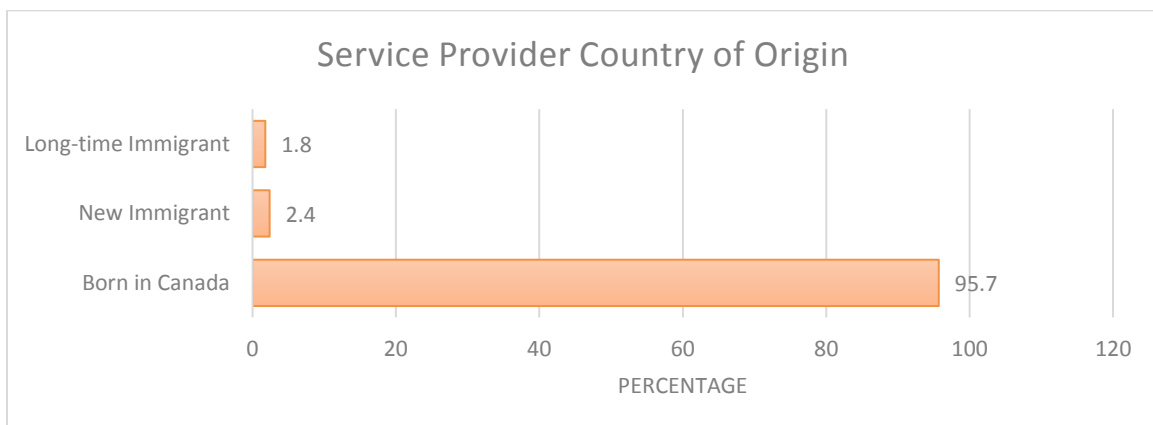


Figure 8. Service Provider Country of Origin

Service providers working with newcomers indicated that limited participation by new Canadians in online surveys reflects several issues including language barriers in accessing the survey and/or service provider information, technology access, and concerns about presenting a positive public face throughout the immigration process. If the assault occurred prior to arrival in Canada, there may also be a desire to leave it in the past.

Indigeneity: Primary Survivor

Primary survivors and secondary survivors were asked to report on primary survivors' Indigenous identity. Less than one quarter of primary survivors reported being Indigenous 19% ($n = 101$), while the majority of primary survivors were not Indigenous at 81% ($n = 420$). Among the 101 Indigenous survivors, 54.5% have Status under the Indian Act, while 10.9% reported not having

Status, and 30.7% reported being Métis. Furthermore, 8.9% of Indigenous primary survivors reported living on reserve, while 45.5% lived off reserve, and 12.9% of participants reporting living on and off reserve.

According to secondary survivors, approximately 21% ($n = 24$) of survivors were Indigenous, while 76% ($n = 87$) were not Indigenous. One secondary survivor was not sure of the status of the primary survivor. Among the 24 Indigenous survivors, 50% had Status, while 16.7% were reported as non-status, and 29.2% were Métis. Furthermore, of the 24 Indigenous survivors identified by the secondary survivor, 8.3% survivors are living on a reserve, 41.7% lived off reserve, and 33.3% were living on and off reserve.

The results are presented in Figures 9, 10, and 11.

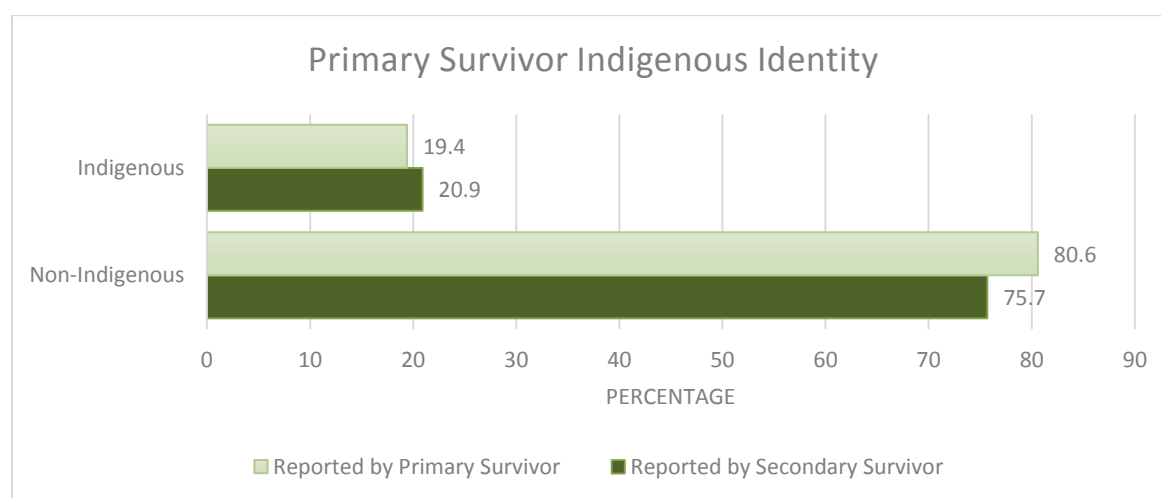


Figure 9. Primary Survivor Indigenous Identity

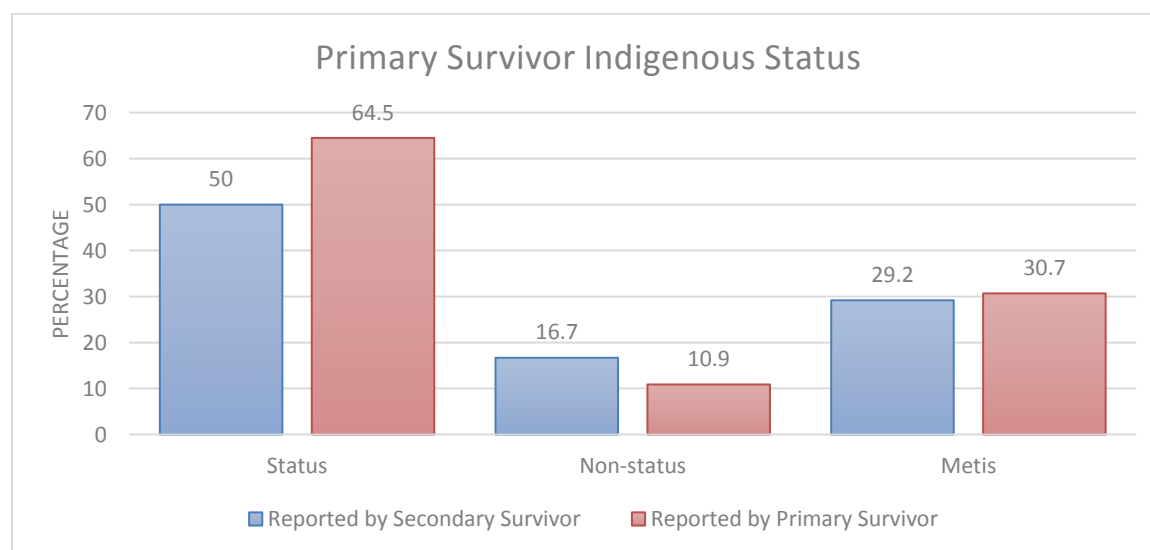


Figure 10. Primary Survivor Indigenous Status

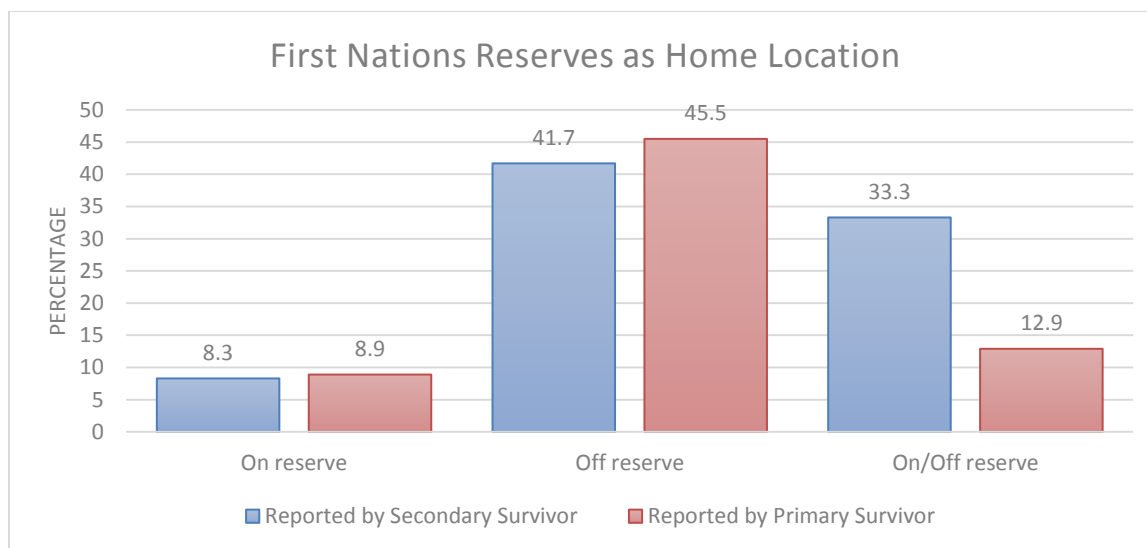


Figure 11. First Nation Reserves as Home Location

Indigeneity: Service Providers

Approximately 14% ($n = 22$) of service providers are Indigenous, while the remaining are not Indigenous (86.2%). Among the 22 Indigenous service providers, 4.5% live on a reserve, 27.3% live off reserve, and 9.1% were living on and off reserve. Furthermore, of the 22 Indigenous service providers, 31.8% had Indigenous status, 4.5% was non-status, and 59.1% are Métis. Results are presented in Figures 12 and 13.

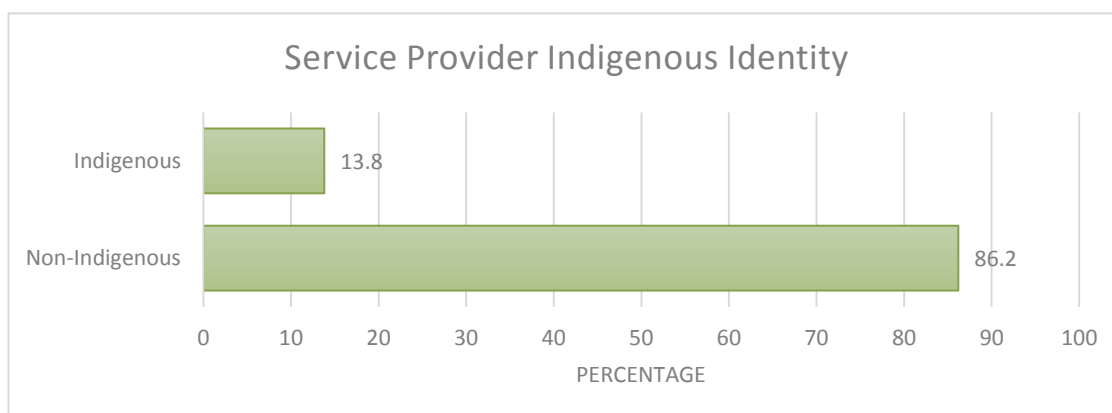


Figure 12. Service Provider Indigenous Identity

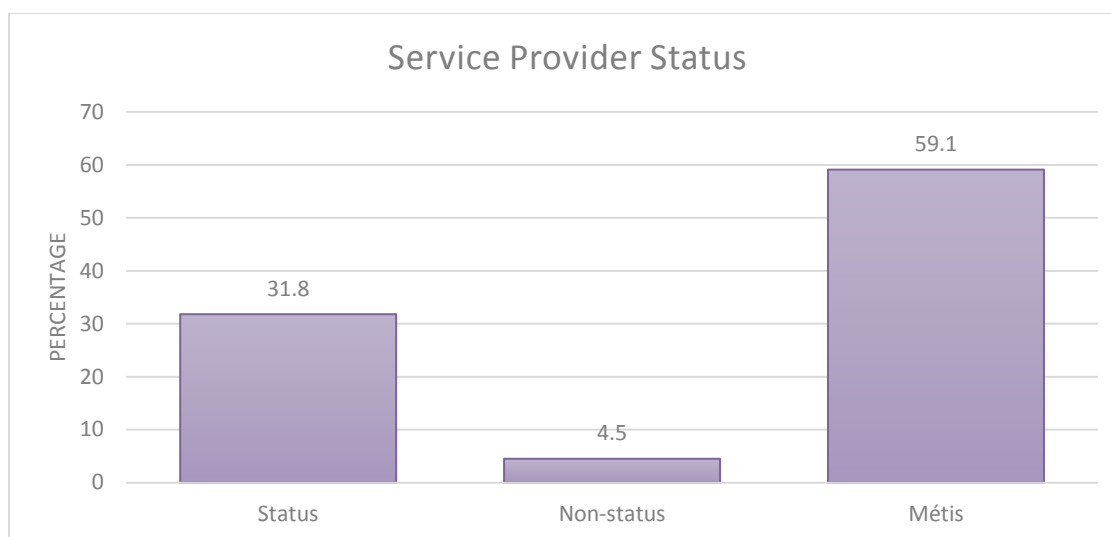


Figure 13. Service Provider Status

Location

Primary survivors, secondary survivors and service providers were asked to report on their regional home location in Saskatchewan. In order to protect their identity, participants were required only to identify their home region based on the following options: Northern Remote, Northern, Central, and Southern Saskatchewan. See Figure 14 for the map of provincial regions as outlined in the surveys.

The majority of primary survivors lived in Southern Saskatchewan ($n = 254$; 48.8%) and Central Saskatchewan ($n = 240$; 46.2%). The remaining primary survivors lived in Northern Saskatchewan ($n = 25$; 4.8%) or Northern Remote Saskatchewan ($n = 1$; 0.2%). Thirty-nine primary survivors lived in a fly-in community (7.5%).

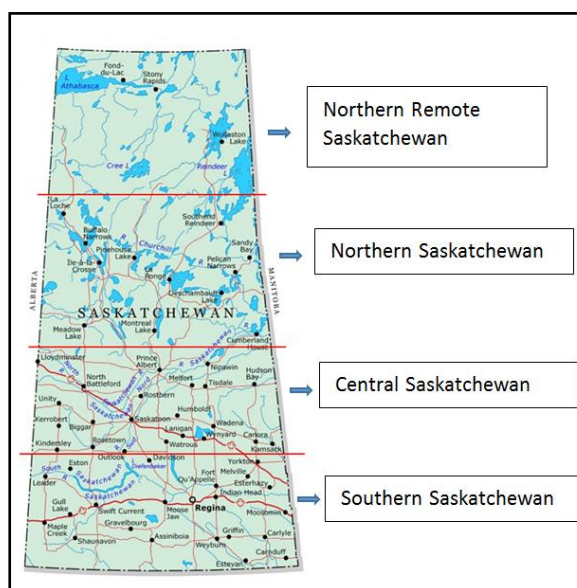


Figure 14. Map of Provincial Regions

The majority of secondary survivors live in Central Saskatchewan (49.1%) and Southern Saskatchewan (42.1%). The remaining secondary survivors lived in Northern Saskatchewan (7.0%) or Northern Remote Saskatchewan (1.8%). Three secondary survivors lived in a fly-in community (2.7%).

The majority of service providers also lived in Central Saskatchewan (51.9%) and Southern Saskatchewan (36.1%). The remaining service providers lived in Northern Saskatchewan (.8%)

or Northern Remote Saskatchewan (1.3%). Nine service providers offered services in a fly-in community (5.7%). See Figure 15 for survivor/service provider location.

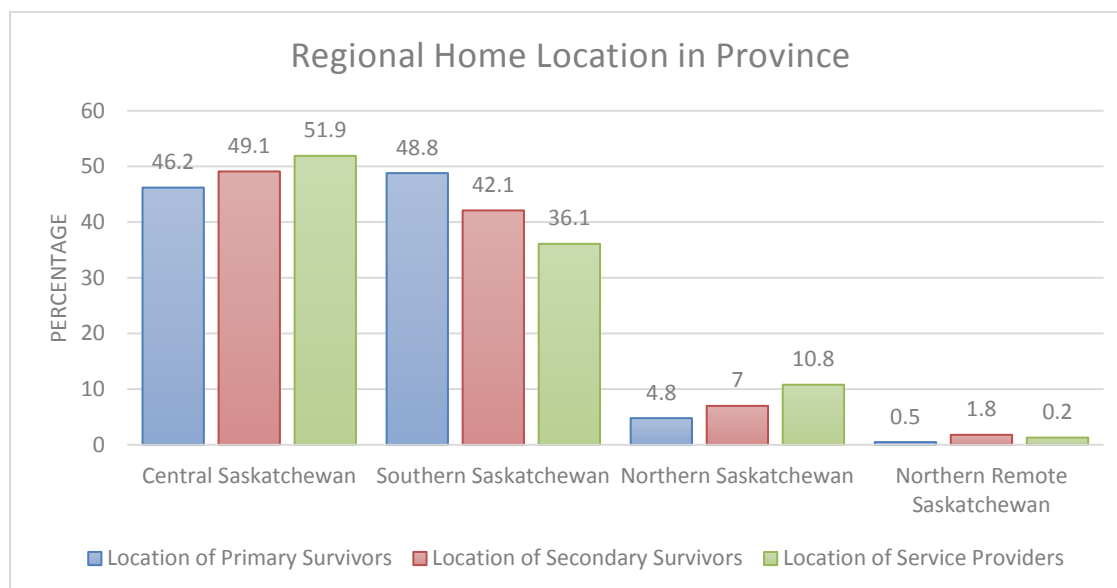


Figure 15. Regional Home Location in Province

The majority of primary survivors reported living in urban Saskatchewan (77.9%), while a minority lived in rural Saskatchewan (22.1%). Similarly, the majority of secondary survivors reported living in urban Saskatchewan (68.7%), while a minority lived in rural Saskatchewan (31.3%). Most service providers lived in urban Saskatchewan (74.1%), with the rest were living in rural Saskatchewan (25.9%). The results are displayed in Figure 16.

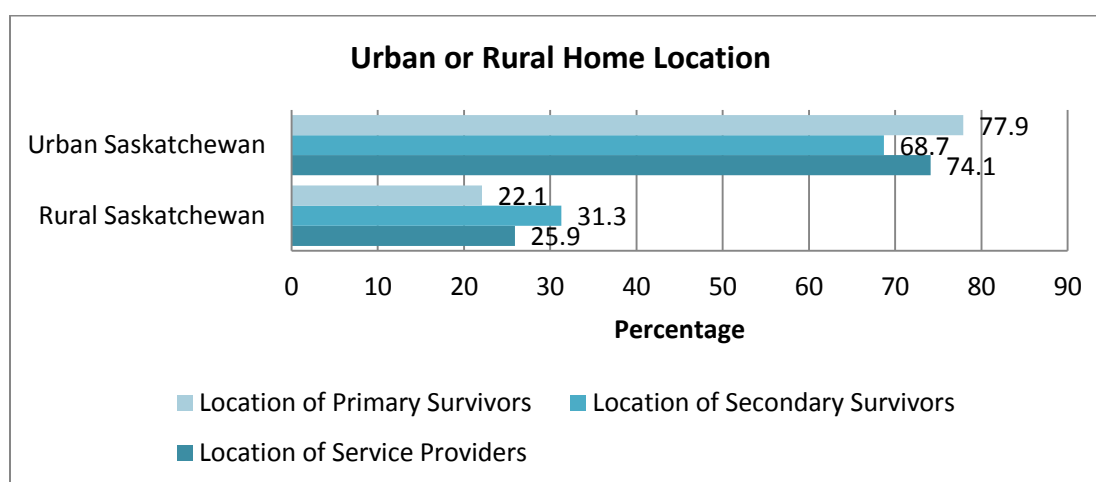


Figure 16. Urban and Rural Home Location

Education

Primary survivors, secondary survivors, and service providers were asked to report on their education levels.

Most primary survivors had a university degree (36.9%), their grade 12 (25.1%), or some college (19.7%). Primary survivors also reported having a trade or technical certificate (7.3%), a professional degree (4.8%), less than grade 12 (2.7%), or another form of education (3.5%).

Secondary survivors also reported on the education of the primary survivor, with the primary survivor attaining a university degree (23.7%), less than grade 12 (22.8%), or grade 12 education (18.4%), a trade or technical certificate (15.7%), some college (11.4%), a professional degree (3.5%), or another form of education (2.6%). Two secondary survivors did not know the education of the primary survivor. The results are displayed in Figure 17.

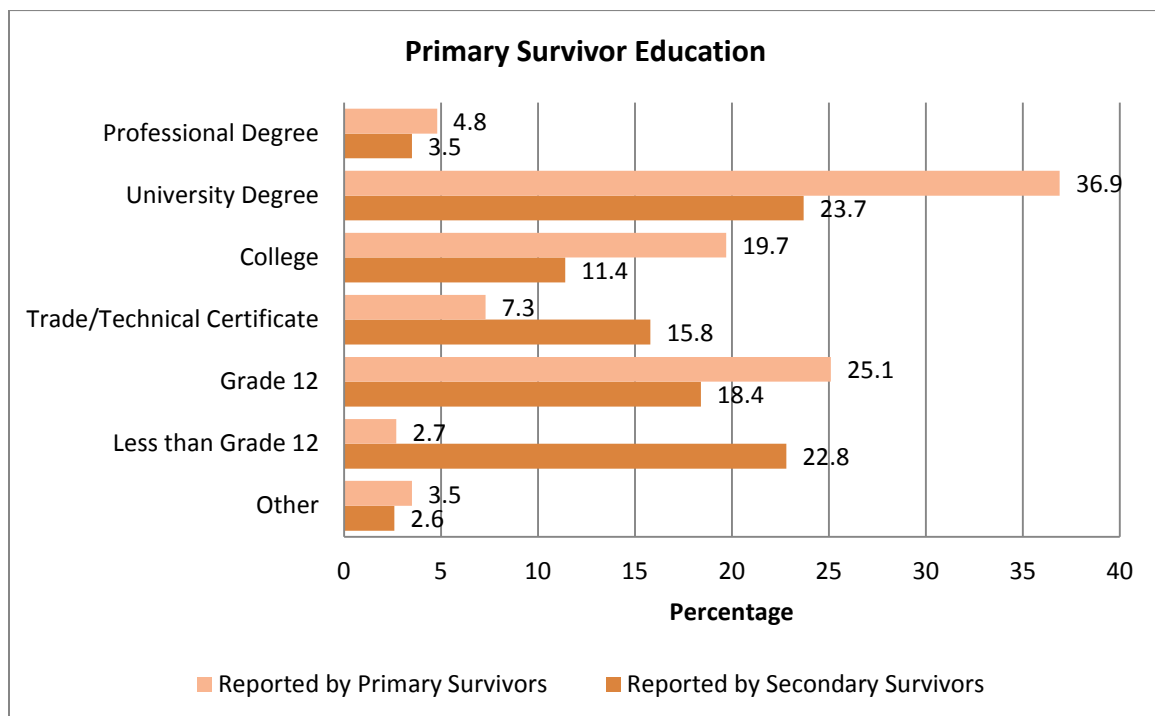


Figure 17. Primary Survivor Education

Most service providers reported having a university degree (53.2%), some college (15.4%), or a professional degree (12.8%). Service providers also reported having their grade 12 (9.6%), a trade or technical certificate (5.1%), less than grade 12 (0.6%), or another form of education (3.2%). The results are displayed in Figure 18.

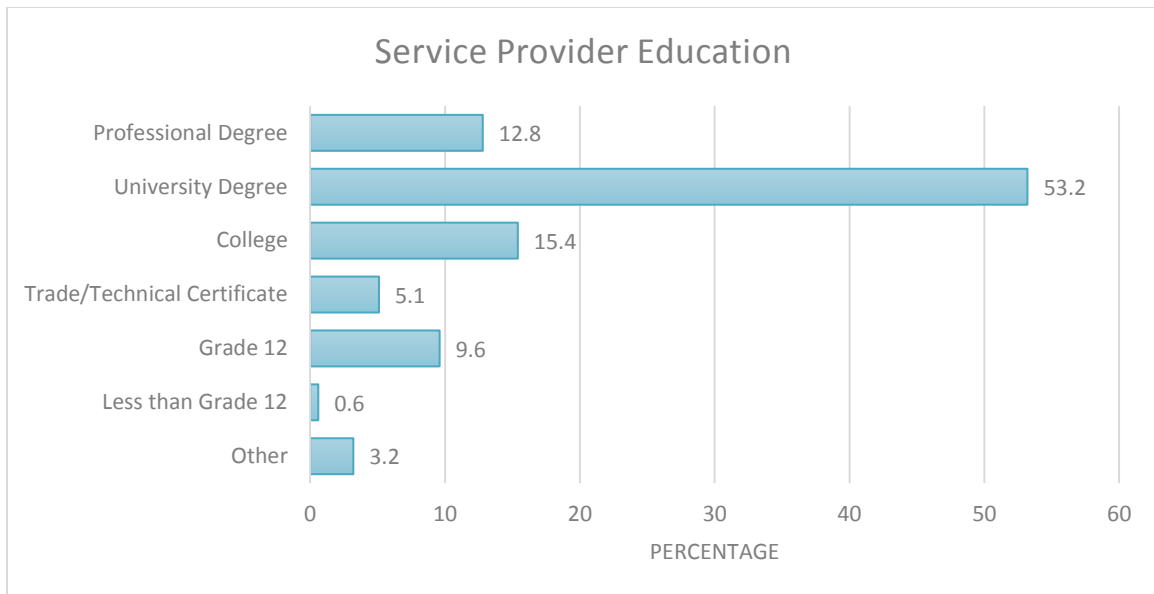


Figure 18. Service Provider Education

Household Income

Most primary survivors (86.9%) reported that they or someone in their household has a regular source of income while 13.1% of primary survivors did not have a regular source of income. Approximately 28% of primary survivors reported a household income of \$25,000 or less, 39% reported a household income between \$25,001 and \$75,000, and 33% reported a household income above \$75,001.

Secondary survivors also reported on primary survivor household income, 33% reporting an income of \$25,000 or less, 33% reporting a household income between \$25,001 and \$75,000, and 26% reporting a household income above \$75,001. Three secondary survivors did not know the household income of the primary survivor. See Figure 19.

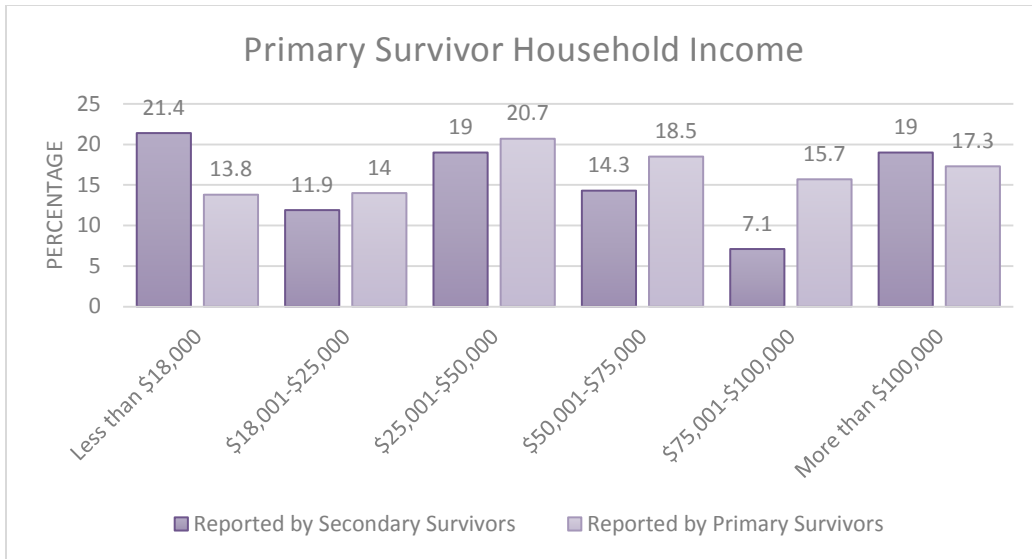


Figure 19. Primary Survivor Household Income

Approximately 11% of service providers reported a household income of \$25,000 or less, 62% reported a household income between \$25,001 and \$75,000, and 27% reported a household income above \$75,001 (see Figure 20).

Additionally, 42% of service providers stated that they needed a second job to supplement their income and 58% of service providers considered themselves underpaid.

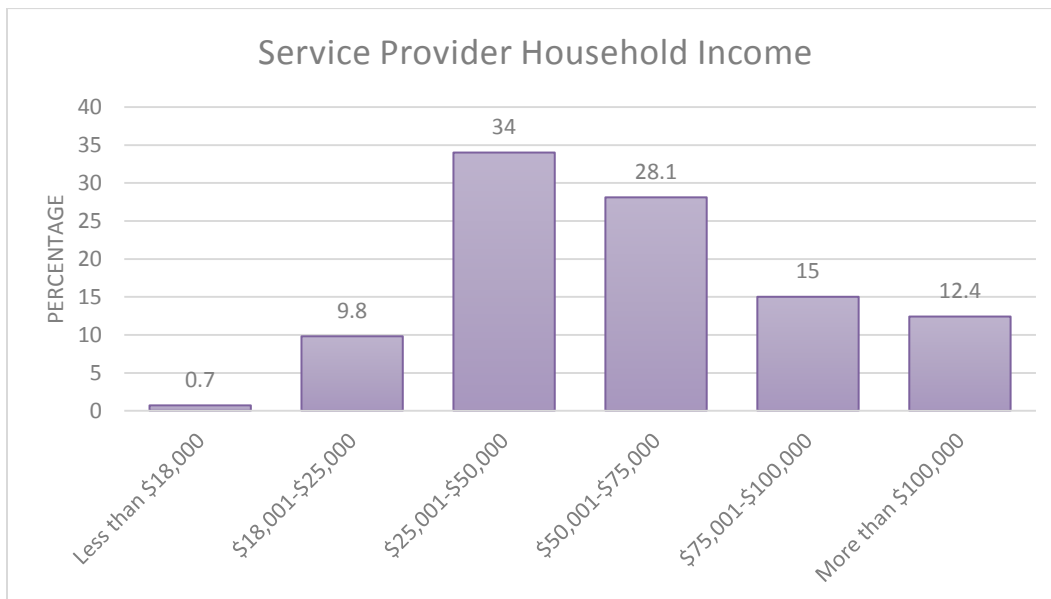


Figure 20. Service Provider Household Income

Sexual Assault Experiences

Sexual Assault Experiences Reported by Primary Survivors before Age 18

Overall, 79% of primary survivors reported at least one unwanted sexual experience before age 18 ($n=429$). Twenty-seven percent of primary survivors reported being assaulted once, while 73% reported being assaulted multiple times before age 18.

Before Age 18: Sexual Assault Experiences by Gender

Among the 500 female survivors, 80% experienced sexual assault before age 18. Among the 20 male survivors, 70% experienced sexual assault before age 18. Among the 7 two-spirit survivors, 86% experienced sexual assault before age 18. Among the 14 Trans survivors, 79% experienced sexual assault before age 18.

Before Age 18: Sexual Assault Experiences by Indigenous Identity

Among the 101 Indigenous survivors, 85% experienced sexual assault before age 18. And among the 420 non-indigenous survivors, 80% experienced sexual assault before age 18.

Before Age 18: Sexual Assault Experiences

Many primary survivors reported experiencing unwanted sexual touching (75.2%), unwanted grabbing (64.2%), unwanted fondling (64.4%), unwanted kissing (52.7%), or unwanted sex/sexual intercourse (52.3%) before age 18.

Primary survivors also reported sexual activity where they were unable to consent (i.e., drugged, intoxicated, manipulated, etc. at 37.5%), aggravated sexual violence where they were beaten or wounded (12.4%), sexual violence where they were in danger of losing their life (choking, drowning, etc. 6.7%), sexual violence where a weapon was used (5.3%), aggravated sexual violence where they were disfigured (1.2%), or aggravated sexual violence where they lost a limb (0.2%). Figure 21 displays survivors' assault experiences.

Sexual Assault Experiences Reported by Primary Survivors after Age 18

Overall, 73% of primary survivors reported at least one unwanted sexual experience after age 18 ($n = 394$). Thirty-four percent of primary survivors reported being assaulted once, while 66% reported being assaulted multiple times after age 18.

After Age 18: Sexual Assault Experiences by Gender

Among the 500 female survivors, 74% experienced sexual assault after age 18. Among the 20 male survivors, 50% experienced sexual assault after age 18. Among the 7 two-spirit survivors, 71% experienced sexual assault after age 18. Among the 14 Trans survivors, 50% experienced sexual assault after age 18.

After Age 18: Sexual Assault Experiences by Indigenous Identity

Among the 101 Indigenous survivors, 71% experienced sexual assault after age 18. And among the 420 non-indigenous survivors, 74% experienced sexual assault after age 18.

After Age 18: Sexual Assault Experiences

Primary survivors reported experiencing unwanted sexual touching (66.2%), unwanted grabbing (62.1%), unwanted fondling (50.1%), unwanted sex/sexual intercourse (50.5%), or unwanted kissing (46.7%) after age 18.

Primary survivors also reported sexual activity where they were unable to consent (i.e., drugged, intoxicated, manipulated, etc. 39.0%), aggravated sexual violence where they were beaten or wounded (13.4%), sexual violence where they were in danger of losing their life (choking, drowning, etc. 10.3%), sexual violence where a weapon was used (4.2%), or aggravated sexual violence where they were disfigured (1.7%). None of the survivors reported aggravated sexual violence where they lost a limb.

Before and After Age 18: Sexual Assault Experiences Reported by Primary Survivors

Overall, 62% of primary survivors reported being assaulted both before and after age 18. Among the female survivors, 64% experienced sexual assault before and after age 18. Among male survivors, 30% experienced sexual assault before and after age 18. Among the two-spirit survivors, 57% experienced sexual assault before and after age 18. Among Trans survivors, 43% experienced sexual assault before and after age 18. Among the Indigenous survivors, 65% experienced sexual assault before and after age 18. And among the non-indigenous survivors, 62% experienced sexual assault before and after age 18.

Before and After Age 18: Sexual Assault Experiences Reported by Secondary Survivors

According to the secondary survivors, primary survivors reported experiencing unwanted sex/sexual intercourse (64.9%), or unwanted sexual touching (55.2%), unwanted fondling (46.5%), sexual activity where they were unable to consent (i.e., drugged, intoxicated, manipulated, etc. 43.9%), unwanted grabbing (39.5%), or unwanted kissing (33.3%).

Secondary survivors also reported that primary survivors experienced aggravated sexual violence where they were beaten or wounded (17.5%), sexual violence where they were in danger of losing their life (choking, drowning, etc.; 11.4%), sexual violence where a weapon was used (9.6%), or aggravated sexual violence where they were disfigured (2.6%). None of the secondary survivors reported aggravated sexual violence where they lost a limb (Figure 21).

Forty-two percent of secondary survivors reported that the primary survivor was assaulted once, while 49% reported that they were assaulted multiple times, and 9% did not know.

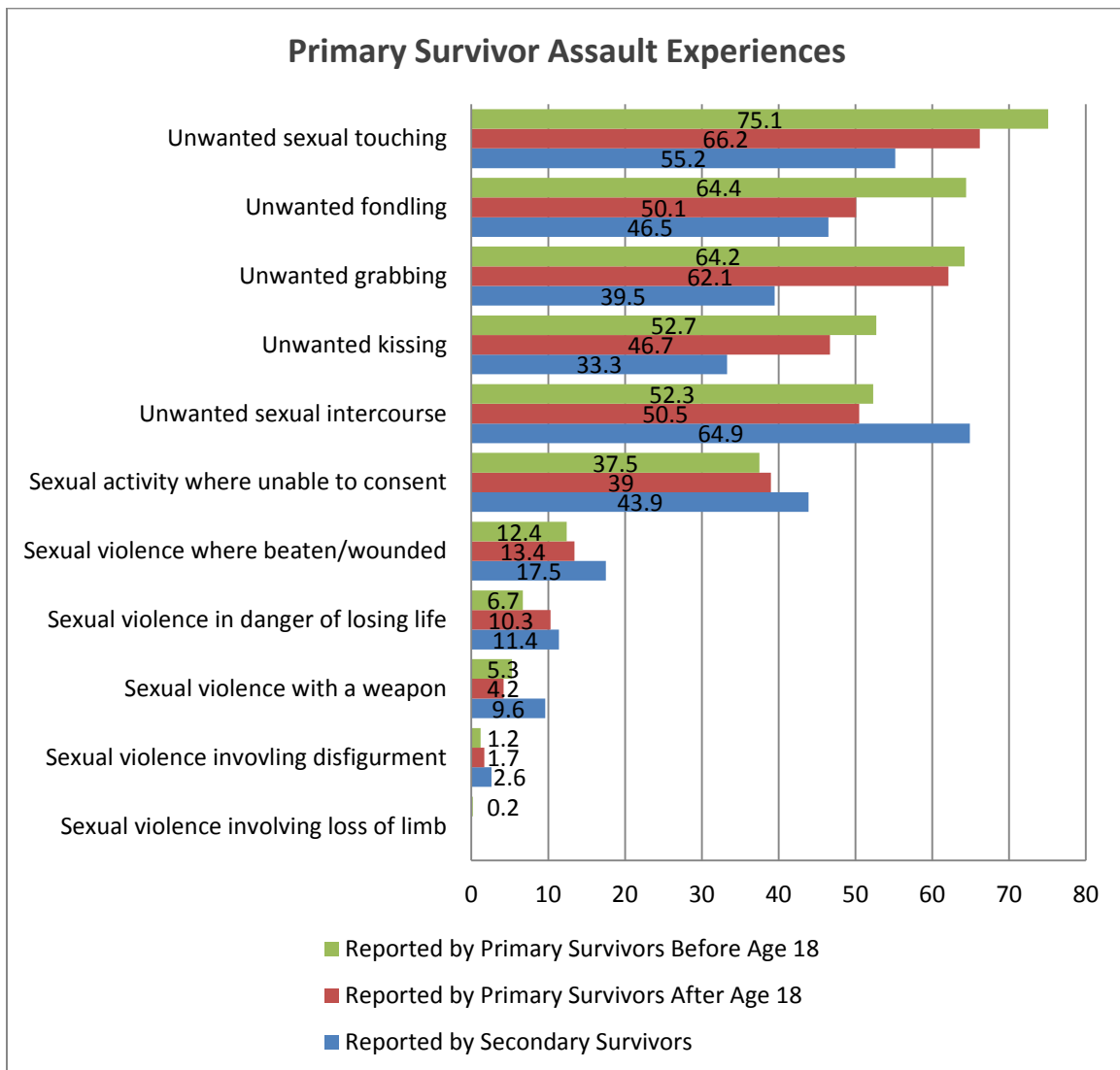


Figure 21. Primary Survivor Assault Experiences

Primary Survivor Age at Time of Assault by Type of Assault

Table 1 below displays primary survivors' assault experiences by age, as reported by secondary survivors.

Overall, individuals aged 13 to 24 were more likely to experience all types of sexual assault. Individuals aged 18 to 24 were the most likely to experience unwanted sexual touching (27%), fondling (32%), grabbing (33%), and kissing (34%).

While individuals aged 13 to 17 were the most likely to experience unwanted sexual intercourse (28%), sexual intercourse where they were unable to consent (36%), sexual violence where they were beaten or wounded (30%), and sexual violence with a weapon (45%) or where they were in danger of losing their life (31%).

Primary survivors who were younger than 12 at the time of the assault were most likely to experience sexual touching (43%), sexual fondling (44%), or sexual intercourse (31%).

Table 1. Primary Survivor Age and Type of Assault
Primary Survivor Age at Time of Assault by Type of Assault

| Percentage and (Frequency) | | | | | | | |
|-----------------------------------|------------------------|---------|---------|---------|--------|-------|-----|
| Type of Assault | Age at Time of Assault | | | | | | |
| | 0-5 | 6-12 | 13-17 | 18-24 | 25-30 | 31-40 | 41+ |
| Sexual touching | 19 (12) | 24 (15) | 22 (14) | 27 (17) | 8 (5) | - | - |
| Sexual fondling | 21 (11) | 23 (12) | 19 (10) | 32 (17) | 6 (3) | - | - |
| Sexual grabbing | 18 (8) | 20 (9) | 24 (11) | 33 (15) | 4 (2) | - | - |
| Sexual kissing | 16 (6) | 16 (6) | 26 (10) | 34 (13) | 8 (3) | - | - |
| Sexual intercourse | 16 (12) | 15 (11) | 28 (21) | 26 (19) | 12 (9) | 3 (2) | - |
| Sex where unable to consent | 14 (7) | 16 (8) | 36 (18) | 22 (11) | 10 (5) | 2 (1) | - |
| Sexual violence where beaten | 10 (2) | 10 (2) | 30 (6) | 25 (5) | 20 (4) | 5 (1) | - |
| In danger of losing life | 15 (2) | 8 (1) | 31 (4) | 23 (3) | 23 (3) | - | - |
| Sexual violence with weapon | 18 (2) | 9 (1) | 45 (5) | 27 (3) | - | - | - |
| Disfiguring sexual violence | 33 (1) | - | 67 (2) | - | - | - | - |
| Sexual violence with loss of limb | - | - | - | - | - | - | - |

When the Assault Took Place

The majority of secondary survivors reported that the survivors' sexual assault took place more than one year ago (88.5%), while some reported that the assault took place within the past year (11.7%). See Figure 22.

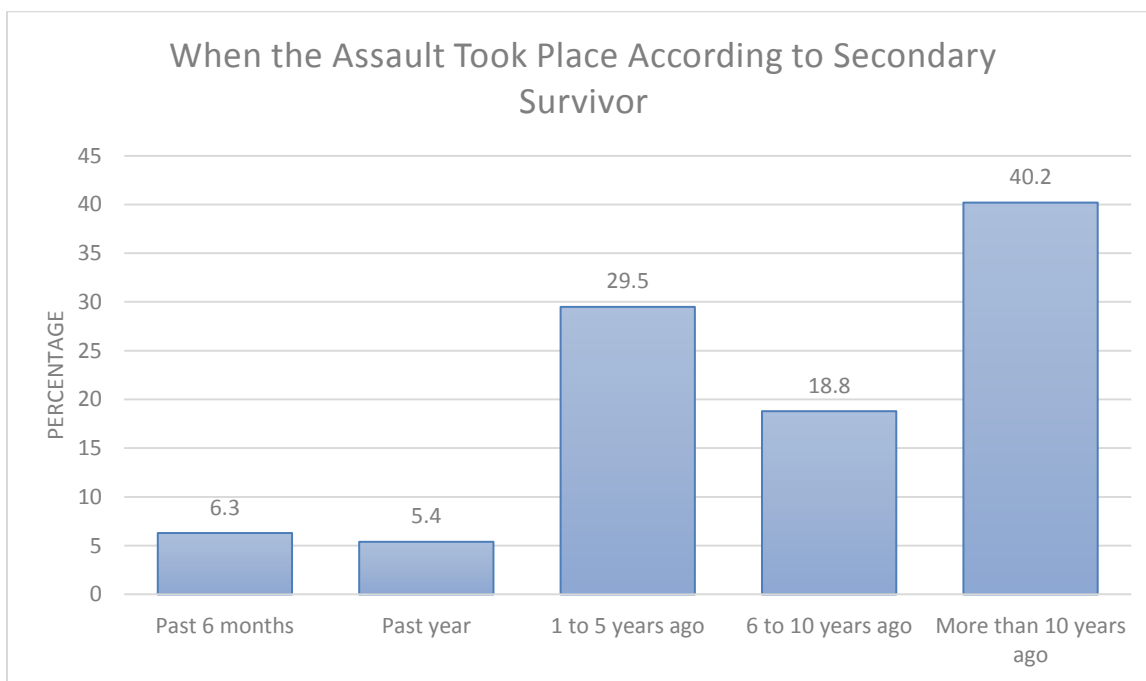


Figure 22. When the Assault Took Place

Perpetrator Identity

Before Age 18: Perpetrator Identity

Primary survivors reported being assaulted, when they were younger than 18, by a family member (34.4%), an acquaintance (24.0%), a friend (23.2%), a stranger (18.1%), a classmate (16.7%), someone they had dated for a few months (15.5%), or someone on a first date (7.7%). Primary survivors also indicated being assaulted by a spouse or long-term partner (6.3%), a caregiver (5.1%), a co-worker (4.9%), an employer or boss (2.0%), or another person (11.8%).

After Age 18: Perpetrator Identity

Primary survivors reported being assaulted, when they were older than 18, by a stranger (26.6%), an acquaintance (21.8%), a spouse or long-term partner (20.5%), a friend (18.9%), someone they had dated for a few months (14.3%), or someone on a first date (11.1%). Primary survivors also indicated being assaulted by a family member (7.3%), a co-worker (6.3%), an employer or boss (3.8%), a classmate (3.1%), a caregiver (0.6%), or another person (6.5%).

Before and After Age 18: Perpetrator according to Secondary Survivors

Approximately 80% of secondary survivors stated that the primary survivor knew their offender ($n = 88$), 16% stated that the primary survivor did not know their offender ($n = 17$), and five (4.5%) secondary survivors did not know. Secondary survivors stated that the survivor was assaulted by a family member (31.0%), an acquaintance (16.8%), a stranger (15.0%), someone they had dated for a few months (13.3%), a friend (10.6%), a spouse or long-term partner (9.7%), someone on a first date (7.1%), a classmate (7.1%), a caregiver (5.3%), a co-worker (1.8%), or another person (14.2%). Six (5.3%) secondary survivors did not know who assaulted the primary survivor (Figure 23).

According to secondary survivors, primary survivors who were assaulted before age 18 were more likely to be assaulted by a family member (25.7%), friend (7.1%), long-term partner (7.1%), caregiver (3.5%), or other (9.7%).

Primary survivors who were assaulted after age 18 were more likely to be assaulted by a stranger (10.6%;) or a first date (5.3%). The results are displayed in Figure 23.

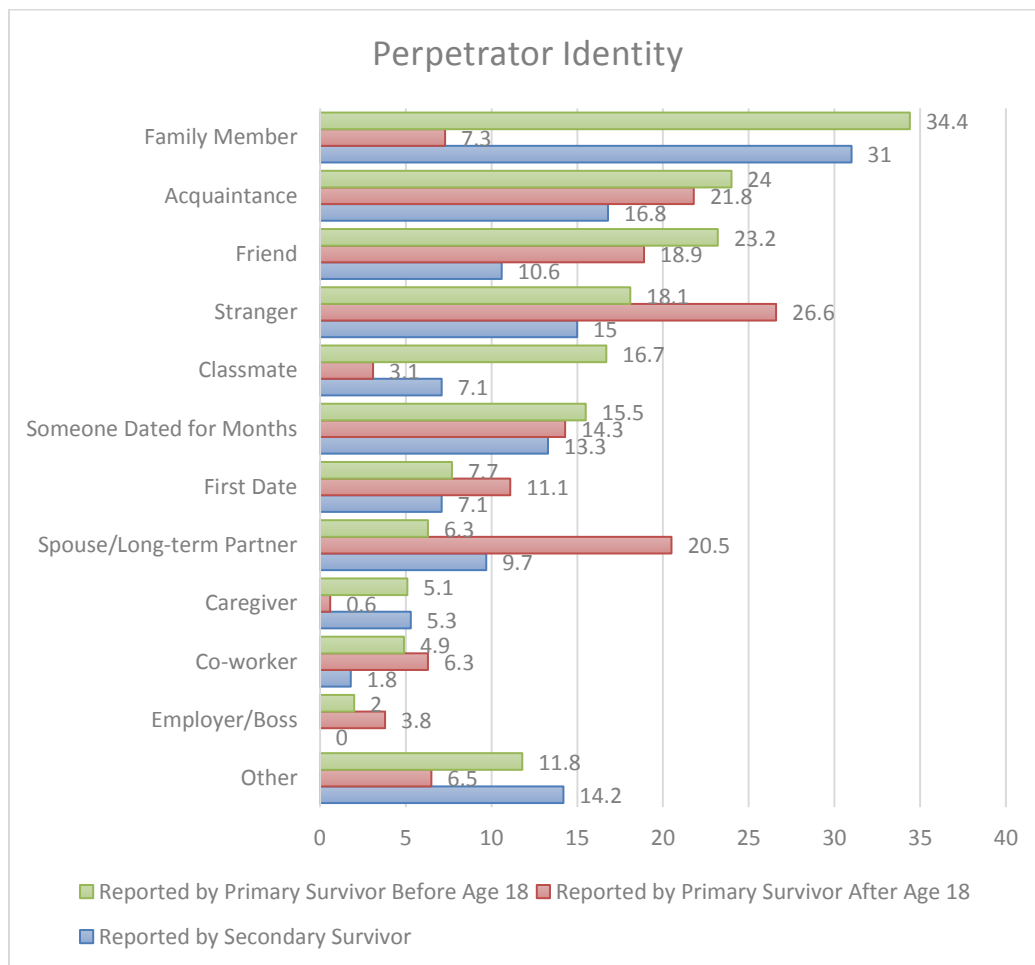


Figure 23. Perpetrator Identity

Disclosure and Reporting

Who Did Survivors Tell?

Our findings indicate that the majority of primary survivors told someone about their assault (71.1%), while 28.9% chose not to tell anyone.

Among the 337 primary survivors who told someone, 76.9% told a friend, 57.7% told a family member, 45.7% told a counsellor, 21.6% told at a Sexual Assault Centre, 14.8% told their family doctor, 11% told at a Walk-in Clinic or Hospital, 8.3% told at a Crisis Centre, 2.7% told campus security, and 19.6% told someone else.

Among the 19.6% ($n = 66$) participants who told someone else, 50% made a formal report to the police.

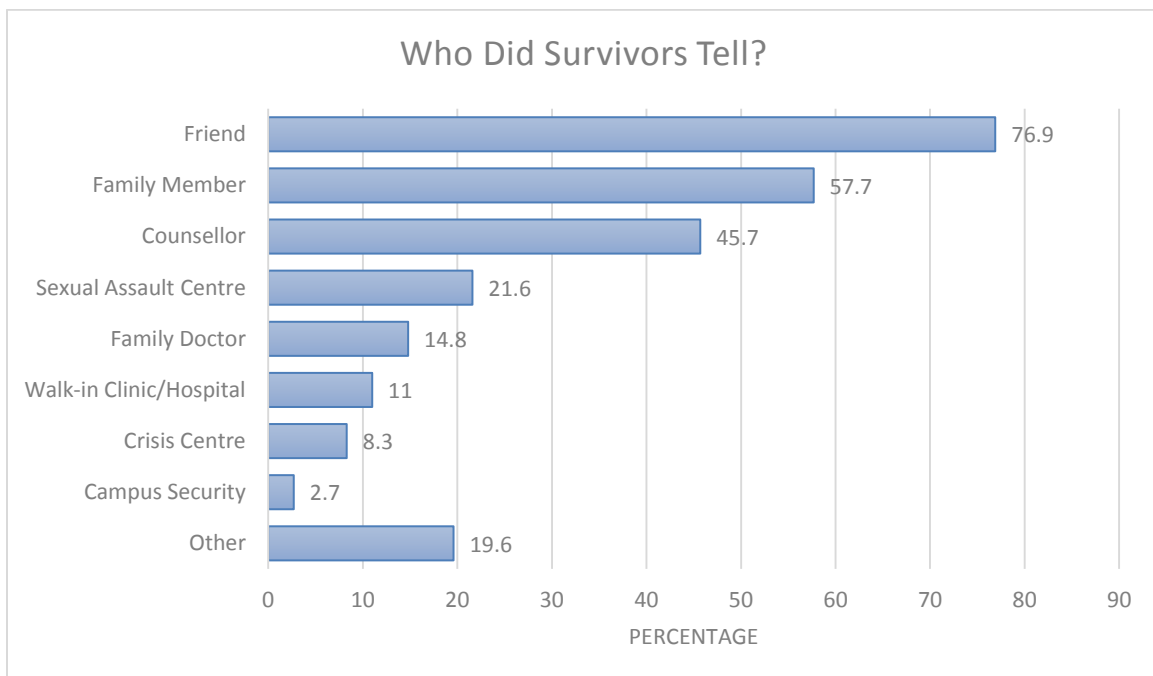


Figure 24. Who Did Survivors Tell?

How Soon Following the Assault Did the Survivor Tell Someone?

Primary survivors were also asked how much time passed after the assault before they told someone. Out of the 330 primary survivors who answered this item, 37.6% told someone after one to three days, 10.9% told someone after one to four weeks, 11.2% told someone after two to six months, 12.4% told someone after seven months to one year, and 27.9% told someone more than two years after their assault (Figure 25).

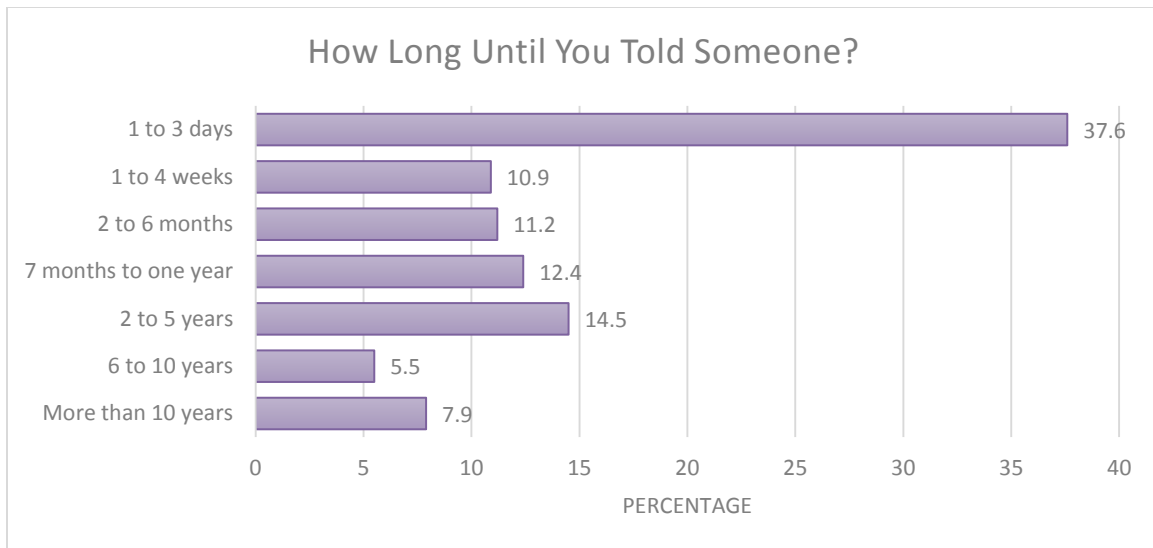


Figure 25. How Long Until You Told Someone?

Formal Report

A minority of primary survivors made a formal report to police or RCMP (23.7%; $n = 111$). Of the 111 survivors who made a formal report, 30.6% reported to the city police and 76 reported to the RCMP (68.5%). Forty-five participants (40.5%) were offered a forensic examination (i.e., rape kit) and, of these 45 participants, 35 received a forensic examination (77.8%).

According to secondary survivors, approximately 45% of primary survivors formally reported the assault ($n = 49$), while 52% did not make a formal report ($n = 57$). Four secondary survivors were not sure whether the primary survivor made a formal report (3.6%). Of the 49 primary survivors who made a formal report, 29 reported to the city police (59.2%) and 17 (34.7%) reported to the RCMP. Approximately 47% of secondary survivors accompanied the primary survivor to report the assault ($n = 23$). Last, 18 secondary survivors reported that the primary survivor received a forensic examination (36.7%) and, among these 18 examinations, six secondary survivors accompanied the primary survivor.

Services and Supports Used

Our findings indicate that close to half of the primary survivors reported using services and supports (44.8%), while the remaining survivors did not (55.2%). Secondary survivors reported that 53.9% primary survivors accessed supports and services.

How Did Primary Survivors Hear About Supports?

Primary survivors were then asked how they found out about these services and supports. Among the 206 primary survivors who used services and supports, 115 found out about them through their counsellor (55.8%), 82 through friends and family (39.8%), 67 through the Sexual Assault Centres (32.5%), 36 from the police (17.5%), 27 through the Crisis Centres (13.1%), 25 through social media (12.1%), 10 from a Minister/Clergy/Spiritual Leader (4.9%), 9 from an elder (4.4%), 7 from a teacher (3.4%), and 36 from someone else (17.5%).

Secondary survivors reported that among the 62 survivors who used services and supports, 28 found out through friends and family (45.2%), 18 found out about them through their counsellor (29.0%), 15 from the police (24.2%), 11 through the Crisis Centre (17.7%), 5 from a teacher (8.1%), and 10 from someone else (16.1%). None reported finding out through social media. Eleven secondary survivors did not know how primary survivors heard about services (17.7%).

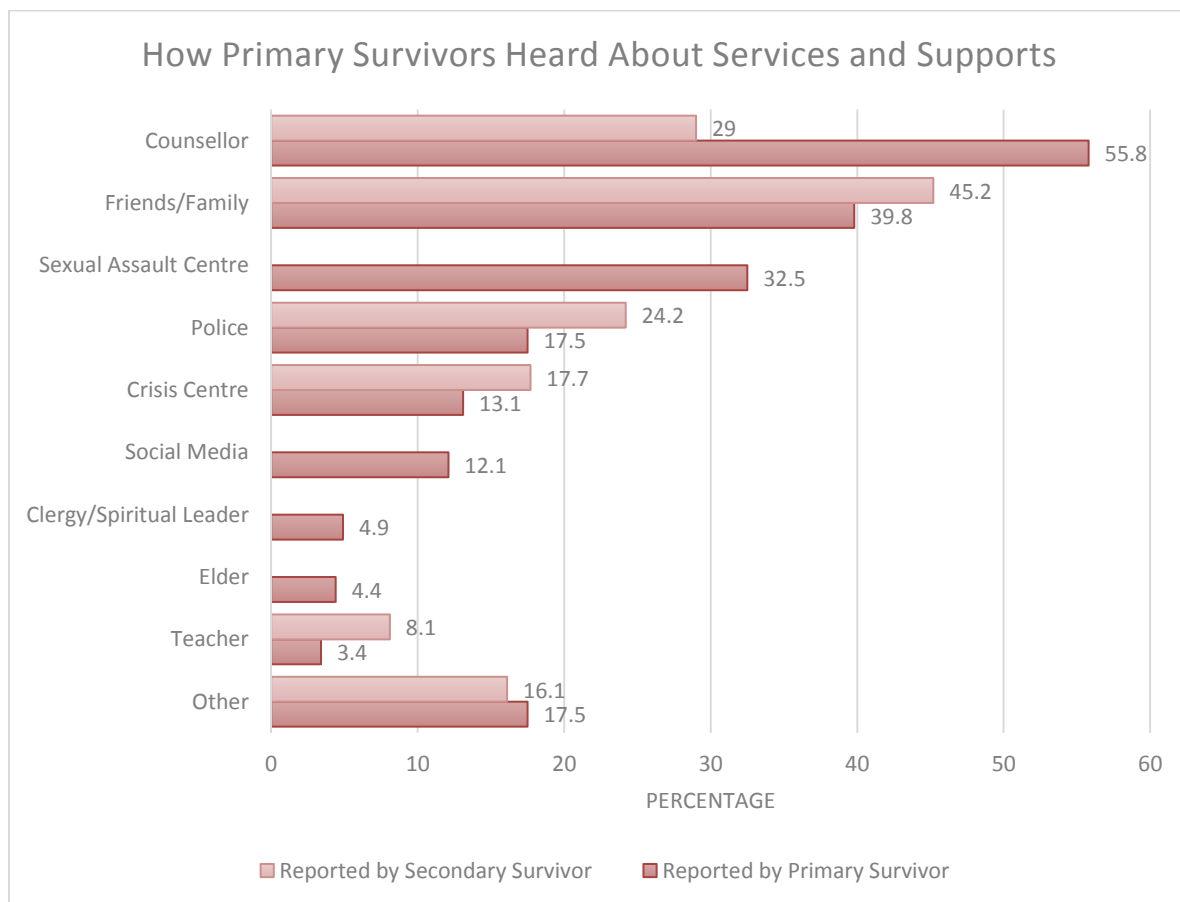


Figure 26. How Primary Survivors Heard About Services and Supports

Services and Supports Used by Primary Survivors

Primary survivors received a variety of services, including Mental Health/Counselling ($n = 139$; 67.5%), Sexual Assault Centre/Counsellor ($n = 92$; 44.7%), Family Member ($n = 84$; 40.8%), Victim Services ($n = 58$; 28.2%), Police ($n = 56$; 27.2%), Medical Doctor/Nurse ($n = 51$; 24.8%), Teacher/School Counsellor ($n = 33$; 16%), or Hospital/Health Centre ($n = 29$; 14.1%).

Survivors also reported accessing the following services: Criminal Justice System ($n = 26$; 12.6%), RCMP ($n = 25$; 12.1%), Employer ($n = 24$; 11.7%), Volunteer/Outreach Worker ($n = 20$; 9.7%), Legal Services ($n = 19$; 9.2%), Child and Family Services ($n = 14$; 6.8%), Minister/Clergy/Imam/Spiritual Leader ($n = 13$; 6.3%), Elders ($n = 10$; 4.9%), Drug and Alcohol Worker ($n = 9$; 4.4%), Youth Worker ($n = 8$; 3.9%), Chief/Band Councillors ($n = 5$; 2.4%), and Other ($n = 29$; 14.1%). The results are displayed in Figure 27.

Secondary survivors were also asked about which services the primary survivors used, which included: Sexual Assault Centre/Counsellor ($n = 42$; 67.7%), Mental Health/Counselling ($n = 36$; 58.1%), Family Member ($n = 35$; 56.5%), Police ($n = 22$; 35.5%), Victim Services ($n = 18$; 29.0%), Medical Doctor/Nurse ($n = 17$; 27.4%), RCMP ($n = 14$; 22.6%), Hospital/Health Centre ($n = 12$; 19.4%), Teacher/School Counsellor ($n = 12$; 19.4%), Child and Family Services ($n = 11$; 17.7%), Criminal Justice System ($n = 10$; 16.1%), Volunteer/Outreach Worker ($n = 8$; 12.9%), Legal Services ($n = 7$; 11.3%), Youth Worker ($n = 6$; 9.7%), Employer ($n = 3$; 4.8%), Drug and Alcohol Worker ($n = 2$; 3.2%), Minister/Clergy/Imam/Spiritual Leader ($n = 2$; 3.2%), Elders ($n = 1$; 1.6%), and Other ($n = 6$; 9.7%). One secondary survivor did not know which services the primary survivor used (1.6%). The results are displayed in Figure 27.

Secondary survivors were also asked if they felt there was collaboration between service providers. The majority of secondary survivors stated that they did not think there was collaboration among services providers ($n = 15$; 60%), 3 stated that there was collaboration (12%), and 7 were not sure (28%).

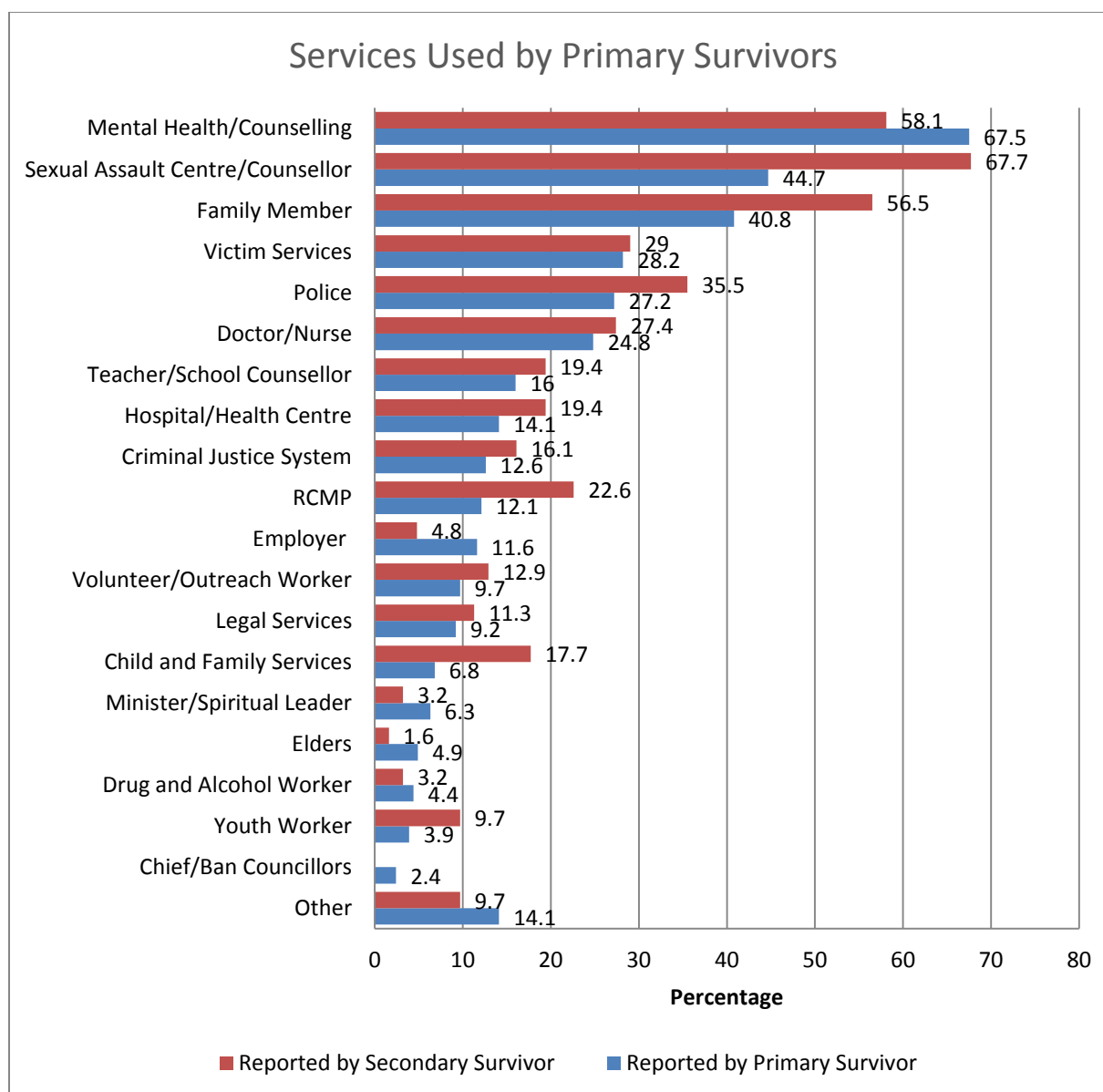


Figure 27. Services Used by Primary Survivor

Services Secondary Survivors Used

Secondary survivors were also asked if they used services or supports for themselves. Fifty-one secondary survivors reported seeking out services and supports (57.3%), while 38 did not (42.7%).

Among the 51 secondary survivors who sought services, the services they used included: Mental Health/Counselling ($n = 35$; 68.6%), Family Members ($n = 26$; 51.0%), Sexual Assault Counsellor/Crisis Centre ($n = 14$; 27.5%), RCMP ($n = 3$; 25.0%), Police ($n = 3$; 25.0%), Doctor/Nurse ($n = 12$; 23.5%), Victim Services ($n = 8$; 15.7%), Drug and Alcohol Worker ($n = 6$; 11.8%), Teacher/School Counsellor ($n = 6$; 11.8%), Minister/Clergy/Iman/Spiritual Leader ($n = 5$; 9.8%), Family and Child Services ($n = 5$; 9.8%), Legal Services ($n = 5$; 9.8%), Employer ($n =$

4; 7.8%), Elders ($n = 3$; 5.9%), Volunteer/Outreach Worker ($n = 3$; 5.9%), Hospital/Health Centre ($n = 2$; 3.9%), Youth Worker ($n = 2$; 3.9%), Chief/Band Councillors ($n =$; 2.0%), or other services ($n = 13$; 25.5%). None of the secondary survivors used services from the Criminal Justice System. Results are displayed in Figure 28.

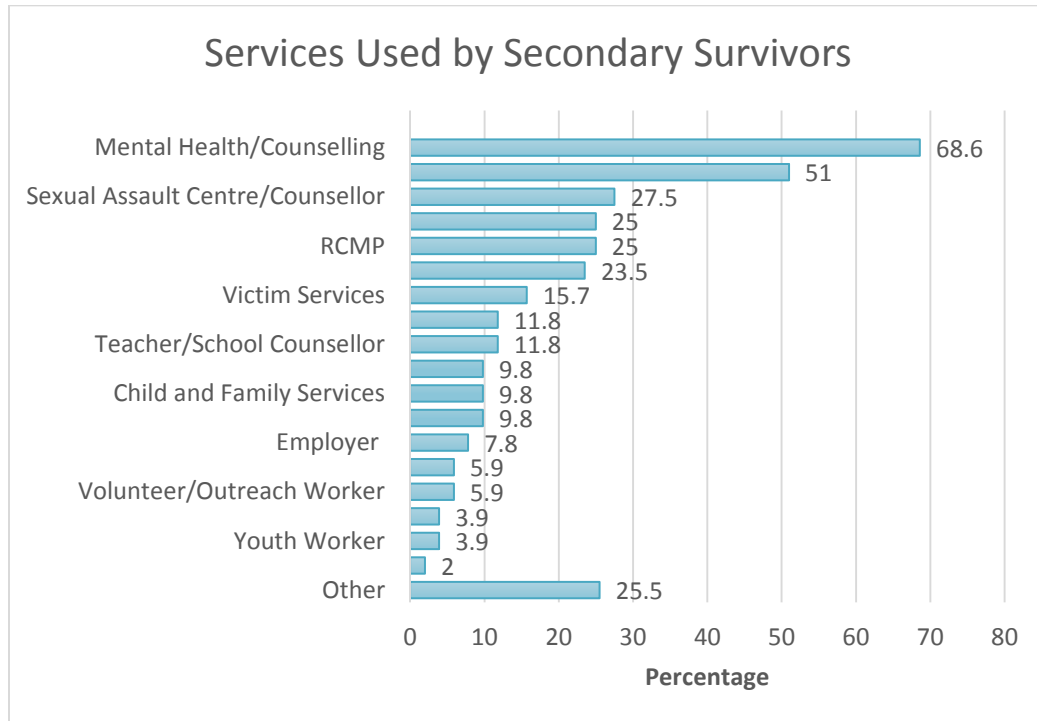


Figure 28. Services Used by Secondary Survivors

Satisfaction with Services

Primary survivors were asked to rate their satisfaction with the services they used. Secondary survivors were also asked to rate the primary survivors' satisfaction, as well as their own satisfaction with services. These satisfaction scores are presented in Figure 29, with the percentages including "moderately satisfied" to "extremely satisfied" responses. Primary survivors' frequency and percentage scores are further specified in Table 2.

As can be seen from Table 2, primary survivors were most satisfied with (1) Chief/Band Councillors; (2) Elders; (3) Employer; (4) Teacher/School Counsellor; (5) Minister/Spiritual Leader; (6) Sexual Assault Centre/Crisis Counsellor; and (7) Mental Health/Counselling. However, these services, particularly chief/band councillors and elders, were used infrequently. The most frequently used service was Mental Health/Counselling and 40.4% of primary survivors were at least very satisfied to extremely satisfied with this service.

Primary survivors were least satisfied with (1) Police; (2) Criminal Justice System; (3) Legal Services; (4) Alcohol and Drug Workers; and (5) Volunteer/Outreach Workers.

Table 2. Primary Survivor Satisfaction with Services

| Primary Survivor Satisfaction with Services and Supports | | | | | |
|--|----------------------|--------------------|----------------------|----------------|---------------------|
| Percentage (Frequency) | | | | | |
| Service | Not at all Satisfied | Slightly Satisfied | Moderately Satisfied | Very Satisfied | Extremely Satisfied |
| Chief/Band Councillors | 0 (0) | 0 (0) | 20.0 (1) | 40.0 (2) | 40.0 (2) |
| Elders | 0 (0) | 0 (0) | 30.0 (3) | 30.0 (3) | 40.0 (4) |
| Employer | 4.2 (1) | 0 (0) | 16.7 (4) | 41.7 (10) | 37.5 (9) |
| Teacher/School Counsellor | 15.6 (5) | 0 (0) | 28.1 (9) | 25.0 (8) | 31.3 (10) |
| Minister/Spiritual Leader | 8.3 (1) | 8.3 (1) | 41.7 (5) | 25.0 (3) | 16.7 (2) |
| Sexual Assault Centre/Counsellor | 10.1 (9) | 11.2 (10) | 18.0 (16) | 32.6 (29) | 28.1 (25) |
| Mental Health/Counselling | 8.8 (12) | 13.2 (18) | 37.5 (51) | 21.3 (29) | 19.1 (26) |
| Other | 16.0 (4) | 8.0 (2) | 12.0 (3) | 32.0 (8) | 32.0 (8) |
| Youth Worker | 12.5 (1) | 12.5 (1) | 12.5 (1) | 25.0 (2) | 37.5 (3) |
| Family Members | 7.3 (6) | 18.3 (15) | 29.3 (24) | 23.2 (19) | 22.0 (18) |
| RCMP | 16.0 (4) | 16.0 (4) | 32.0 (8) | 32.0 (8) | 4.0 (1) |
| Doctor/Nurse | 14.3 (7) | 18.4 (9) | 28.6 (14) | 28.6 (14) | 10.2 (5) |

| | | | | | |
|---------------------------|-----------|----------|-----------|-----------|----------|
| Victim Services | 21.8 (12) | 12.7 (7) | 32.7 (18) | 20.0 (11) | 12.7 (7) |
| Hospital/Health Centre | 17.9 (5) | 17.9 (5) | 21.4 (6) | 21.4 (6) | 21.4 (6) |
| Child and Family Services | 16.7 (2) | 25.0 (3) | 41.7 (5) | 8.3 (1) | 8.3 (1) |
| Volunteer/Outreach Worker | 21.1 (4) | 21.1 (4) | 10.5 (2) | 26.3 (5) | 21.1 (4) |
| Drug and Alcohol Worker | 11.1 (1) | 33.3 (3) | 22.2 (2) | 33.3 (3) | 0 (0) |
| Legal Services | 29.4 (5) | 23.5 (4) | 17.6 (3) | 23.5 (4) | 5.9 (1) |
| Criminal Justice System | 56.0 (14) | 4.0 (1) | 24.0 (6) | 8.0 (2) | 8.0 (2) |
| Police | 44.2 (23) | 17.3 (9) | 11.5 (6) | 21.2 (11) | 5.8 (3) |

Secondary survivors were also asked about primary survivors' satisfaction with services, which is presented in Table 3.

According to secondary survivors, primary survivors were most satisfied with (1) Teacher/School Counsellor; (2) Mental Health Counselling; (3) Sexual Assault Centre/Crisis Counsellor; (4) Doctor/Nurse; (5) RCMP; and (6) Family Members. They were least satisfied with (1) Legal Services; (2) Child and Family Services; and (3) Youth Workers.

Table 3. Primary Survivor Satisfaction with Services as Reported by Secondary Survivors

| Primary Survivors Satisfaction with Services as Reported by Secondary Survivors | | | | | |
|---|----------------------|--------------------|----------------------|----------------|---------------------|
| Percentage (Frequency) | | | | | |
| Service | Not at all Satisfied | Slightly Satisfied | Moderately Satisfied | Very Satisfied | Extremely Satisfied |
| Family Members | 0 (0) | 7.7 (1) | 61.5 (8) | 7.7 (1) | 23.1 (3) |
| Teacher/School Counsellor | 0 (0) | 0 (0) | 33.3 (1) | 33.3 (1) | 33.3 (1) |
| Sexual Assault Centre/Counsellor | 0 (0) | 14.3 (2) | 28.6 (4) | 35.7 (5) | 21.4 (3) |
| Doctor/Nurse | 0 (0) | 12.5 (1) | 37.5 (3) | 25.0 (2) | 25.0 (2) |
| RCMP | 14.3 (1) | 0 (0) | 42.9 (3) | 28.6 (2) | 14.3 (1) |
| Mental Health/Counselling | 0 (0) | 33.3 (4) | 8.3 (1) | 41.7 (5) | 16.7 (2) |
| Criminal Justice System | 16.7 (1) | 16.7 (1) | 33.3 (2) | 16.7 (1) | 16.7 (1) |
| Victim Services | 0 (0) | 37.5 (3) | 37.5 (3) | 12.5 (1) | 12.5 (1) |
| Employer | 0 (0) | 0 (0) | 100 (1) | 0 (0) | 0 (0) |

| | | | | | |
|---------------------------|----------|----------|----------|----------|----------|
| Other | 0 (0) | 0 (0) | 100 (2) | 0 (0) | 0 (0) |
| Hospital/Health Centre | 0 (0) | 50.0 (1) | 50.0 (1) | 0 (0) | 0 (0) |
| Drug and Alcohol Worker | 0 (0) | 50.0 (1) | 50.0 (1) | 0 (0) | 0 (0) |
| Minister/Spiritual Leader | 50.0 (1) | 0 (0) | 50.0 (1) | 0 (0) | 0 (0) |
| Police | 14.3 (1) | 42.9 (3) | 14.3 (1) | 28.6 (2) | 0 (0) |
| Volunteer/Outreach Worker | 33.3 (1) | 33.3 (1) | 33.3 (1) | 0 (0) | 0 (0) |
| Youth Worker | 66.7 (2) | 0 (0) | 0 (0) | 0 (0) | 33.3 (1) |
| Child and Family Services | 62.5 (5) | 12.5 (1) | 0 (0) | 12.5 (1) | 12.5 (1) |
| Legal Services | 100 (2) | 0 (0) | 0 (0) | 0 (0) | 0 (0) |

Figure 29 below shows the overall satisfaction rate with services by primary survivors in percentages, as reported by both primary and secondary survivors.

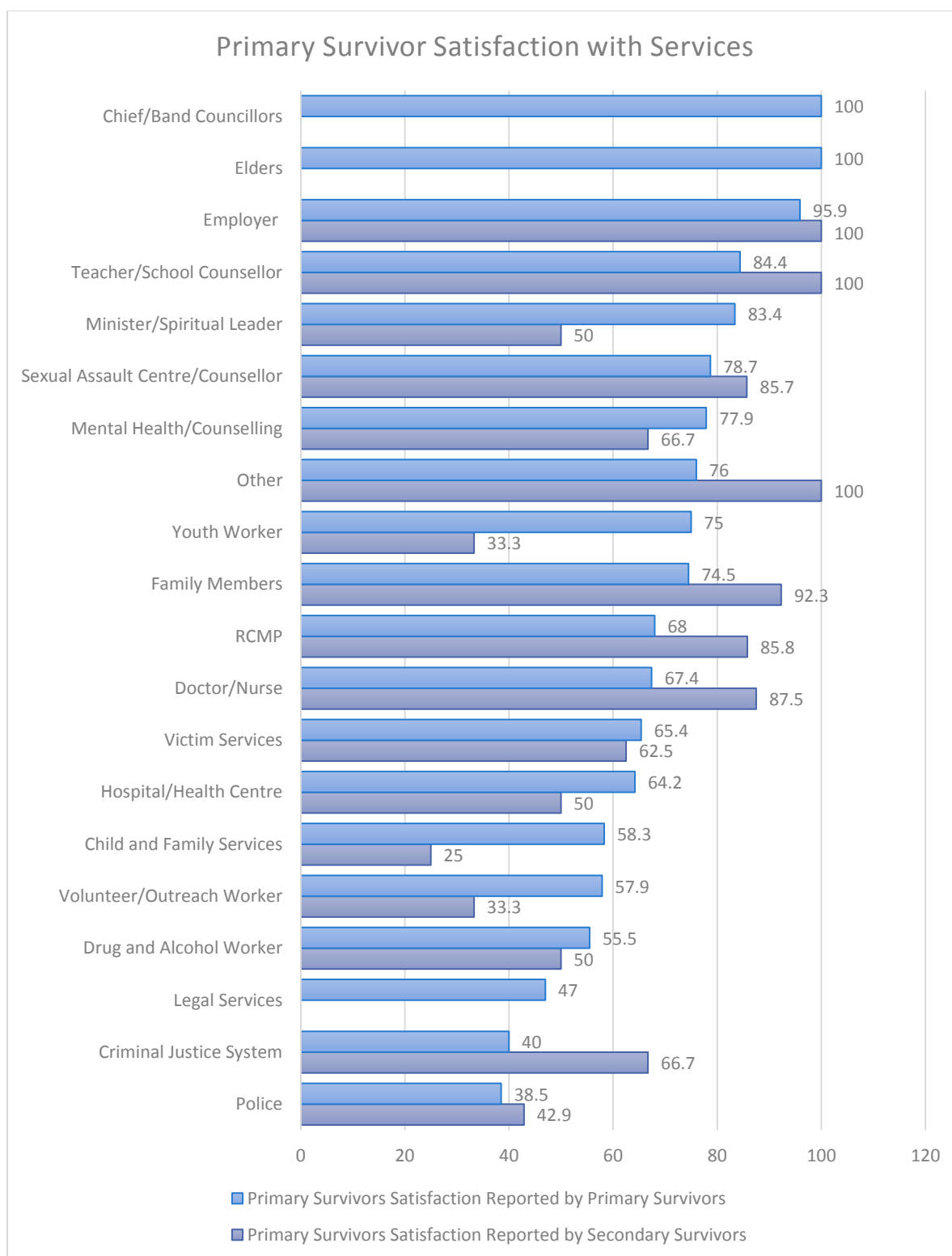


Figure 29. Primary Survivor Satisfaction with services

Finally, secondary survivors were asked to rate their own satisfaction among the services and supports that they used (see Table 4). Secondary survivors were most satisfied with (1) Family

Members; (2) Minister/Spiritual Leader; (3) Mental Health/Counselling; (4) Doctor/Nurse; (5) Teacher/School Counsellor; (6) Hospital/Health Centre; and (7) Sexual Assault Centre/Counsellor. Secondary survivors were least satisfied with (1) RCMP; (2) Police; (3) Victim Services; (4) Child and Family Services; and (5) Legal Services.

Table 4. Secondary Survivor Satisfaction with Services

| Secondary Survivors Satisfaction with Services Percentage (Frequency) | | | | | |
|--|-----------------------------|---------------------------|-----------------------------|-----------------------|----------------------------|
| Service | Not at all Satisfied | Slightly Satisfied | Moderately Satisfied | Very Satisfied | Extremely Satisfied |
| Family Members | 8.0 (2) | 8.0 (2) | 20.0 (5) | 32.0 (8) | 32.0 (8) |
| Minister/Spiritual Leader | 20.0 (1) | 0 (0) | 20.0 (1) | 60.0 (3) | 0 (0) |
| Mental Health/Counselling | 0 (0) | 33.3 (4) | 8.3 (1) | 41.7 (5) | 16.7 (2) |
| Doctor/Nurse | 8.3 (1) | 8.3 (1) | 25.0 (3) | 58.3 (7) | 0 (0) |
| Teacher/School Counsellor | 16.7 (1) | 0 (0) | 33.3 (2) | 33.3 (2) | 16.7 (1) |
| Hospital/Health Centre | 0 (0) | 0 (0) | 50.0 (1) | 50.0 (1) | 0 (0) |
| Sexual Assault Centre/Counsellor | 14.3 (5) | 5.7 (2) | 31.4 (11) | 37.1 (13) | 11.4 (4) |
| Other | 0 (0) | 30.8 (4) | 23.1 (3) | 30.8 (4) | 15.4 (2) |
| Youth Worker | 0 (0) | 0 (0) | 100 (2) | 0 (0) | 0 (0) |
| Chief/Band Councillors | 0 (0) | 0 (0) | 100 (1) | 0 (0) | 0 (0) |
| Elders | 0 (0) | 33.3 (1) | 33.3 (1) | 33.3 (1) | 0 (0) |
| Volunteer/Outreach Worker | 33.3 (1) | 0 (0) | 33.3 (1) | 0 (0) | 33.3 (1) |
| Drug and Alcohol Worker | 20.0 (1) | 0 (0) | 60.0 (3) | 20.0 (1) | 0 (0) |
| Employer | 0 (0) | 50.0 (2) | 25.0 (1) | 0 (0) | 25.0 (1) |
| Legal Services | 40.0 (2) | 20.0 (1) | 0 (0) | 20.0 (1) | 20.0 (1) |
| Child and Family Services | 60.0 (3) | 0 (0) | 40.0 (2) | 0 (0) | 0 (0) |
| Victim Services | 25.0 (2) | 37.5 (3) | 0 (0) | 25.0 (2) | 12.5 (1) |
| Police | 33.3 (1) | 33.3 (1) | 0 (0) | 33.3 (1) | 0 (0) |
| RCMP | 33.3 (1) | 33.3 (1) | 0 (0) | 33.3 (1) | 0 (0) |

Figure 30 below shows the overall satisfaction with services by secondary survivors in percentages, as reported by secondary survivors.

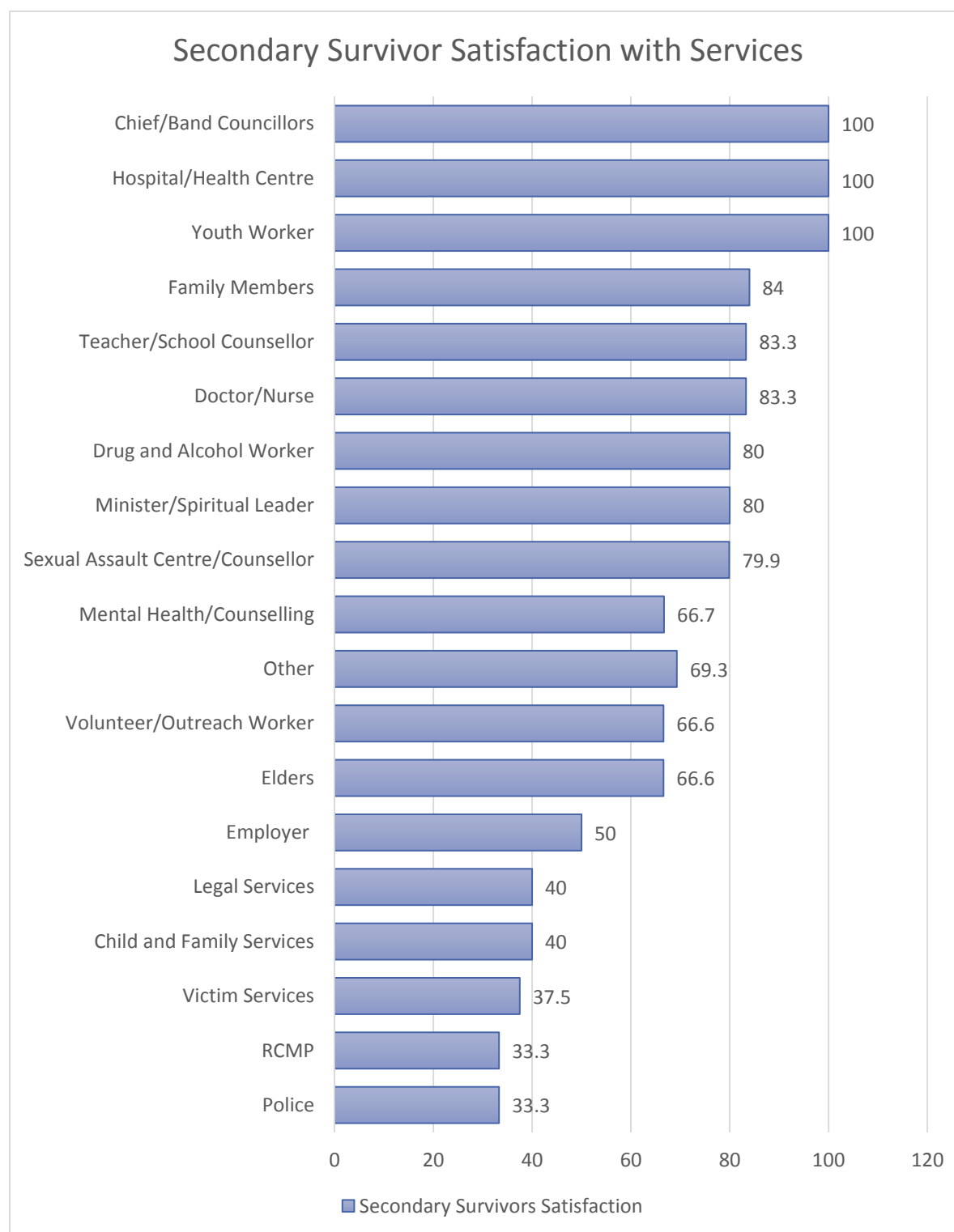


Figure 30. Secondary Survivor Satisfaction with Services

Travel to Receive Services

According to primary survivors, 63 participants travelled outside their community in order to receive services and supports (31.8%). Among the 63 primary survivors who travelled outside their community, 40 left because of lack of services in their community (63.5%), 23 left for anonymity and confidentiality concerns (36.5%), 17 left because they were afraid or feared retaliation (27%), 20 left because they felt shamed (31.7%), 17 left because they were embarrassed (27%), 21 left because they felt judged (33.3%), and 9 left for other reasons (14.3%).

According to secondary survivors, 19 primary survivors travelled outside their community to receive services and supports (30.6%) and 12 secondary survivors travelled with the primary survivor (63.2%). Among the 19 primary survivors who travelled outside their community, 10 left because of lack of services in their community (52.6%), 3 left for anonymity and confidentiality concerns (15.8%), 3 left because they were afraid or feared retaliation (15.8%), 3 left because they felt shamed (15.8%), 3 left because they felt judged (15.8%), 2 left because they felt embarrassed (10.5%), and 5 left for other reasons (26.3%). Results are presented in Figure 31.

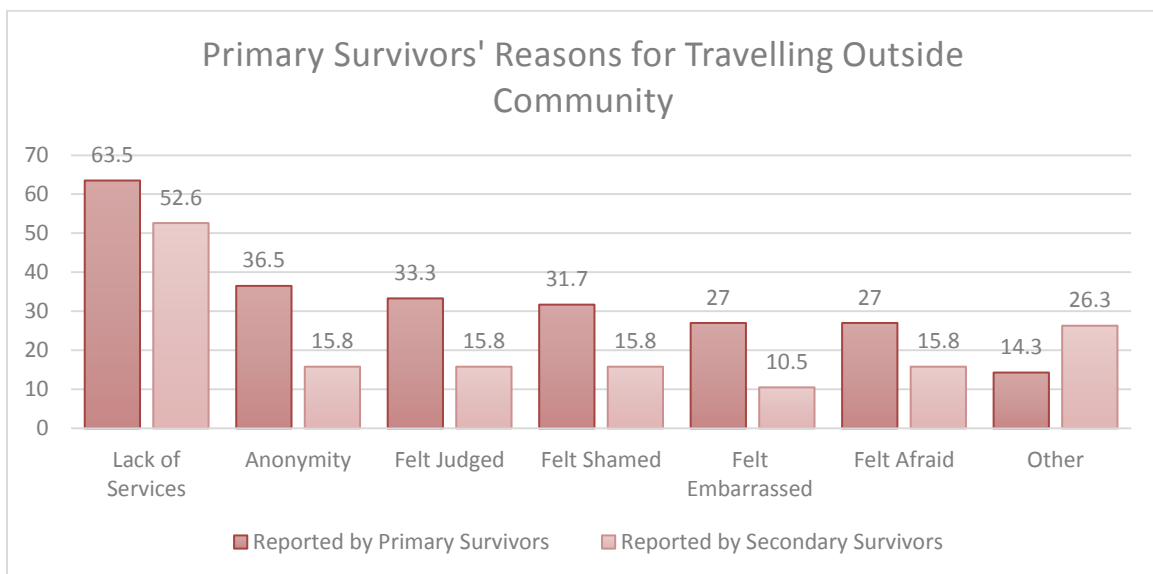


Figure 31. Reasons for Travelling to Receive Services

Treatment by Service Providers

Primary survivors were asked if they felt they were treated negatively due to their age ($n = 62$; 31.3%), gender ($n = 50$; 25.3%), sexuality ($n = 20$; 10.1%), race ($n = 18$; 9.1%), language ($n = 2$; 1%), occupation ($n = 9$; 4.5%), disability ($n = 17$; 8.6%), mental health status ($n = 36$; 18.2%), or for any other reason ($n = 11$; 5.5%).

The secondary survivors were also asked if the primary survivor was treated negatively due to their age ($n = 18$; 29.0%), gender ($n = 9$; 14.5%), sexuality ($n = 2$; 3.2%), race ($n = 6$; 9.7%), disability ($n = 3$; 4.8%), mental health status ($n = 8$; 12.9%), or for any other reason ($n = 5$; 8.1%). The results are presented in Figure 32.

Primary survivors were asked if they felt respected ($n = 138$; 75.0%), safe ($n = 146$; 80.2%), heard ($n = 126$; 69.2%), believed ($n = 135$; 73.8%), or judged ($n = 69$; 38.3%), when receiving services. Secondary survivors were also asked how the primary survivor was treated by service providers, with 42 reporting that they were safe (67.7%), 39 were respected (62.9%), 35 were believed (56.5%), 34 were heard (54.8%), and 23 were judged (37.1%). Results are displayed in Figure 33.

Secondary survivors were asked how they were treated by the service provider during their time supporting the primary survivor. Fifty-eight secondary survivors reported feeling safe (85.3%), 47 reported feeling respected (71.2%), 45 felt believed (67.2%), 41 felt heard (61.2), and 26 felt judged (38.8%). Results are displayed in Figure 34.

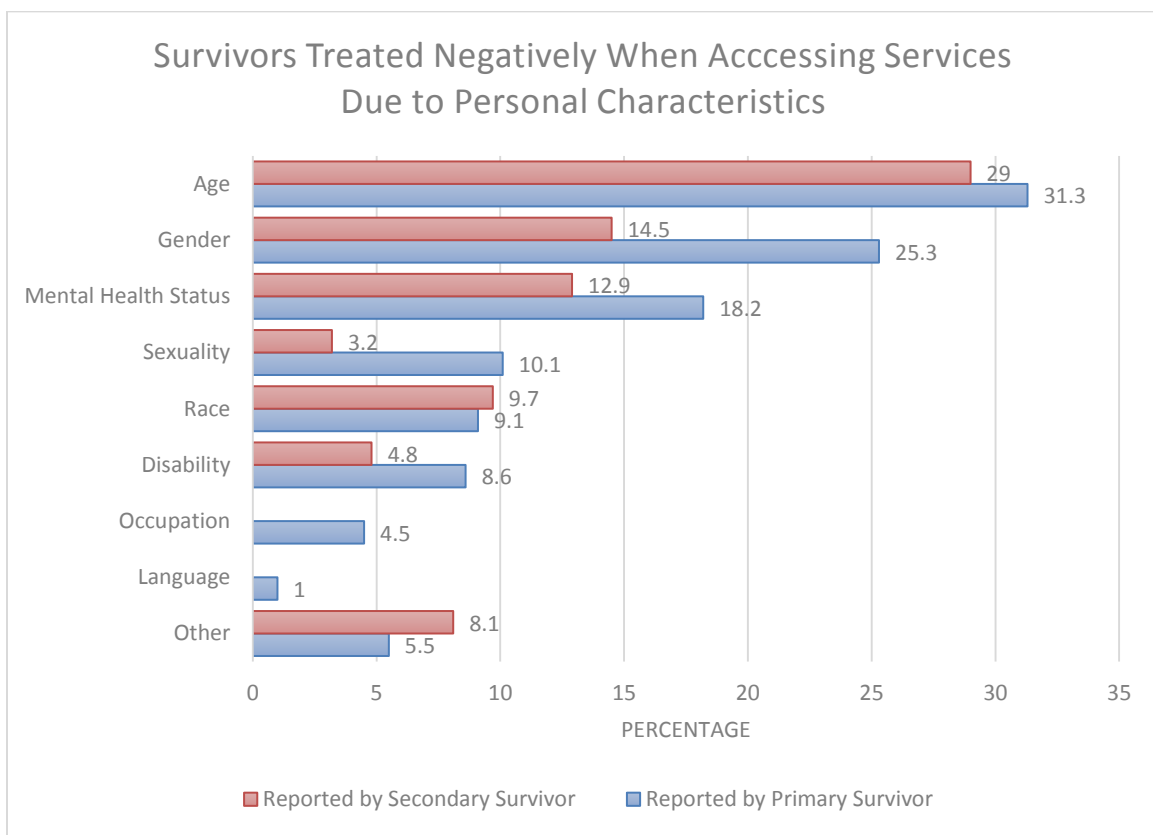


Figure 32. Survivors Treated Negatively when Accessing Services

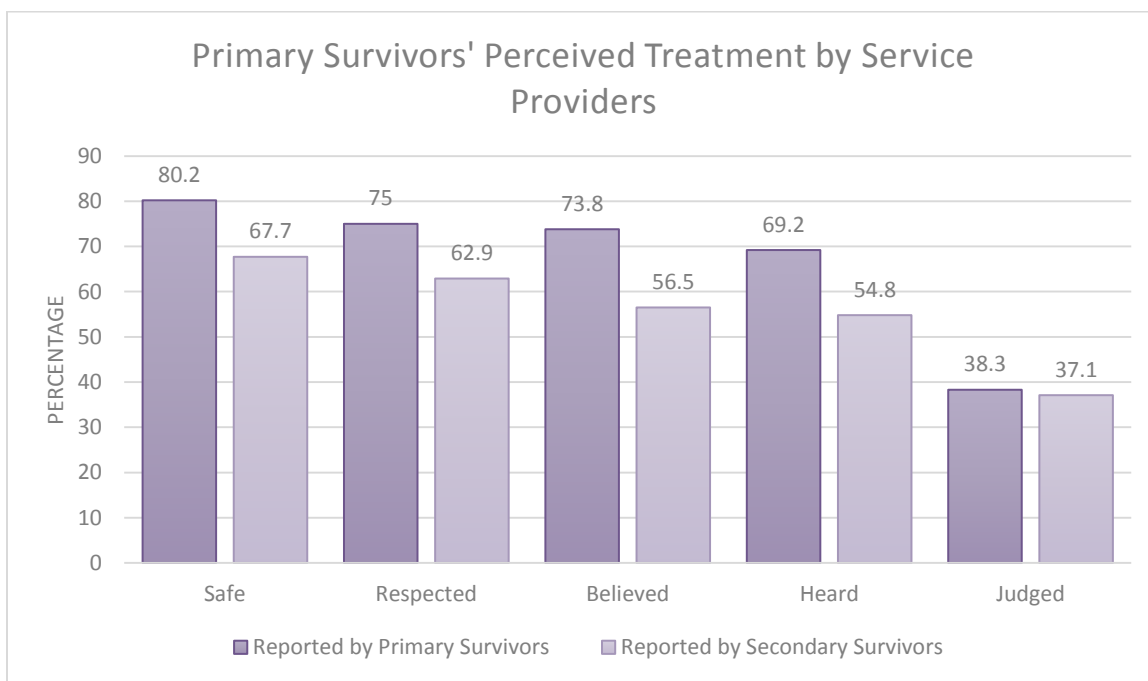


Figure 33. Primary Survivors' Perceived Treatment by Service Providers

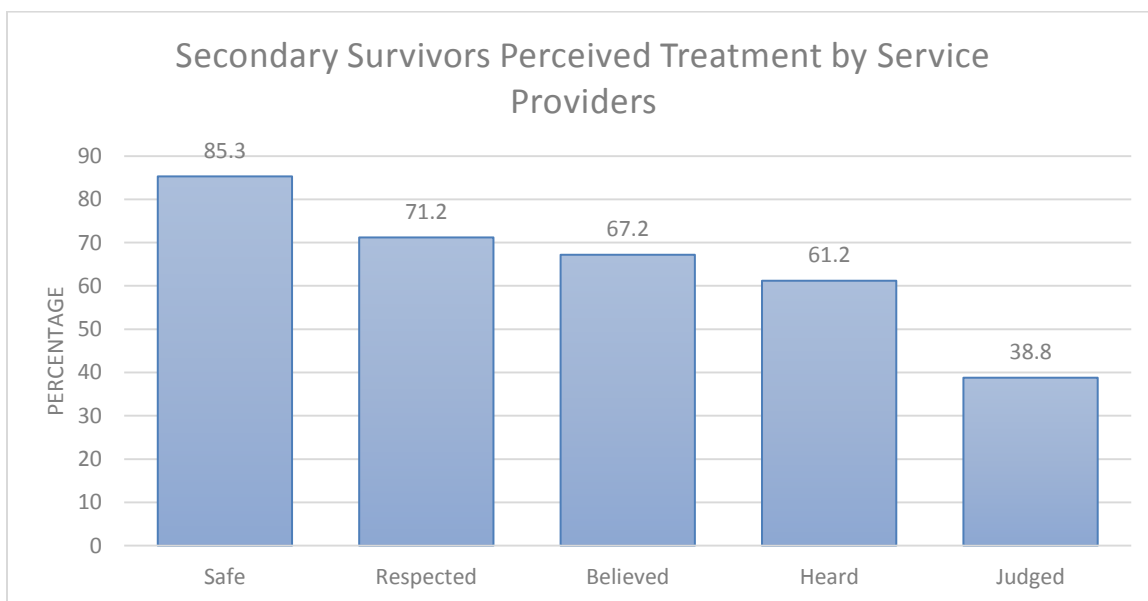


Figure 34. Secondary Survivor Perceived Treatment by Service Providers

Access to Services

Primary survivors were asked if there were any issues that made it difficult for them to access services and supports. Primary survivors reported the following barriers to access: anonymity ($n = 107$; 54.0%), previous negative experiences with service providers ($n = 103$; 52.0%), lack of transportation ($n = 73$; 36.9%), poverty ($n = 63$; 31.8%), lack of stable employment ($n = 51$; 25.8%), lack of stable housing ($n = 35$; 17.7%), addiction ($n = 33$; 16.7%), unemployment ($n = 29$; 14.6%), disability ($n = 26$; 13.1%), childcare ($n = 23$; 11.6%), immigration status ($n = 1$), language barrier ($n = 2$; 1%), or other issues ($n = 52$; 26.3%).

Secondary survivors were also asked if there were any issues that made it difficult for the primary survivor to access services and supports. Secondary survivors reported the following barriers to access: previous negative experiences with service providers ($n = 22$; 35.5%), lack of transportation ($n = 20$; 32.3%), poverty ($n = 15$; 24.2%), anonymity ($n = 13$; 21.0%), lack of stable employment ($n = 11$; 17.7%), unemployment ($n = 10$; 16.1%), addiction ($n = 9$; 14.5%), lack of stable housing ($n = 9$; 14.5%), disability ($n = 5$; 8.1%), childcare ($n = 3$; 4.8%), language barrier ($n = 3$; 4.8%), or other issues ($n = 31$; 50.0%). The results are presented in Figure 35.

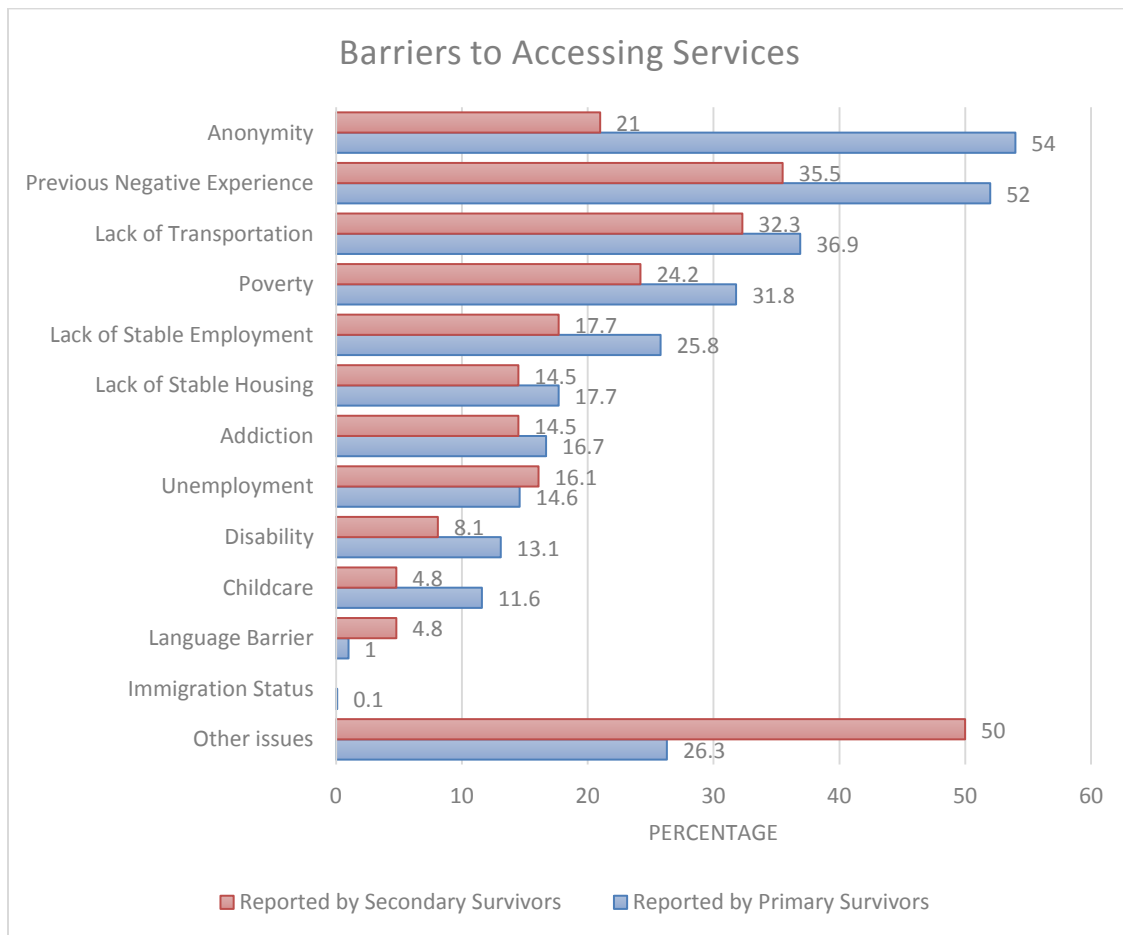


Figure 35. Barriers to Accessing Services

In addition to the specific barriers listed (Figure 35), survivors identified the following as “other” barriers to accessing services:

- Shame and being blamed for the assault
- Homophobia and lack of inclusive services
- Lack of support from friends and family
- Lack of services for minors and youth
- Lack of Indigenous services
- Internalized beliefs about what constitutes a serious assault requiring formal supports
- Mental illness
- Being told that the assault was not legitimate
- Fear of retaliation from perpetrator and/or perpetrator’s affiliates e.g. gang members
- Limited operating hours for services

Symptoms Resulting from Sexual Assault Experience

Primary survivors were asked about the symptoms they experienced as a result of the sexual assault. Primary survivors reported experiencing lowered self-esteem (n = 312; 69.0%), anxiety/panic attacks (n = 309; 68.4%), depressive symptoms (n = 304; 67.2%), intrusive thoughts (n = 299; 66.2%), sleep disturbances (n = 276; 61.1%), change in sexual behaviour (n = 260; 57.5%), loss of a feeling of control (n = 247; 54.6%), fear of men/women (n = 243; 53.8%), hypervigilance (n = 223; 49.3%), loss of concentration (n = 220; 48.7%), isolation (n = 213; 47.1%), increased use of alcohol, drugs, or medications (n = 195; 43.1%), changes in lifestyle (n = 190; 42.0%), increase in distractibility (n = 187; 41.4%), and suicidal thinking (n = 182; 40.3%).

Primary survivors also reported change in appetite (n = 177; 39.2%), loss of friendships (n = 177; 39.2%), increase in need to sleep (n = 159; 35.2%), loss of identity (n = 159; 35.2%), physical pain/discomfort (n = 150; 33.2%), loss of hope for the future (n = 134; 29.6%), loss of purpose/meaning (n = 131; 29.0%), self-harm (n = 120; 26.5%), loss of wages due to missing work (n = 114; 25.2%), and loss of employment (n = 69; 15.3%).

The results are presented in Figure 36. As Figure 36 displays, primary survivors most commonly reported symptoms included (1) Lowered self-esteem; (2) Anxiety and panic attacks; (3) Depressive symptoms; (4) Intrusive thoughts; and (5) Sleep disturbances.

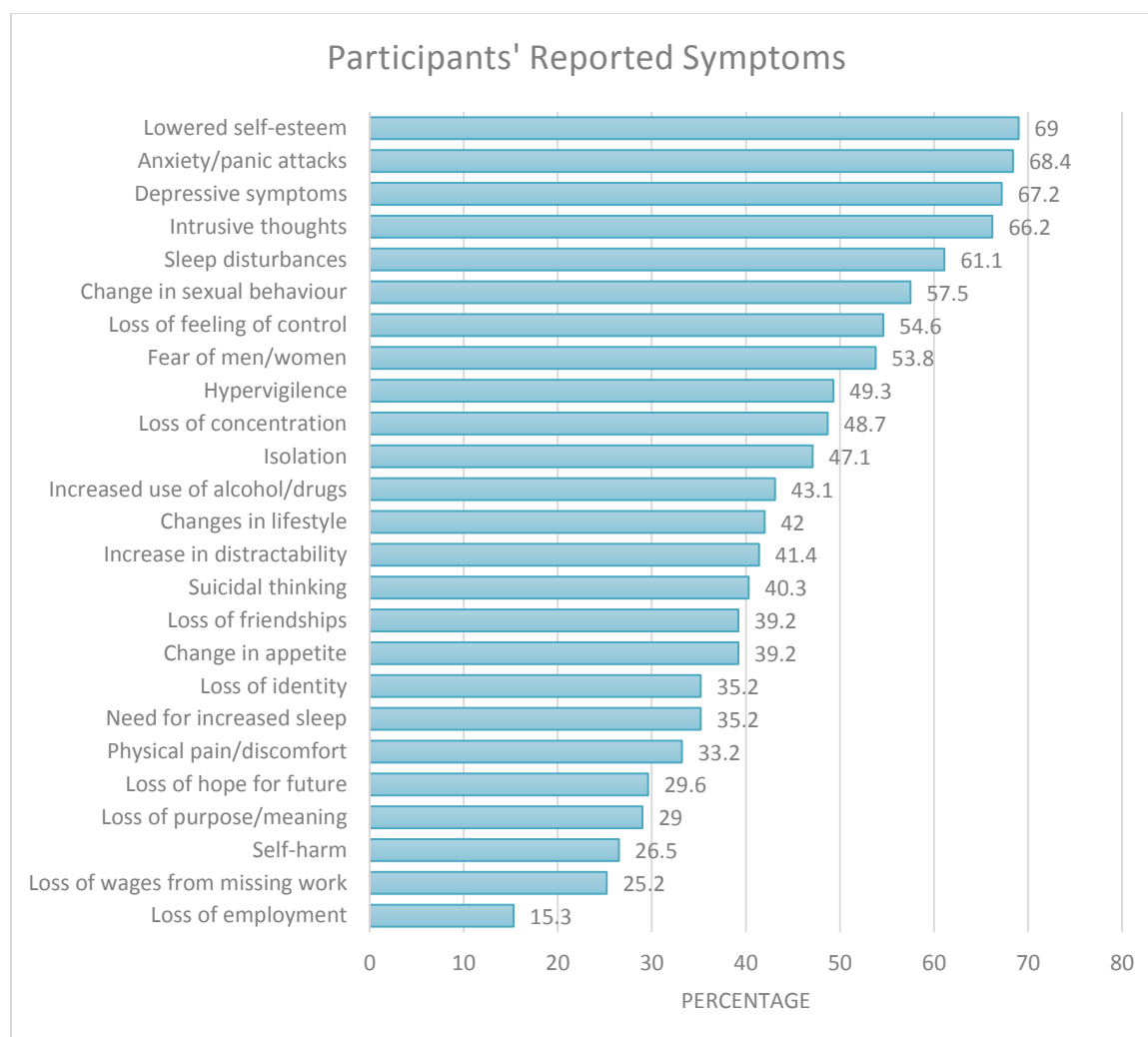


Figure 36. Primary Participants Reported Symptoms

Comparison of Survivor Demographics with Assault Experiences and Services Used

Indigeneity and Sexual Assault Experiences

A chi-squared analysis was conducted to examine the relation between Indigenous status and assault experiences. There was no significant difference in Indigenous status for assault experiences after age 18. However, there was a significant difference in Indigenous status before age 18 for unwanted sexual touching, $\chi(1) = 5.595$, $p = .018$. Indigenous individuals were more likely to experience unwanted sexual touching before age 18 ($n = 78$; 84.8%), compared to non-Indigenous individuals ($n = 283$; 72.9%).

The relationship between Indigenous status and unwanted fondling was also significant, $\chi(1) = 4.515, p = .034$. Indigenous individuals were more likely to experience unwanted sexual fondling before age 18 ($n = 68$; 73.9%), compared to non-Indigenous individuals ($n = 241$; 62.1%). The relationship between Indigenous status and unwanted sexual intercourse was significant, $\chi(1) = 5.274, p = .022$. Indigenous individuals were more likely to experience unwanted sexual intercourse before age 18 ($n = 58$; 63.0%), compared to non-Indigenous individuals ($n = 193$; 49.7%).

Indigeneity and Perpetrator Identity

A chi-squared analysis was conducted to examine the relationship between Indigenous status and perpetrator identity. The relationship between Indigenous status and being assaulted by a family member before age 18 was significant, $\chi(1) = 18.909, p < .001$. Indigenous individuals were more likely to be assaulted by a family member ($n = 49$; 53.3%), compared to non-Indigenous individuals ($n = 114$; 29.4%).

The relationship between Indigenous status and being assaulted by a family member after age 18 was also significant, $\chi(1) = 8.427, p = .004$. Indigenous individuals were more likely to be assaulted by a family member ($n = 13$; 14.4%), compared to non-Indigenous individuals ($n = 21$; 5.6%).

There were no other significant differences between Indigenous status and perpetrator identity. There were also no significant differences between Indigenous status and reporting the assault, seeking services, or traveling outside the community to access services. The results for Indigenous status are presented in Table 5.

Table 5. Indigenous Status Comparisons

| Primary Survivors Comparison of Indigenous Status with Assault Experiences | | | |
|--|------------|----------------|---------|
| Comparison | Indigenous | Non-Indigenous | p-value |
| Before Age 18 | | | |
| Sexual touching | ↑ | ↓ | .018 |
| Sexual fondling | ↑ | ↓ | .034 |
| Sexual intercourse | ↑ | ↓ | .022 |
| Family member perpetrator | ↑ | ↓ | .001 |
| After Age 18 | | | |
| Family member perpetrator | ↑ | ↓ | .004 |

Primary Survivor Age at Time of Assault and Perpetrator Identity

A chi-squared analysis was conducted to examine the relationship between age at time of assault and perpetrator identity. There was a significant difference in age at time of assault and perpetrator identity, $\chi(2) = 19.047, p < .001$. Survivors younger than 18 were more likely to know the offender ($n = 61$; 93.8%), compared to survivors older than 18 ($n = 27$; 60.0%).

The offender was more likely to be a stranger, $\chi(1) = 7.402, p = .007$, among survivors older than 18 ($n = 12$; 26.1%), compared to survivors younger than 18 ($n = 5$; 7.5%). The offender was more likely to be a family member, $\chi(1) = 11.666, p = .001$, among survivors younger than 18 ($n = 29$; 43.3%), compared to survivors older than 18 ($n = 6$; 13.0%).

Primary Survivor Age at Time of Assault and Forensic Examination

There was a significant difference between age at time of assault and receiving a forensic exam, $\chi(2) = 13.805, p = .001$. Survivors older than 18 were more likely to receive a forensic exam ($n = 14$; 32.6%), compared to survivors younger than 18 ($n = 4$; 6.2%).

There were no significant differences in age at time of assault and seeking services or formally reporting the assault.

Service Providers' Training, Experiences, and Supports

Services Offered by Service Providers

As documented in Figure 37 below, service providers who participated in this research provide a wide range of services. Most service providers offered sexual assault counselling ($n = 25$; 15.3%), medical services ($n = 23$; 14.1%), mental health services ($n = 20$; 12.3%), victim services ($n = 18$; 11.0%), crisis counselling ($n = 14$; 8.6%), family services ($n = 12$; 7.4%), law enforcement ($n = 6$; 3.7%), child services ($n = 3$; 1.8%), ambulance/EMT services ($n = 1$; 0.6%), LGBTQ2S ($n = 1$; 0.6%), or other services ($n = 40$; 24.5%).

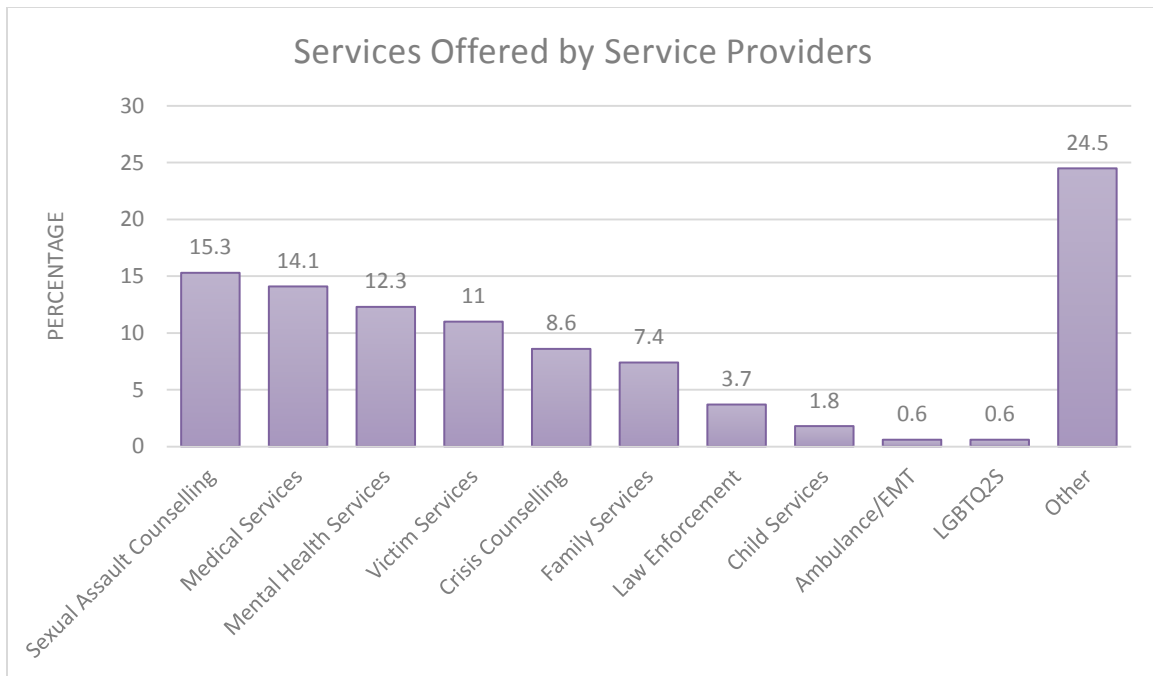


Figure 37. Services Offered by Service Providers

Specialized Training

About half of the service providers had received specialized sexual assault training ($n = 78$; 51.3%), while half had not received specialized training ($n = 74$; 48.7%). Furthermore, approximately 49% stated that sexual assault training is provided at their agency ($n = 58$), while the remaining provided stated that their agency does not have sexual assault training ($n = 61$; 51.3%). Thirty-nine percent of the agencies also provide sexual assault programming in the community ($n = 46$).

The majority of service providers also stated that there are mental health personnel in their community who are trained to assist sexual assault survivors ($n = 89$; 74.2%). Eight percent stated there were no trained mental health professionals in the community ($n = 10$) and 18 percent were not sure ($n = 21$). See Figure 38.

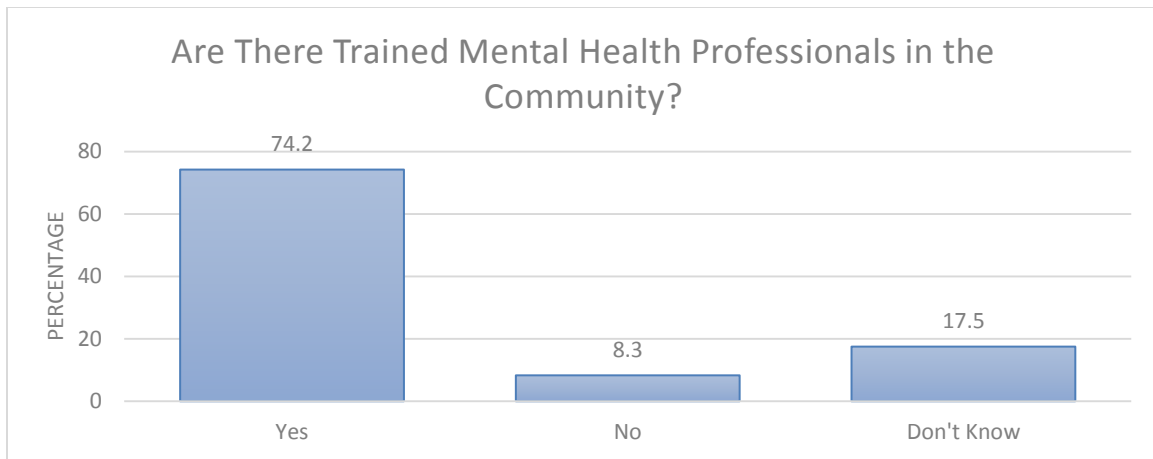


Figure 38. Trained Mental Health Professionals in Communities

Service Provider Client Demographics

Service providers were asked to state what percentage of their clients are from certain demographics (i.e., gender, age at time of assault, supporting the primary survivor, etc.).

They reported commonly serving female clients who were adult survivors or adult survivors who were assaulted as children.

The results are displayed in Figures 39 and 40.

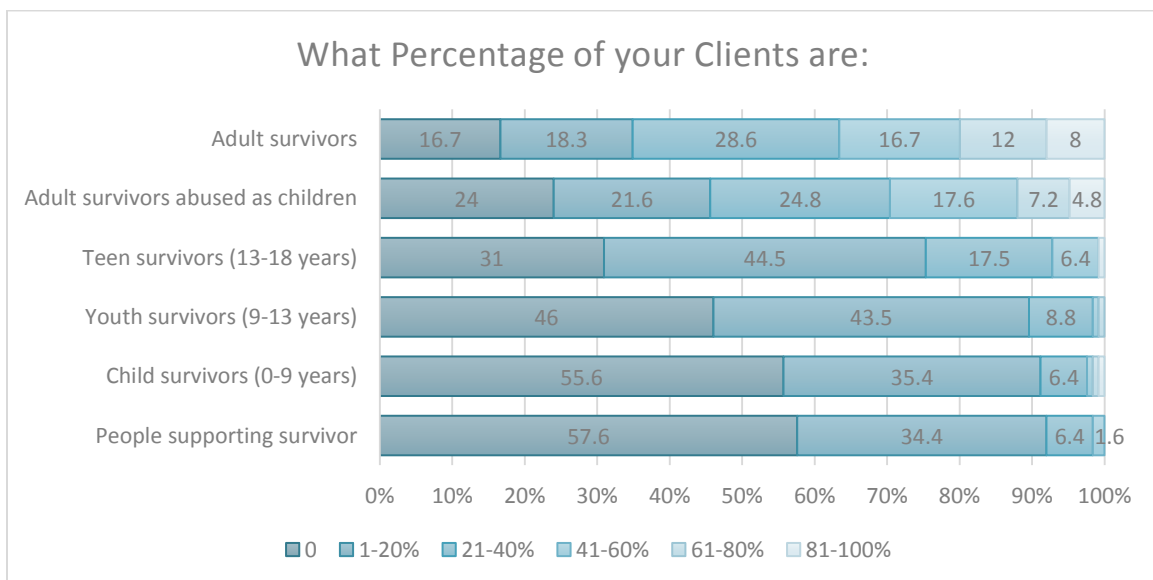


Figure 39. Percentage of Client Identity

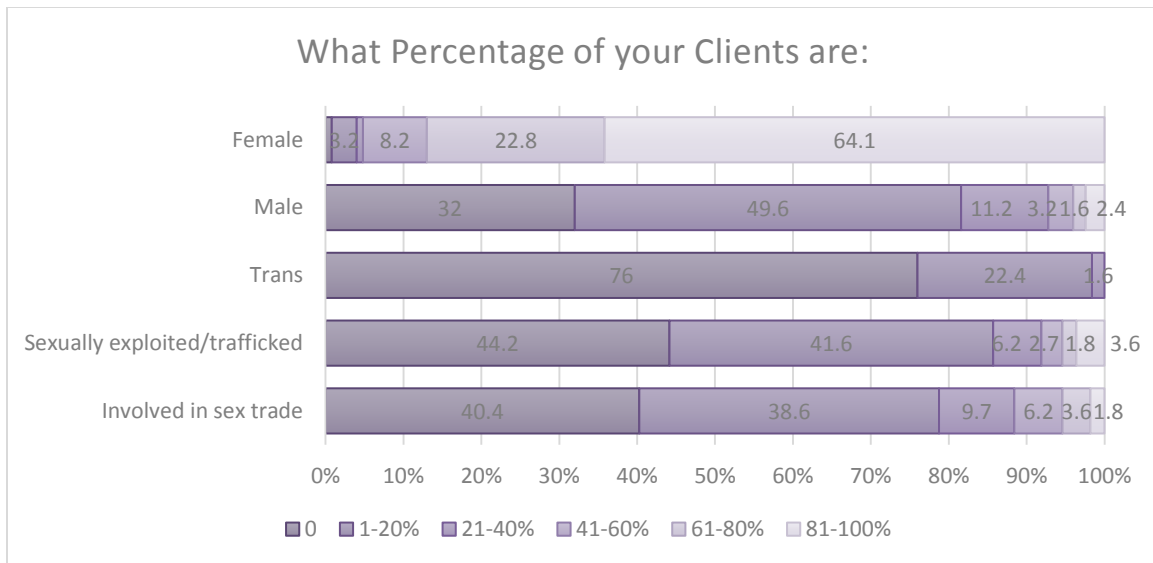


Figure 40. Percentage of Client Demographic Information

Reporting Assaults to Law Enforcement

Service providers stated that survivors report the assault to law enforcement officials never ($n = 2$; 1.6%), rarely ($n = 61$; 50.0%), sometimes ($n = 49$; 40.2%), often ($n = 9$; 7.4%), and always ($n = 1$; 0.8%). Service providers' views on why survivors do not report assaults are presented in Figure 41. Service providers believe that survivors do not report the assault because they are afraid of retaliation, or feel ashamed, embarrassed, or judged.

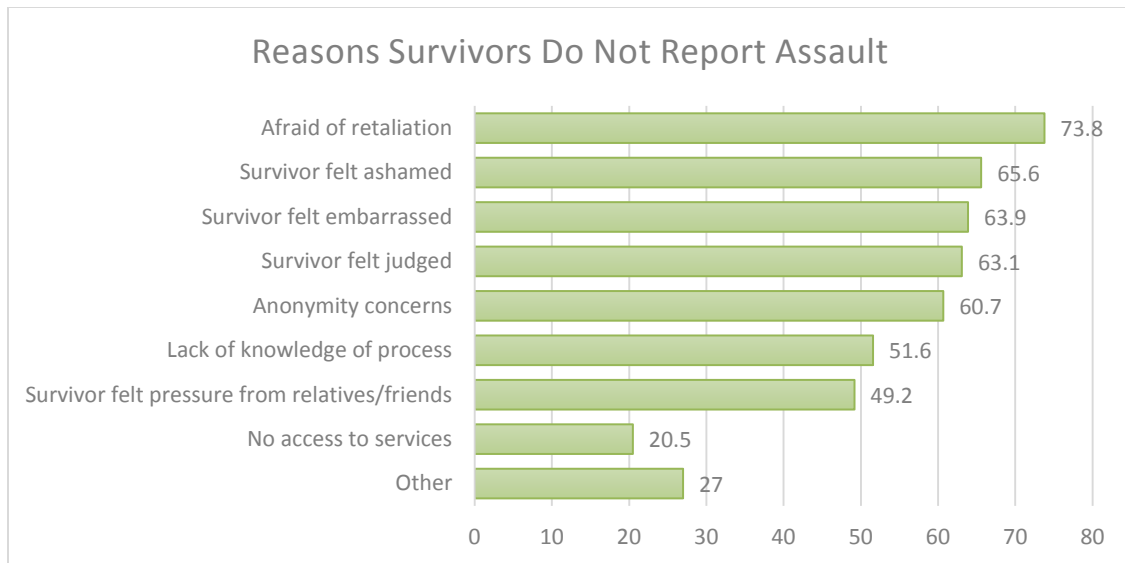


Figure 41. Reasons for Not Reporting Assault

Furthermore, the majority of service providers did not feel that survivors were well-supported through the criminal justice system ($n = 74$; 65.5%). The results are displayed in Figure 42.

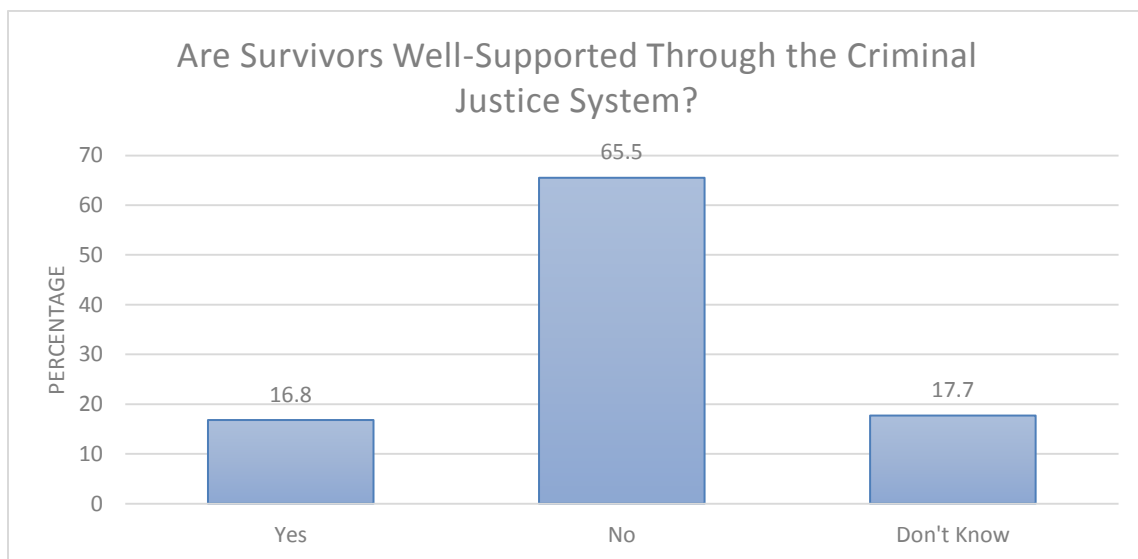


Figure 42. Are Survivors Well-Supported Through Criminal Justice System?

Travel Outside the Community for Services

Sixty-eight percent of service providers state that they have a sexual assault/crisis centre in their community ($n = 78$), with 8.7% stating they have one within 100 km ($n = 10$). Twenty percent do not have a sexual assault centre in their community ($n = 23$) and 3.5% were not sure ($n = 4$). Service providers also state that a little over half of survivors travel outside their community to receive services ($n = 69$; 56.1%). Survivors' reasons for going outside the community are presented in Figure 43. According to service providers, survivors were more likely to travel outside the community because of lack of access to services, anonymity concerns, feeling judged, and fear of retaliation.

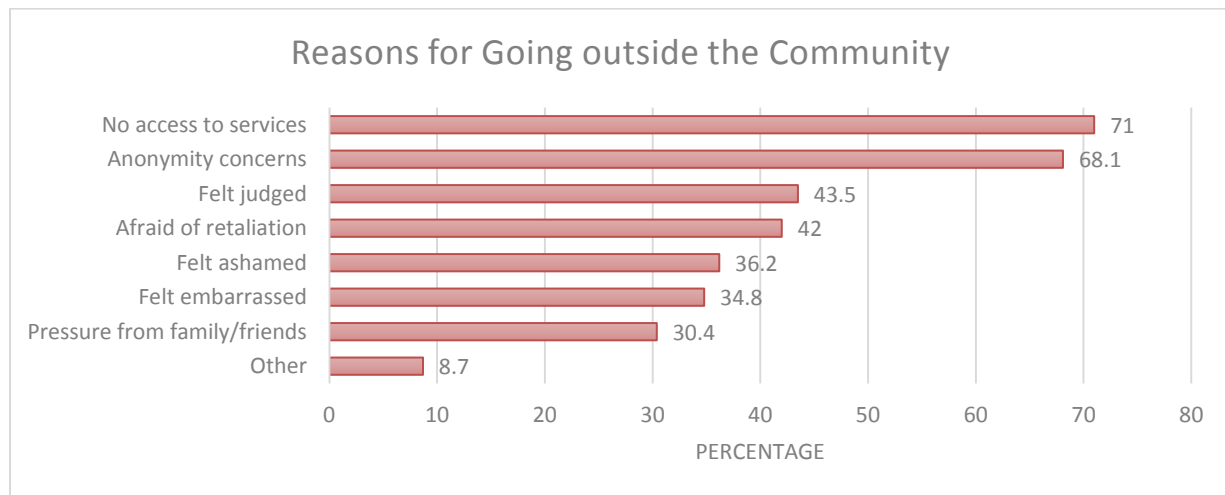


Figure 43. Reasons for Going outside the Community

Medical Attention and Forensic Examination

Service providers stated that survivors never ($n = 1$; 0.8%), rarely ($n = 52$; 42.3%), sometimes ($n = 55$; 44.7%), often ($n = 14$; 11.4%), and always ($n = 1$; 0.8%) seek medical attention related to the assault. Service providers were asked about the most common reasons survivors do not seek medical attention. The most common reasons as cited by service providers included shame/humiliation ($n = 101$; 82.8%), lack of knowledge of the process ($n = 87$; 71.3%), fear of being judged ($n = 82$; 67.2%), and anonymity concerns ($n = 68$; 55.7%). The responses are displayed in Figure 44.

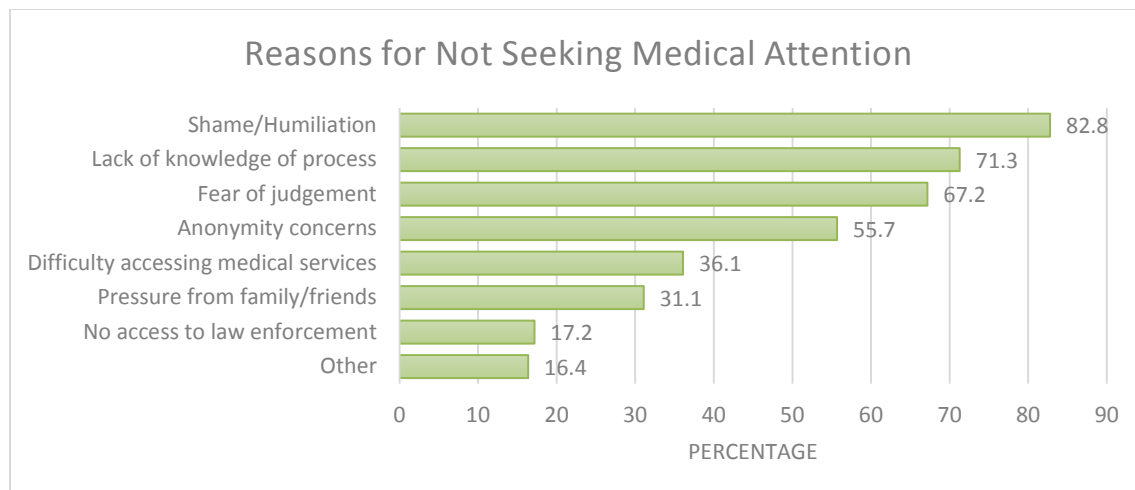


Figure 44. Reasons for Not Seeking Medical Attention

Service providers were also asked if there are trained medical personnel who can administer a forensic exam in their community, with the majority stating there is ($n = 96$; 78.0%), with the remainder reporting no trained personnel ($n = 14$; 11.4%), or not knowing if there are trained personnel in the community ($n = 13$; 10.6%). Half the service providers also state that there are medical personnel trained in administering pediatric forensic exams in their community ($n = 47$; 50.0%), while some state no one in their community is trained in pediatric forensic exams ($n = 8$; 8.5%), and some are not sure ($n = 39$; 41.5%). The medical personnel who administer these kits are presented in Figure 45.

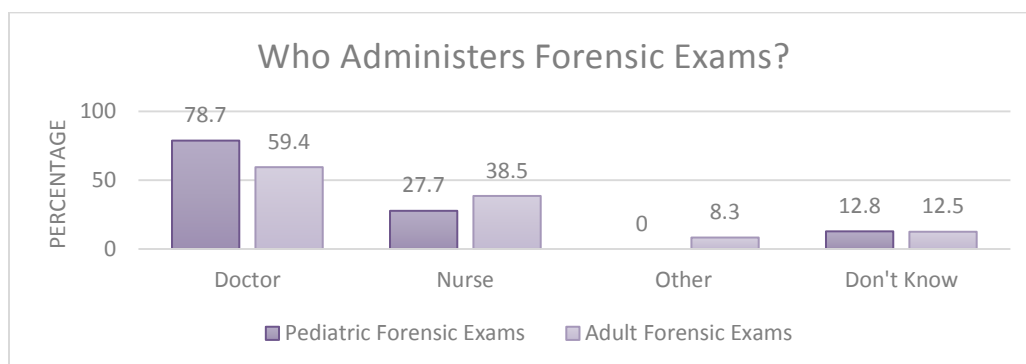


Figure 45. Who Administers Forensic Exams?

The majority of service providers state that someone usually accompanies the adult survivor during the forensic examination ($n = 55$; 57.9%), or that they are not sure if someone accompanies the survivor ($n = 35$; 36.8%). A smaller minority state that no one accompanies the survivor ($n = 5$; 5.3%). Someone usually accompanies the minor survivor during pediatric forensic examinations ($n = 29$; 61.7%), however, some service providers did not know if the minor was accompanied by someone ($n = 18$; 38.3%). Figure 46 displays the individuals who usually accompany the survivor to the forensic exam.

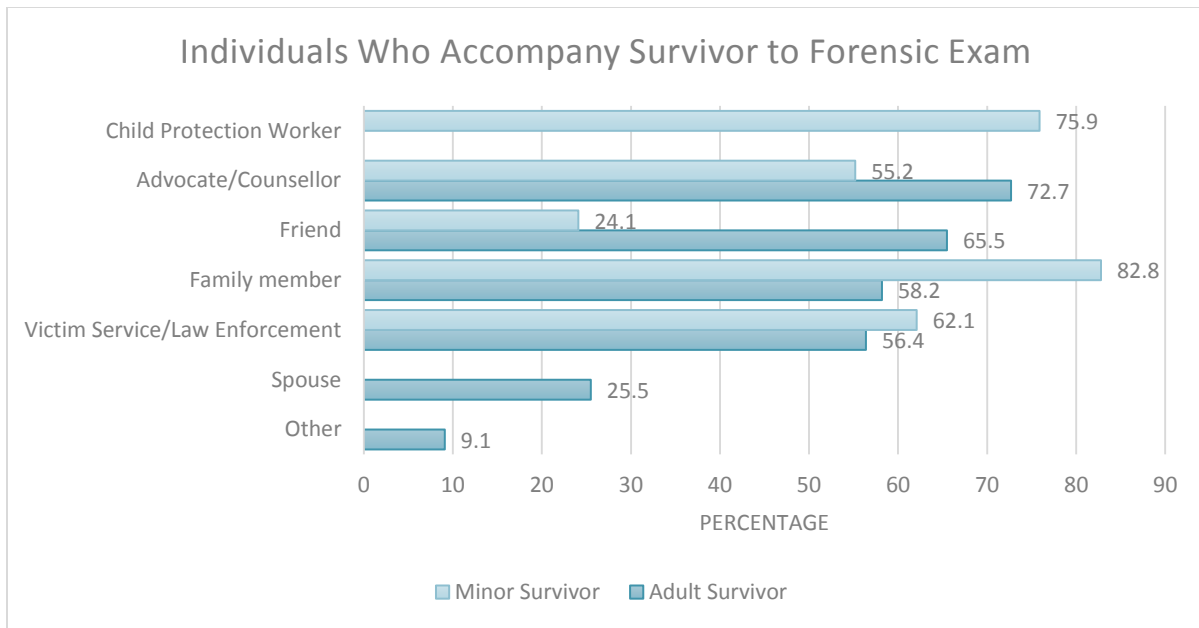


Figure 46. Who Accompanies Survivor to Forensic Exam

Services Utilized According to Service Providers

Service providers were asked which services sexual assault survivors access most commonly. The most commonly used services included counselling ($n = 70$; 57.4%), mental health support ($n = 62$; 50.8%), medical services ($n = 51$; 41.8%), law enforcement ($n = 51$; 41.8%), addiction services ($n = 12$; 41.4%), victim services ($n = 49$; 40.2%), family services ($n = 16$; 13.1%) child services ($n = 14$; 11.4%), LGBTQ2S services ($n = 8$; 6.6%), and ambulance or EMT ($n = 6$; 4.9%). Figure 47 displays the most commonly used services.

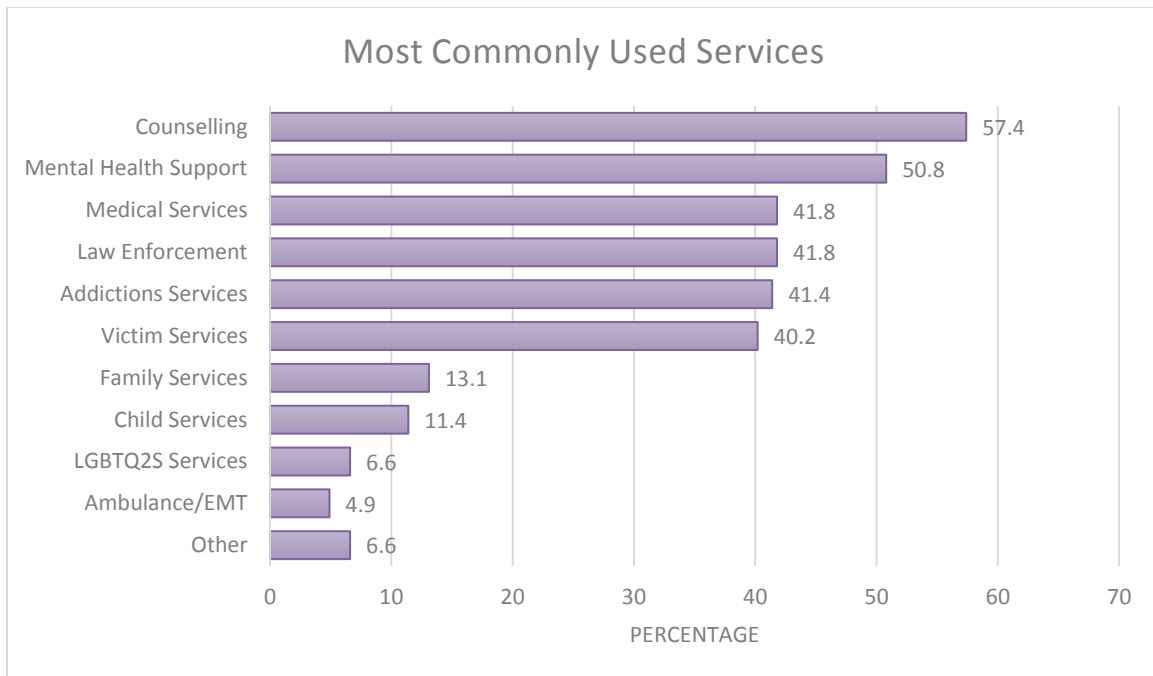


Figure 47. Most Commonly Used Services

Referrals to Other Services

Service providers were also asked about the referrals they made to other support services. Approximately 93% stated they referred survivors to other support services in the community ($n = 112$) and 47% stated that they referred survivors to other supports and services outside of the community ($n = 55$). Service providers also stated how far away these outside supports and services were from the community, ranging from under 50 km ($n = 46$; 43.8%), between 51 to 300 km ($n = 51$; 48.5%), to over 300 km ($n = 8$; 4.9%). The results are presented in Figure 48.

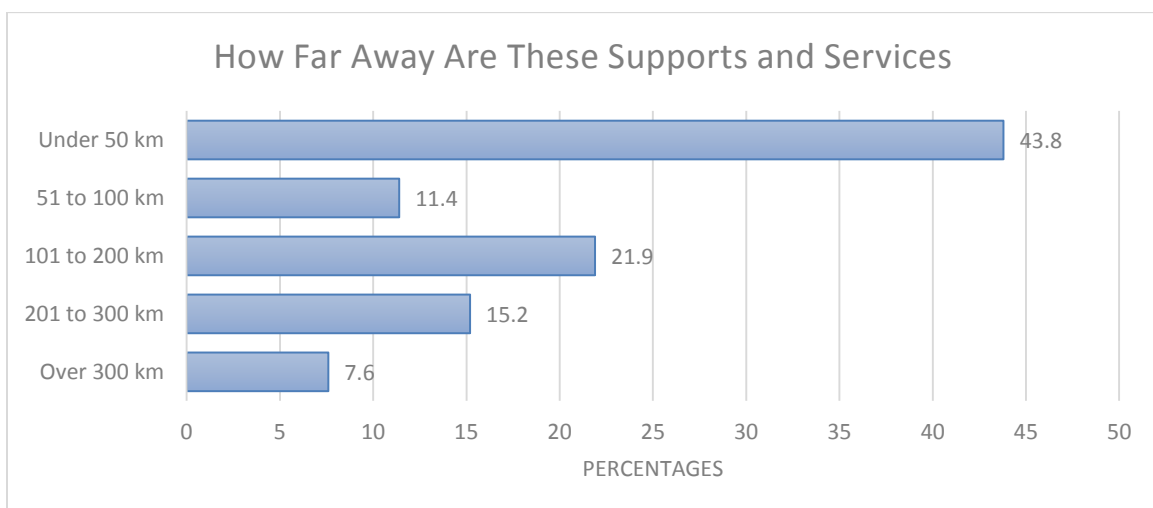


Figure 48. Distance to Supports and Services outside Community

Final Thoughts

#MeToo Movement

Only participants who received the second iteration of the survey were asked if the #MeToo movement helped them seek out services or supports, which included 248 primary survivors, 57 secondary survivors, and 40 service providers.

Out of the 171 primary survivors who answered this question, 52 participants stated that the #MeToo movement encouraged them to seek help (30.4%) and 119 participants stated it did not encourage them to seek help (69.6%). Out of the 39 secondary survivors who answered this question, 8 participants stated that the #MeToo movement encouraged them to seek help (20.5%) and 31 participants stated it did not encourage them to seek help (79.5%). Out of the 26 service providers who answered this question, 8 participants stated that the #MeToo movement encouraged survivors and their families to seek help (30.8%) and 18 participants stated it did not encourage them to seek help (69.2%). Results are presented in Figure 49.

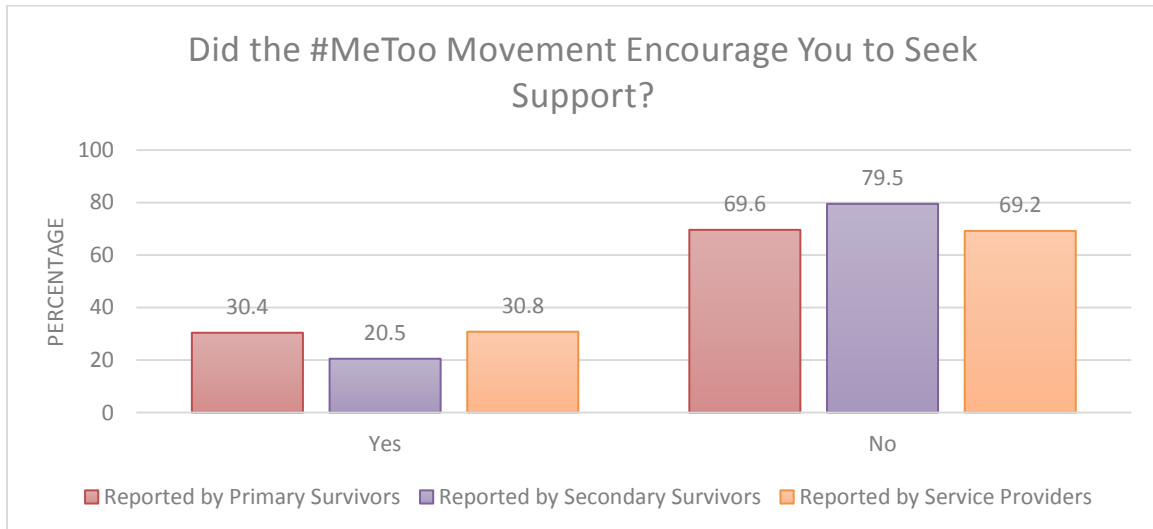


Figure49. #MeToo Movement

CONCLUSION

The purpose of this study was to understand the sexual assault experiences and services used among sexual assault survivors from the perspective of the primary survivors, secondary survivors (i.e., relatives, friends, etc.), and service providers. A summary table of the key findings are outlined in Appendix A below.

Overall, the majority of primary survivors were female ($n = 500$; 92.4%), between the ages of 18 and 40 ($n = 387$; 71.6%), born in Canada ($n = 508$; 95.1%), living in urban Saskatchewan ($n = 408$; 77.9%), had some college or a university degree ($n = 293$; 56.6%), and had a regular source of income ($n = 450$; 86.9%). The most common relationship between secondary survivors and primary survivors was parent/guardian ($n = 38$; 33.0%) or partner/spouse ($n = 19$; 16.5%). The majority of service providers provide front-line services to sexual assault survivors on a daily ($n = 38$; 26.8%), weekly ($n = 40$; 28.2%), or monthly basis ($n = 36$; 25.4%), with about half of the service providers having received specialized sexual assault training ($n = 78$; 51.3%).

The most common assault experiences, as reported by primary survivors and secondary survivors, included unwanted sexual touching, fondling, grabbing, kissing, sexual intercourse, or sexual activity where the survivor was unable to consent. The identity of the perpetrator was most likely to be a family member, acquaintance, friend, stranger, spouse/partner, or a classmate. The perpetrator was more likely to be a family member if the assault took place before the survivor was eighteen, and the perpetrator was more likely to be a stranger or a spouse/partner if it took place after the survivor was eighteen. Service providers also confirmed that the offender was usually known to the survivor and more likely to be a relative (92.9%) or in an intimate relationship with the survivor (77.5%).

Survivors were most likely to tell a friend, family member, or counsellor about the assault and they were most likely to tell someone about the assault several days or several weeks after the assault. According to primary survivors, 24% formally reported the assault, while, according to secondary survivors, 45% formally reported the assault. Including primary survivor and secondary survivor responses, 53 survivors received a forensic examination. According to service providers, survivors' reasons for not reporting the assault generally consisted of fear of retaliation (73.8%), feeling ashamed (65.6%), feeling embarrassed (63.9%), feeling judged (63.1%), or concerns about anonymity (60.7%).

A little under half of the primary survivors reported using services and supports ($n = 206$; 44.8%), which they usually heard about through their counsellor (55.8%), friends/family (39.8%), the Sexual Assault Centre (32.5%), Police (17.5%), or a Crisis Centre (13.1%). The most commonly used services for primary survivors included: Mental Health/Counselling (67.5%), Sexual Assault Centre/Counsellor (44.7%), Family Member (40.8%), Victim Services (28.2%), Police (27.2%), or Medical Doctor/Nurse (24.8%).

Primary survivors were most satisfied with the following services: (1) Chief/Band Councillors; (2) Elders; (3) Employer; (4) Teacher/School Counsellor; (5) Minister/Spiritual Leader; (6) Sexual Assault Centre/Crisis Counsellor; and (7) Mental Health/Counselling. However, chief/band councillors and elders' services were used infrequently.

A little over half of secondary survivors reported seeking services and supports ($n = 51$; 57.3%), which included Mental Health/Counselling (68.6%), Family Members (51.0%), Sexual Assault Counsellor/Crisis Centre (27.5%), Police (25.0%), RCMP (25.0%), Doctor/Nurse (23.5%), or Victim Services (15.7%). Secondary survivors were most satisfied with (1) Family Members; (2) Minister/Spiritual Leader; (3) Mental Health/Counselling; (4) Doctor/Nurse; (5) Teacher/School Counsellor; (6) Hospital/Health Centre; and (7) Sexual Assault Centre/Counsellor.

Primary survivors and secondary survivors were least satisfied with the following services: (1) Police; (2) Legal Services; (3) Criminal Justice System; (4) Child and Family Services; (5) Volunteer Outreach Workers; and (6) Drug and Alcohol Workers. Furthermore, only 16.8% of service providers believed that survivors are well-supported through the criminal justice system.

Service providers stated that the most commonly accessed supports included Counselling (57.4%), Mental Health Support (50.8%), Medical Services (41.8%), Law Enforcement (41.8%), Addiction Services (41.4%), and Victim Services (40.2%),

Primary survivors reported the following barriers to accessing services: anonymity concerns ($n = 54.0\%$), previous negative experiences with service providers (52.0%), lack of transportation (36.9%), poverty (31.8%), and lack of stable employment (25.8%), with similar results reported for secondary survivors.

The most common symptoms reported by primary survivors as a result of the sexual assault included: 1) Lowered self-esteem; (2) Anxiety and panic attacks; (3) Depressive symptoms; (4) Intrusive thoughts; and (5) Sleep disturbances.

Lastly, 30% of primary survivors, 21% of secondary survivors, and 31% of service providers stated that the #MeToo movement has encouraged survivors to seek support.

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APPENDIX A: KEY FINDINGS

| Descriptive variable | Sexual Assault Survivors <i>n</i> (%) | Secondary Survivors ¹ <i>n</i> (%) |
|--|--|--|
| Demographics | | |
| Age 18 to 30 | 275 (50.9) | – |
| Age 31 to 50 | 183 (33.8) | – |
| Age 51 and older | 83 (15.3) | – |
| Female | 500 (92.4) | 97 (84.3) |
| Male | 20 (3.7) | 15 (13.0) |
| Trans/Two-Spirit | 21 (3.9) | 3 (2.6) |
| Disability | 114 (21.1) | 24 (20.9) |
| Born in Canada | 508 (95.1) | 108 (93.9) |
| Immigrant | 26 (4.9) | 6 (5.2) |
| Indigenous | 101 (19.4) | 24 (20.9) |
| Rural Saskatchewan | 116 (22.1) | – |
| Urban Saskatchewan | 408 (77.9) | – |
| Southern Saskatchewan | 254 (48.8) | – |
| Central Saskatchewan | 240 (46.2) | – |
| Northern/Remote Saskatchewan | 26 (5.0) | – |
| College/University Degree | 293 (56.6) | 40 (35.1) |
| Less than Grade 12/Grade 12 | 144 (27.8) | 47 (41.1) |
| Trade or Technical Certificate | 38 (7.3) | 18 (15.7) |
| Professional Degree | 25 (4.8) | 4 (3.5) |
| Income Less than \$25,000 | 141 (27.8) | 14 (33.3) |
| Income \$25,001-\$75,000 | 199 (39.2) | 14 (33.3) |
| Income Greater than \$75,001 | 168 (33.1) | 11 (26.1) |
| Assault Experiences | | |
| Before Age 18 | | |
| Unwanted sexual touching | 369 (75.2) | – |
| Unwanted fondling | 316 (64.4) | – |
| Unwanted grabbing | 315 (64.2) | – |
| Unwanted kissing | 259 (52.7) | – |
| Unwanted sexual intercourse | 257 (52.3) | – |
| Sexual activity when unable to consent | 184 (37.5) | – |
| Assaulted once | 114 (23.2) | – |
| Assaulted multiple times | 313 (63.7) | – |
| After Age 18² | | |
| Unwanted sexual touching | 316 (66.2) | 63 (55.2) |
| Unwanted grabbing | 296 (62.1) | 45 (39.5) |
| Unwanted sexual intercourse | 241 (50.5) | 74 (64.9) |

¹ Percentages in this column refer to the results of the primary survivors as reported by secondary survivors.

² All responses from secondary survivors and service providers have been presented as After Age 18, as these questionnaires did not specify age at time of assault.

| | | |
|--|------------|-----------|
| Unwanted foundling | 239 (50.1) | 53 (46.5) |
| Unwanted kissing | 223 (46.7) | 38 (33.3) |
| Sexual activity with unable to consent | 186 (39.0) | 50 (43.9) |
| Assaulted once | 134 (28.1) | 45 (41.6) |
| Assaulted multiple times | 260 (54.5) | 53 (49.1) |
| Perpetrator Identity | | |
| Before Age 18 | | |
| Family Member | 169 (34.4) | – |
| Acquaintance | 118 (24.0) | – |
| Friend | 114 (23.2) | – |
| Stranger | 89 (18.1) | – |
| Classmate | 82 (16.7) | – |
| Short-term partner | 76 (15.5) | – |
| First Date | 38 (7.7) | – |
| Co-worker/Boss | 34 (6.9) | – |
| Spouse/Long-term partner | 31 (6.3) | – |
| Caregiver | 25 (5.1) | – |
| After Age 18³ | | |
| Stranger | 127 (26.6) | 17 (15.0) |
| Acquaintance | 104 (21.8) | 19 (16.8) |
| Spouse/Long-term partner | 98 (20.5) | 11 (9.7) |
| Friend | 90 (18.9) | 12 (10.6) |
| Short-term partner | 68 (14.3) | 15 (13.3) |
| First Date | 53 (11.1) | 8 (7.1) |
| Co-worker/Boss | 48 (10.1) | 2 (1.8) |
| Family Member | 35 (7.3) | 35 (31.0) |
| Classmate | 15 (3.1) | 8 (7.1) |
| Caregiver | 3 (0.6) | 6 (5.3) |
| Who Did Survivor Tell? | | |
| Friend | 259 (76.9) | – |
| Family Member | 194 (57.7) | – |
| Counsellor | 154 (45.7) | – |
| Sexual Assault Centre | 73 (21.6) | – |
| Family Doctor | 50 (14.8) | – |
| Walk-in Clinic/Hospital | 37 (11.0) | – |
| Crisis Centre | 28 (8.3) | – |
| Campus Security | 9 (2.7) | – |
| Other | 66 (19.6) | – |
| Frequently Used Services | | |
| Mental Health/Counselling | 139 (67.5) | 36 (58.1) |
| Sexual Assault/Crisis Counsellor | 92 (44.7) | 42 (67.7) |
| Family Member | 84 (40.8) | 35 (56.5) |
| Victim Services | 58 (28.2) | 18 (29.0) |
| Police | 56 (27.2) | 22 (35.5) |
| Doctor/Nurse | 51 (24.8) | 17 (27.4) |

³ All responses from secondary survivors and service providers have been presented as After Age 18, as these questionnaires did not specify age at time of assault.

| High Satisfaction with Services⁴ | | |
|--|------------|-----------|
| Chief/Band Councillors | 5 (100) | – |
| Elders | 10 (100) | – |
| Employer | 23 (95.9) | 1 (100) |
| Teacher/School Counsellor | 27 (84.4) | 3 (99.9) |
| Minister/Spiritual Leader | 10 (83.3) | – |
| Sexual Assault/Crisis Counsellor | 70 (78.7) | 12 (85.7) |
| Mental Health/Counselling | 106 (77.9) | 8 (66.7) |
| Family Member | 61 (74.5) | 12 (92.3) |
| Barriers to Accessing Services | | |
| Anonymity | 107 (54.0) | 13 (21.0) |
| Previous Negative Experiences | 103 (52.0) | 22 (35.5) |
| Lack of Transportation | 73 (36.9) | 20 (32.3) |
| Poverty | 63 (31.8) | 15 (24.2) |
| Lack of Stable Employment | 51 (25.8) | 11 (17.7) |
| Lack of Stable Housing | 35 (17.7) | 9 (14.5) |
| Addiction | 33 (16.7) | 9 (14.5) |
| Unemployment | 29 (14.6) | 10 (16.1) |
| Disability | 26 (13.1) | 5 (8.1) |
| Childcare | 23 (11.6) | 3 (4.8) |
| Language Barrier/Immigration | 3 (1.1) | 3 (4.8) |
| Other | 52 (26.3) | 31 (50.0) |
| Most Common Symptoms | | |
| Lowered Self-Esteem | 312 (69.0) | – |
| Anxiety/Panic Attacks | 309 (68.4) | – |
| Depressive Symptoms | 304 (67.2) | – |
| Intrusive Thoughts | 299 (66.2) | – |
| Sleep Disturbances | 276 (61.1) | – |
| Change in Sexual Behavior | 260 (57.5) | – |
| Loss of Feelings of Control | 247 (54.6) | – |
| Fear of Men/Women | 243 (53.8) | – |
| Hypervigilance | 223 (49.3) | – |
| Loss of Concentration | 220 (48.7) | – |
| Isolation | 213 (47.1) | – |
| Increase in Alcohol/Drug Use | 195 (43.1) | – |
| #MeToo Movement | | |
| Encouraged to Seek Supports | 52 (30.4) | 8 (20.5) |
| Not Encouraged to Seek Supports | 119 (69.6) | 31 (79.5) |

⁴ High Satisfaction Scores include “moderately satisfied” to “extremely satisfied.”