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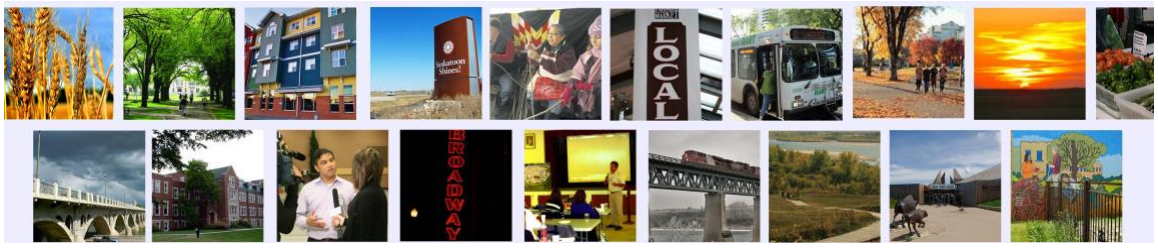
INSTITUTE FOR SOCIAL RESEARCH

Sexual Violence in Saskatchewan: Voices, Stories, Insights, and Actions from the Front Lines

Patience Umereweneza, Marie Lovrod,

Isobel M. Findlay, Crystal Giesbrecht,

Manuela Valle-Castro, Natalya Mason, Jaqueline Anaquod, and Renee Hoffart



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SEXUAL VIOLENCE IN SASKATCHEWAN: VOICES, STORIES, INSIGHTS, AND ACTIONS FROM THE FRONT LINES

PATIENCE UMEREWENEZA, MARIE LOVROD, ISOBEL M. FINDLAY, CRYSTAL GIESBRECHT, MANUELA VALLE-CASTRO, NATALYA MASON, JAQUELINE ANAQUOD, AND RENEE HOFFART

Community-University Institute for Social Research

University of Saskatchewan

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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://cuisr.usask.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 include Treaty 2 territory, which was negotiated with the Anishinabek and Swampy Cree peoples and remains 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, Chipeweyan and Métis peoples; and Treaty 10, traditional homelands of the Dene, Ojibwe, Woodland Cree, Chipeweyan and Métis peoples.

Participants from all these territories provided data for our study. In making this territorial tribute, we also acknowledge the harms and mistakes of our colonialist past and present, remaining committed to moving forward in respectful partnership with Indigenous, Métis, and Inuit Nations and all our relations in a learning 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 appreciate your willingness to share your invaluable experiences, stories, and insights 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.

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R.E.S.P.E.C.T.

Throughout the data collection process, we were aware of the emotional burden of engaging with experiences and the issues of sexual violence, for everyone involved. While focus group participants were all formal and informal service providers, many were also primary and secondary survivors of sexual violence in their personal lives. Therefore, we sought to ensure that focus groups were safe spaces for all participants.

Prior to commencing each focus group, therefore, participants were invited to identify key values that would inform how they would respond to one another throughout their work together. Participants developed these agreements, guided by their experiences and how they informed individual and group understandings of the ways that persons who have experienced sexual violence would like and ought to be treated when seeking services and supports. The word graphic above summarizes prevailing values identified by focus group members.

Litany for Survival

Audre Lorde, from *The Black Unicorn*

For those of us who live at the shoreline
standing upon the constant edges of decision
crucial and alone
for those of us who cannot indulge
the passing dreams of choice
who love in doorways coming and going
in the hours between dawns
looking inward and outward
at once before and after
seeking a now that can breed
futures
like bread in our children's mouths
so their dreams will not reflect
the death of ours;

For those of us
who were imprinted with fear
like a faint line in the center of our foreheads
learning to be afraid with our mother's milk
for by this weapon
this illusion of some safety to be found
the heavy-footed hoped to silence us
For all of us
this instant and this triumph
We were never meant to survive.

And when the sun rises we are afraid
it might not remain
when the sun sets we are afraid
it might not rise in the morning
when our stomachs are full we are afraid
of indigestion
when our stomachs are empty we are afraid
we may never eat again
when we are loved we are afraid
love will vanish
when we are alone we are afraid
love will never return
and when we speak we are afraid
our words will not be heard
nor welcomed
but when we are silent
we are still afraid

So it is better to speak
remembering we were never meant to survive

EXECUTIVE SUMMARY

According to Statistics Canada, one in three women and one in six men in our country will be sexually assaulted in their lifetime. Currently, Saskatchewan has one of the highest rates of sexual victimization in Canada. For the purposes of this study, sexual violence is defined as any sexual act, attempt to obtain a sexual act, unwanted sexual comment or advance; any act to traffic, or other coercive act directed against a person's autonomous sexual liberty by any other person, regardless of their relationship to the victim; in any setting—including but not limited to—home or work. The term sexual violence here is intended to be inclusive of sexual harassment, sexual abuse, and sexual assault.

While most survivors of sexual assault are women, sexual assault can happen to any person, any age, no matter their gender or ethnicity. Sexual assault is a crime of power and control, and 85% of survivors are assaulted by someone they know. Because of the relational and personal nature of this crime, and the rape myths that surround it, survivors too often live in silence and shame, which contributes to very low reporting rates to law enforcement, and limited uptake of medical and/or counselling assistance.

No characteristic or combination of characteristics of any individual survivor is responsible for attracting sexual violence. Focusing on the "risk factors" of victims in relation to identity categories (gender, age, ethnicity, disability, for example) turns attention away from the role of disciplinary power (that is, the ability of the powerful to coerce compliance among those who are less powerful) in maintaining cultures of perpetration. A much more useful focus might be to examine the "risk factors" that produce perpetrators, challenging the inequitable divisions of labour and social bias that position diverse social groups in subordinate positions within hierarchies that breed abusive entitlement. In other words, sexual violence can be well understood only after examining the effects of historically produced layers of structural violence on present conditions. Failure to do so would be complicit with rationalizations of that violence.

For example, Indigenous communities have long been forced to grapple with the intergenerational transmission of colonialist trauma resulting from the legacies of Saskatchewan's Indian Residential Schools, an inherited wound in all of our relations and one which leaders in our province are only now beginning to recognize more clearly. At the same time, it is vital to acknowledge how intergenerational trauma characterizes colonialist cultures too, as they continue to foster environments in which misrepresentation, hostility, coercion, aggression, and cruelty are actively tolerated and promoted in practices of gender socialization.

The operations of multiple models of patriarchy, which are reinforced through masculinized competition in business, sports, and war, for example, are ubiquitous in targeting women, children, and the vulnerable for victimization. This structural facilitation of aggression toward others by dominant masculinities (including models of "rescuing" women and children from distress caused by other men), has been used to explain why women are more often victim to sexual violence and why men are more commonly identified as perpetrators. In climates where toxic masculinities—characterized by belligerence and violence—are tolerated and encouraged, often in tandem with the promotion of alcohol and substance abuse, cultures of perpetration are created and sustained.

The aim of this research project, therefore, has been to gain a better understanding of existing strengths and potential gaps in local and regional service provision as they relate to sexual violence across Saskatchewan. This aim is supported by the project's guiding principles and practices; a thorough review of the relevant literature, and other sexual assault action plans implemented within and beyond Canada; and a province-wide environmental scan, needs assessment, and review (using

online surveys, key informant interviews, and focus groups) of experiences of sexual assault and service provision as it currently exists in Saskatchewan. The study design was approved by the project's steering committee (The Saskatchewan Sexual Violence Action Plan Advisory Committee) and Research Advisory Team.

Interview participants had to be over 18 years and either primary or secondary survivors in the sixth (final) stage of healing (as defined by the Worell and Remer 1992 model), with access to continued counselling support, in order to reduce the risk of re-traumatization and ensure that the present research contributes to healing processes for survivors and their families. Interviews were conducted with a counsellor or first responder present, and participants were debriefed by the counsellor or first responder after each interview.

A total of 1033 participants contributed to this study from across the province. While the study attracted a large number of online survey participants (820 across two survey versions), quantitative and qualitative data was augmented by 37 face-to-face focus group meetings with 213 participants in 22 communities, and interviews with 19 primary, and 3 secondary survivors, as well as two individual service providers.

The project was designed to develop evidence for the implementation of a comprehensive province-wide sexual violence action plan, released in May 2019, which coordinates across all professional sectors and levels of government. Therefore, this report supplements that 22-step Action Plan, by foregrounding the voices, stories, insights, and actions recommended by participating survivors and service providers. Many participants explicitly demanded that this report not be left to languish on a legislative shelf, ensuring that all of the people of Saskatchewan can commit to enabling action and change.

This report and the action plan draw from the international context and research on what has been effective in other geographic regions, each with their unique population demographics and social conditions. 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. Initially hosted by the World Health Organization, the SVRI moved to the South African Medical Research Council in 2006. Comprised of researchers, activists, and policy makers, the SVRI, a collaborative research effort, identifies six priority areas:

1) nature, prevalence, social context, and risk factors associated with sexual violence
2) sexual violence prevention
3) appropriateness and effectiveness of sexual violence services
4) childhood sexual abuse
5) sexual violence in conflict and emergency settings
6) HIV sexual violence

Its comprehensive review of sexual violence policies in 192 countries identifies six countries (Ireland, Australia, Belize, Finland, United Kingdom, and South Africa) that have developed exceptional sexual violence policies. Each policy 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.

Although it is the last province to develop a sexual assault action plan, Saskatchewan was the first in Canada to introduce its *Victims of Interpersonal Violence Act* in 1994, designed by the Saskatchewan Ministry of Justice to support victims of violence and abuse.

Summary Findings

Disclosure

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

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 service providers shared multiple reasons that survivors 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 a Sexual Assault Centre/Counsellor (78.9%), Mental Health/Counselling (77.9%), and Family Members (74.5%). Though used infrequently, chiefs and band councillors were listed first in satisfaction rating followed by Elders, employer, teacher/school counsellor, and minister/spiritual leader. Primary survivors were least satisfied with Police (38.5%), Criminal Justice System (40%) and Legal Services (47%).

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%).

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.

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%).

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%).

Location

The majority of primary survivors lived in Southern (48.8%) and Central Saskatchewan (46.2%). The remaining primary survivors lived in Northern (4.8%) or Northern Remote Saskatchewan (0.2%). Thirty-nine primary survivors lived in a fly-in community (7.5%).

Medical Attention and Forensic Examination

Service providers stated that survivors never (0.8%), rarely (42.3%), sometimes (44.7%), often (11.4%), and always (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 cited reasons included shame/humiliation (82.8%), lack of knowledge of the process (71.3%), fear of being judged (67.2%), and anonymity concerns (55.7%).

#MeToo Movement

Out of the 171 primary survivors who answered this question, 52 participants stated that the #MeToo movement encouraged them to seek help (30.4%), while 119 participants stated it did not (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 (79.5%). Out of the 26 service providers, 8 participants stated that the #MeToo movement encouraged survivors and families to seek help (30.8%) and 18 participants stated it did not (69.2%).

Continuum of Sexual Violence

While women represented the overwhelming majority, men represented 8.35% of participating victims of sexual violence. Combined responses from primary and secondary survivors also indicated that 1.5% of survivors identified as two-spirit individuals, and 1.75% of survivors identified as transgender. These findings are consistent with previous research on sexual violence as a gender-based crime.

In many of the communities we visited, social and economic structures reinforced narratives of male dominance and sexual aggression against women, children, and feminized males. Many female survivors perceived and experienced a continuum of sexual violence that ranged from sexual remarks, to sexual touching, to sexual assault in their daily lives. This continuum of threatened violence was perceived by participants across the lifespan, with many women feeling vulnerable to sexual assault their entire lives:

> I have been sexually assaulted more times than I can bear to recall. You never really feel safe or prepared and for me, it just got harder to cope with each time.

Results from our study indicate that the largest proportion (29.6%) of primary survivor participants were between the ages of 18-24 years old, followed by those aged 25-30 years old at 21.3% at the time of completing the surveys. Of all their sexual assault experiences, more than half (53.9%) occurred when primary survivors were between the ages of 13 and 24 years.

Indigenous youth experience of sexual victimization

National statistics and other research indicate that Indigenous people were more likely to experience sexual victimization than their non-Indigenous counterparts: rates approximately three times higher than rates among non-Indigenous people at 58 versus 20 per 1,000 population.
In a province where the last residential school was closed within recent memory (1996), and where investment in a rigid gender binary continues to inform public discourse, right down to the forms used to document sexual assaults, the province is facing a tremendous range of survivors and contexts for abuse and assault, with very uneven tracking.

In some northern communities, we were advised that 9 out of 10 women *and* perpetrators have been sexually assaulted. These assaults have occurred in the context of overcrowded homes where multiple adults and children share a bed; in communities with disproportionately high rates of incarceration of Indigenous people facing sexual violence in prison systems; as well as the summary removal of public transportation systems as an avenue of escape.

The removal of Saskatchewan Transportation Company (STC) buses from northern communities has amounted to the reinstatement of a "pass" system for Indigenous communities, whereby treaty individuals who do not have their own means of transportation must apply to the band and disclose the reason for their request for assistance, and non-treaty community members must do the same with the local government. We were also advised that sexual assault is so common in Northern

communities as to be non-remarkable, with survivors in crisis being advised to "suck it up," like everyone else. Survey respondents confirmed this finding.

When marginalized people experience discrimination, they learn not to seek support, and while this keeps documented assaults and related costs low, the ongoing fallout from unresolved traumas accumulates to produce other kinds of social costs. One service provider noted the multiple barriers survivors face and the related mistrust of medical and legal professionals:

> Many of the survivors I support do not trust medical professionals or law enforcement and have had multiple bad experiences with both.

Women with abusive partners in on-reserve communities face housing precarity due to draconian housing arrangements that reflect the patriarchal colonial values that produced reserve systems via the Indian Act:

> Being First Nations and living on your partner's reserve, you don't have many choices because usually the house is in their name. If you want to leave you leave alone. He isolated me and I had no outside support systems.

We learned that although overnight music festivals are popular in Saskatchewan, they are also frequently sites of sexual abuse and assault. We learned that gender variant teens are often targeted by people in their 20s. We learned that trafficked women brought into communities such as Kindersley get trapped in the trade without access to meaningful public transportation. We learned that some people with nowhere to go are forced to stay in jail cells in communities full of hotels for labourers.

People with disabilities are targets for sexual victimization

Study findings indicate that 20.9% of primary survivors were currently living with a disability. Of these survivors, 62.4% have a psychological disability, 23.95% have a physical disability, and 13.6% have a cognitive disability.

Saskatchewan service providers were particularly sensitive to the vulnerability of people with cognitive disabilities where the individuals were unable to articulate the assault, or their complaints were considered to have little credibility. A mentor in a centre for adults with fetal alcohol syndrome, cognitive disabilities, and acquired brain injuries reported the experiences of clients with multiple disabilities: "Most have been abused their whole lives."

Sexual assault victimization is high among members of 2SLGBTQQIA+ communities

National research has found that gay, lesbian, and bi-sexual individuals report sexual assault victimization at a rate six times higher than their heterosexual counterparts. Our study found that trans individuals and queer youth experiencing homelessness or transience were especially vulnerable to victimization in Saskatchewan. Service providers shared how the marginalization of queer and trans individuals in mainstream society often leads to loss of power and privilege, which creates opportunities for exploitation by potential perpetrators.

Many service providers shared how many of their Indigenous queer youth experienced homelessness as a result of unsafe environments in their family homes and foster homes.

> I don't even know what is like to have a stable home because I was moved from one foster home to another every year. I have lived on the streets more often than in a home and that is what I know to be constant in my life.
>
> Sometimes it is safer on the streets than it is in the home.
>
> Northern Saskatchewan is still isolated for queer and trans specific supports that are consistent and are based on those communities.

Sexual Assault Victimization is higher among people living in rural and remote communities

Research reports have indicated that sexual assaults are significantly higher in rural than in urban communities across North America. Our Saskatchewan study has found that reduced access to specialized services, housing and shelters, employment opportunities, and public transportation have increased vulnerabilities to violence in rural and remote communities. Research participants outlined how the legacy of colonialism, settler communities, and residential schools has had tangible effects on the relational dynamics across genders, ethnic backgrounds, and economic classes. These have resulted in distinct sexual assault experiences across various rural and remote communities in the province. Service providers explained that many Indigenous communities in rural and/or remote communities are facing disproportionately high rates of sexual violence with very few resources or supports because such violence has become normalized and intergenerational.

> From this community, 9 out of 10 have been assaulted before 18 years of age. People are not reporting. It's a touchy subject and no one wants to talk about it.
>
> Kids are afraid of repercussions. They didn't want to bring trouble to the families.

Perpetrator Identity: Child abuse survivors more likely to be assaulted by family members

The Saskatchewan findings indicate that primary survivors under the age of 18 reported being assaulted most often by someone they knew, such as a family member (34.4%), an acquaintance (24.0%), or a friend (23.2%). These assaults happened most frequently in their homes and schools.

> Oh boy...I was often not kept safe at home...and still don't feel safe even though I am very educated. So, I've had a lot of unwanted sexual contact...starting when I was five.

Adult survivors more likely to be assaulted by strangers and intimate partners

The Saskatchewan study survivors who experienced adult sexual assault reported being assaulted most often by strangers (26.6%), acquaintances (21.8%), and intimate partners (20.5%). Many survivors experienced victimization from multiple perpetrators and underlined how problematic the notion of asserting the need for consent was for them.

Alcohol, drugs, or other substance use

National statistics found that individuals who reported substance use—drugs and alcohol—had up to four times higher rates of sexual assault. The Saskatchewan study found that alcohol and drugs were used as tools to facilitate an assault and to silence survivors. Perpetrator behaviours were described by participants as opportunistic and calculated. This is consistent with research on perpetrator characteristics, in which perpetrators often used "techniques" to lure, disarm, assault, and discredit a victim/survivor.

When people in positions of leadership and community support are not always well informed about the impacts of sexual assaults, it is unlikely that victims or perpetrators will be either. One respondent demanded "comprehensive sex education, including education about consent. I'm sure

most of the men who assaulted me don't even consider what they did to be assault. Also make reporting easier/to an officer of your chosen gender."

Medical and Health Services

The healthcare system is often the first point of contact for survivors following a recent sexual assault. Survivors may be seeking forensic examinations, support for acute medical needs including prevention of sexually transmitted infections and unwanted pregnancies, referrals for counselling support, and reassurance and guidance from an informed professional.

Survivors in Saskatchewan primarily attended hospitals for injuries and prevention of sexually transmitted infections. Less than one-third (24.8 %) of survivors accessed medical services for the assault incident and a combined total of 53 primary survivors reported obtaining forensic examinations either through referrals from police officers or by hospital personnel. The most common reasons for not seeking medical attention were shame/humiliation, lack of knowledge of the process, fear of being judged, and anonymity concerns. Our findings indicate that survivors did not experience consistent care when seeking sexual assault health services.

Survivors with positive experiences praised the care given by medical personnel who were compassionate, gentle, and non-judgmental. Many of the doctors and nurses so commended were trained and/or supported by hospital administrations in providing well-informed post-assault medical care and in collecting forensic evidence. Other notable mentions were family doctors who took the time to listen to survivors' concerns, provide follow-up care and referrals.

However, there are currently no provincial care standards for sexual assault survivors presenting in medical facilities, including hospitals.

Law Enforcement Services

Of all services utilized by survivors, law enforcement services garnered the lowest satisfaction rate of just 38.5%. Survivors reported having the most difficult and traumatic experiences with law enforcement agencies, which not only re-victimized survivors, but also deterred other survivors from reporting their assault experiences. Survivors reported difficulties from the moment they stepped into detachments and police stations, many having to do with the lack of trauma and violence-informed service delivery. One person illustrated the painful and disheartening experience of victim blaming at the hands of police:

> I regret going to the police 100%. Out of the five officers I ended up dealing with, only one treated me with dignity and respect.

Court Services

Survivors gave an approval rating of 40% to criminal justice system and 47% to other legal services. These are the second and third lowest approval ratings, following law enforcement services. The most common complaint was the difficulty in navigating complex criminal and justice systems with very little support and with little consideration given to sexual violence trauma. In many cases, survivors were not able to get adequate orientation or follow-up on their cases and the court process, leading to confusion and anxiety.

There were numerous accounts of lawyers, judges, court staff, and police officers lacking understanding of sexual violence trauma, leading to poor treatment and revictimization of the survivor throughout court proceedings. Delays and what were deemed as frivolous court date extensions were commonplace, leading to trials extending for years. Court facilities in rural and remote communities are often situated in public community centres and lack adequate facilities and

technology to ensure that survivors are treated with dignity and respect throughout the court process.

Sexual Assault and Counselling Services

Despite the enormity of the sexual violence problem here, large geographic areas of Saskatchewan continue to have limited specialized sexual violence services, particularly crisis counselling services. The experiences of survivors in accessing services vary from community to community, due to the large variance in services between urban, rural and remote areas.

Survivors who had accessed services recognized that specially trained sexual assault counsellors and support services are vital to their healing journey. The research participants demonstrated that access to culturally appropriate, age appropriate, trauma and violence informed counselling and healing services is critical to ensuring that survivors can cope with the effects of trauma and live long, healthy, and productive lives.

> The sexual assault counsellors were the only ones I trusted. They were the only ones that didn't ask what I was wearing, doing or not doing to invite the assault. The only ones that knew how to talk about, or not talk about it.

Mining, Farming, and Oil: Prairie Masculinities and Sexual Violence

Our preliminary analysis identified both historical and structural factors that shape and enable sexual violence and, more specifically, violent masculinities in Saskatchewan. We would not be able to understand how deep the culture of male sexual violence runs in our province without pondering the roles of colonialism and the persistence of Victorian models of female sexual respectability. In addition, we need to understand the impact of nation-building processes, such as the construction of the railroad and the development of a provincial economy based on resource extraction (Saskatchewan is the second highest producer of oil after Alberta), which gives Saskatchewan a sense of identity within Canada.

The Way Forward

All research participants were asked to share their perspectives on key practices, procedures, partnerships, and programming that had been beneficial to them, and on potential solutions to address sexual violence in communities across the province. With reconciliation as a first principle, we have themed the responses based on the Core Services Framework (Figure 1) to provide context and clarity for readers. In each of the following themes we list *Identified Successes* to outline what is working, and *Recommended Actions* to outline how improvements can be made:

- Prevention and Awareness
- Service Coordination: First Responder Coordination across the Entire Province
- Crisis Intervention
- Counselling and Healing Services
- Child Welfare
- Education: Pre-Kindergarten—Grade 12
- Advanced Education: Post-secondary
- Healthcare System
- Social Welfare
- Law Enforcement
- Justice System

- Correctional Services
- Offender Services
- Culture and Language Issues Affecting Indigenous Peoples
- Culture and Language Issues Affecting Newcomers

SURVIVORS HAVE THEIR SAY

In order to be part of the solution, institutions need to stop being part of the problem.

If I could go back and change anything, I would never have reported my assault. If I get raped a hundred times in this lifetime, a hundred rapists will walk free because the damage caused to a survivor of sexual assault by the justice system is just as bad, if not worse, than the rape itself. How many times do I need to repeat my story? How many times do I need to tell strangers about my worst day ever?? How many times am I forced to sit IN THE SAME ROOM AS MY RAPIST because he "deserves" to face his accused? He is innocent until proven guilty. I am a liar until proven otherwise.

I only continue living because I have to make his court case go through. It is WRONG that if I were to take my own life or just be hit by lightning that he would go free. A crime is a fucking crime. Respect the survivors.

We need to be calling out MEN for their part in assaults, breaking toxic thought patterns that allow abusers to continue to abuse; for example, "Boys will be Boys;" "Men are naturally more sexually aggressive than women;" "By hitting you on the playground he's just showing he likes you….you should be flattered." Saskatchewan is the worst place in Canada for backward, conservative thinking where abusers get away with terrible behaviour and no consequences! We need to be teaching children about CONSENT early on in life. "Your aunt doesn't have to hug you if you don't want to be hugged." Police need to understand the importance of BELIEVING victims. Too many women DIE in abusive/recently ended relationships due to domestic violence. Police don't believe them, or just do nothing and we are the ones to suffer.

I would like to acknowledge that I am a Caucasian, able-bodied, educated woman. As such, I believe it was much easier for me to seek support when I was ready. I think it is vitally important to consider the unique needs of people who are marginalized because of race, age, ability, and socio-economic status.

I have a problem with our progressive organization because we serve a few individuals who are Indigenous and we need to go through bands and reserves for funding, but not a SINGLE Indigenous person is working in this organization at the "office" level. Whitewashing and cultural appropriation runs rampant through our "hip cool non-profit." It bothers me because the individuals we support are not all white and have needs that vary, not to mention pasts that are laden with racism. They should be supported by someone who understands/has experienced similar things.

It's despicable. [We] try to make everyone think we are so progressive. Our organization is run by white men, mostly, and a few white women. The board is all white people. Yet the individuals we serve come from a variety of backgrounds. One day they tried to do a "dream

catcher night" wherein a white man from the office decided to show people how to make dream catchers. No one saw anything wrong with this except for me.

That's when I learned that people don't really want you to always tell the truth.

Racism sadly still defines the response Aboriginal women and children receive in my community. I say this as a non-Aboriginal service provider. I have seen firsthand on numerous occasions that non-Aboriginal people and those who are economically disadvantaged receive a different level of belief, support, and end results through the investigation and court process. We will not improve our system until all victims, regardless of race or social standing, will be believed and equally supported.

The police allowed my assailant to toy with the system and were more accommodating to his invented needs than my real needs. The prosecutor pushed me into a deal I didn't want and mischaracterized the trial as "his word against yours" without informing me that SIX of my neighbours would be present as witnesses for the defence. I found out after I signed documents—walked into the hall and found them all seated, waiting to testify. A year later he was wanted on similar charges, having assaulted another woman AND her daughter.

Quit being cheap. Don't place the court case with only two days for it to be resolved, unless the person pleads guilty; it will be able to be dragged out and pushed back. I know I am nothing to you. The victim is no more than a piece of evidence in a plastic bag on the table with a number attached to my foot and, truly, you keep me trapped this way.

Sexual Assaults are so unlikely to be prosecuted and when they are, victims are continually re-traumatized and re-victimized by having to explain and detail the incident, often with a disappointing outcome.

People who make the rules sit in a whole different place of privilege.

INTRODUCTION

> Wherever there is a power imbalance, there is vulnerability to violence.
>
> --Stephanie Carlson
> Sexual Assault Nurse Examiner

In preparing this report on sexual assault in Saskatchewan, our research team has been repeatedly reminded of the enormous energy women, in particular, although not exclusively, must spend to navigate the constant direct and structural violence that shapes our lives; this remains true for the research team as well as our respondents. Many of the participants in this study were attempting to support other community members, while navigating the cascading violence that characterizes their own professional careers and personal lives. Through our work on this study we have witnessed the many ways that sexual assault remains a serious problem in our province, and, at the same time, is but one substantial mechanism within larger processes of systemic violence.

Sexual assault is a crime of power that interferes with individual and collective choices that would otherwise support non-violent forms of sexual expression and agency (Brownmiller, 1975; Yonack, 2017). Systematic lack of attention to the experiences and needs of sexual assault victims and survivors reflects structural layers of ongoing historical and contemporary violence that reach back to the formation of Canada as a nation state, and Saskatchewan as a province within it (Carter, 1993, 1999; Razack, 2002). Canada's long-standing history of systemic, gendered, and racialized settler colonial violence continues to have implications in people's lives today, particularly in the lives of Indigenous women and girls who are disproportionately represented as victims of gendered violence and are not afforded access to equitable justice processes (Benoit, Carroll, &Chaudhry, 2003; Brownridge, 2008, 2009; Razack, 2002). Too often, a blind eye is turned to behaviours and practices that reinforce this violence.

One of the important lessons that this report seeks to underline is that no characteristic or combination of characteristics of any individual survivor is responsible for attracting sexual violence (Ullman, 2010). Focusing on the "risk factors" of victims in relation to identity categories (gender, age, ethnicity, disability, for example) turns attention away from the role of disciplinary power (that is, the ability of the powerful to coerce compliance among those who are less powerful) in maintaining cultures of perpetration (Watkins & Shulman, 2008). A much more useful focus might be to examine the "risk factors" that produce perpetrators, challenging inequitable divisions of labour and social bias that position diverse social groups in subordinate positions within hierarchies that breed assumptions of abusive entitlement (Centers for Disease Control and Prevention, 2009). In other words, sexual violence can be well understood only after examining historically produced layers of structural violence. Failure to do so would be complicit with rationalizations of that violence.

For example, Indigenous communities have long been forced to grapple with the intergenerational transmission of colonialist trauma resulting from the legacies of Saskatchewan's Indian Residential Schools (Truth and Reconciliation Commission of Canada [TRC], 2015a, 2015b), an inherited wound in all of our relations and one which leaders in our province are only now beginning to recognize more clearly. At the same time, it is vital to acknowledge how intergenerational trauma characterizes colonialist cultures too, as they continue to foster environments in which

misrepresentation, hostility, coercion, aggression, and cruelty are actively tolerated and promoted in practices of gender socialization (Razack, 2002).

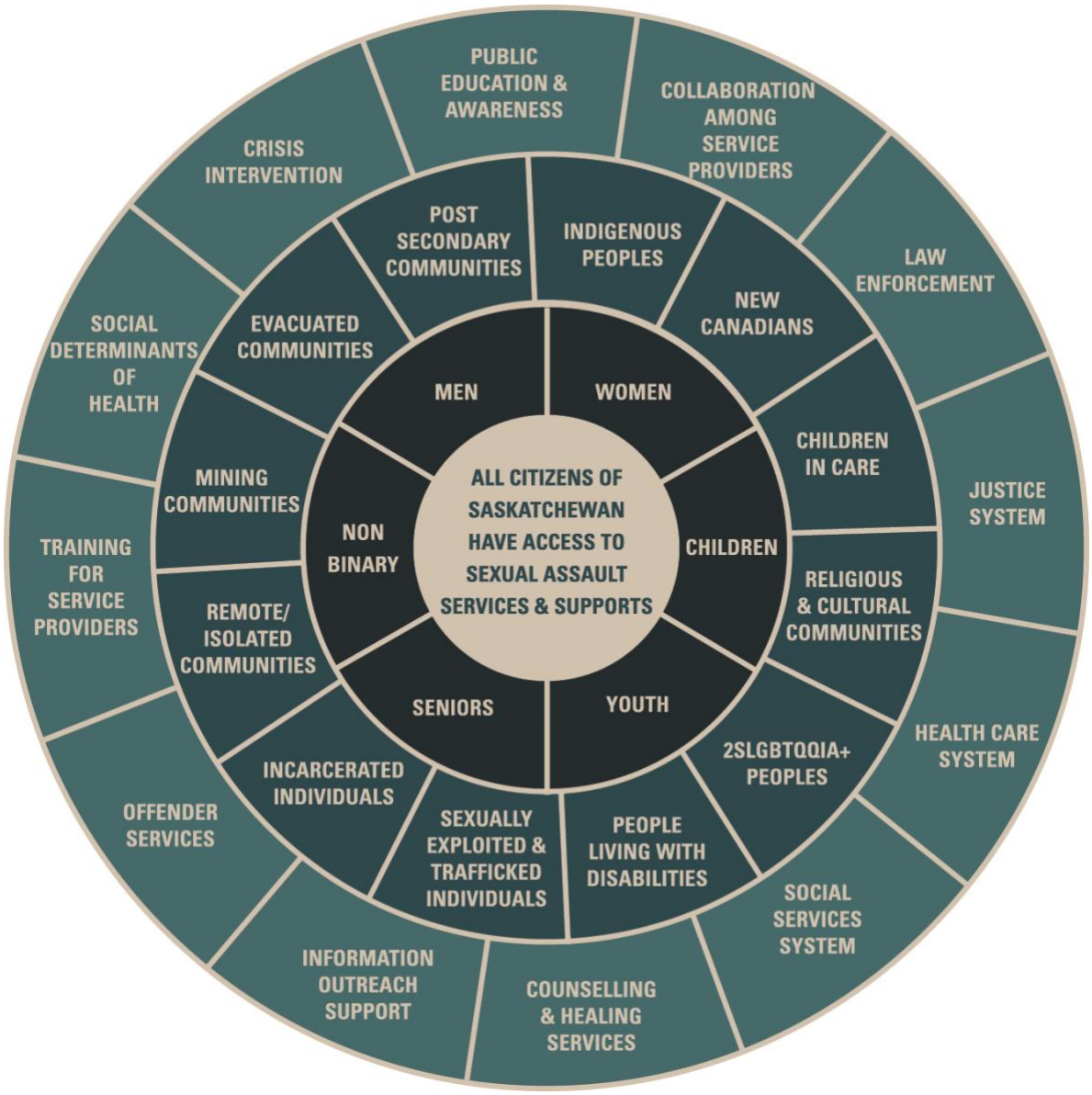
Too often, researchers are asked to launch conversations that open up painful histories without being able to offer meaningful solutions. As a result, many participants explicitly demanded that this report not be left to languish on a legislative shelf; that all of the people of Saskatchewan commit to enabling action and change.

Report Purpose

Against the background of colonialist aggression, this report is designed to provide evidence that not only supports an effective sexual assault action plan for Saskatchewan, but one that can begin to redress the depths of ongoing institutional and structural violence. This study aims to garner a comprehensive understanding of sexual violence in the province through an examination of the existing strengths of and gaps within service provision. The vision informing this project can therefore be stated as follows: Every citizen in Saskatchewan is able to access a full continuum of sexual violence services and supports across their lifespan.

The Core Services Framework (Figure 1), developed by Sexual Assault Services of Saskatchewan (SASS) and revised by study participants throughout the project, identifies the various layers of social experience and resource services currently accountable for fostering an effective, collaborative approach to addressing sexual violence in our province. The framework identifies various demographic groups whose experiences of sexual violence trace the contours of social power, and for whom sexual abuse and assault occur in particular contexts of structural oppression. The Core Services Framework was developed to guide SASS and the Saskatchewan Sexual Violence Advisory Committee in developing a provincial sexual violence action plan that recognizes the complex effects of intersecting categories of social marginalization as a significant part of the problem.

Figure 1. Core Services Framework developed by SASS



About SASS

Sexual Assault Services of Saskatchewan (SASS) is a provincial non-profit organization that works collectively with front-line agencies, community partners, and governments that provide support and advocacy for those affected by sexual violence in Saskatchewan Member agencies provide an array of services including sexual assault counselling for adults and youth, family and marriage counselling, domestic violence shelters for women and children, education and awareness programs that inform the public about interpersonal violence, both in terms of prevention and response.

Over the last thirty years, SASS has supported its members and the communities they serve by creating a platform for resource-sharing and capacity building. Over the last five years, SASS has been consulted regularly by the provincial government, community partners, and the media on matters pertaining to sexual violence. The SASS vision is that every person in Saskatchewan is free from threat, fear, or experience of sexual violence. The SASS mission is to coordinate and collaborate with front-line agencies, community partners, and governments to support those affected by sexual violence across the province.

SASS has received funding and has partnered on projects funded by Status of Women Canada; Department of Justice Canada; Saskatchewan Ministry of Justice; Saskatchewan Community Initiatives Fund; Saskatchewan Indian Gaming Authority; and Prairie Action Foundation. SASS has ongoing partnerships with Research and Education for Solutions to Violence and Abuse (RESOLVE), Saskatchewan Towards Offering Partnership Solutions (STOPS) to Violence, The Provincial Association for Transition Houses and Services of Saskatchewan (PATHS), Ending Violence Association of Canada (EVA Canada) and, through this research project, the Community-University Institute for Social Research (CUISR).

LITERATURE REVIEW

Definitions of sexual violence vary depending on social context, but in no social setting is sexual violence an appropriate or reasonable response to any situation. In general terms, sexual violence occurs where sexual contact is carried out without consent. This could involve an attempted rape, unwanted touching, groping, or being forced to perform sexual acts against one's will. The World Health Organization also includes within its definition, any attempt to exploit or traffic an individual (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). For the purposes of this study, sexual violence is defined as: any sexual act, attempt to obtain a sexual act, unwanted sexual comment or advance; any act to traffic, or other coercive act directed against a person's autonomous sexual liberty by any other person, regardless of their relationship to the victim; in any setting – including but not limited to – home or work. In this document, the term sexual violence is used and is intended to be inclusive of sexual harassment, sexual abuse, and sexual assault (Krug et al., 2002).

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). However, these statistics are an estimate only, given that most incidents of sexual violence are not reported to authorities.

Systemic violence is not the fault of the people who experience it (Ullman, 2010). Although it is still common to identify intersecting, compounding structural oppressions in terms of "risk factors" for sexual violence among those most affected, locating the source of sexual assault in the identity or experience of the victim fails to address the structural processes of marginalization that lead to higher rates of violence and victimization in the first place (Ryan, 1971). Nor does identifying victim risk factors engage the critical conditions associated with becoming a perpetrator of sexual assault, or the odds of failure to prosecute assaults when the perpetrator is from among the dominant groups and classes. Multiple intersecting forms of marginalization increase the chances of not being believed or respected when reporting sexual assaults, providing cover for perpetrators in the process (Boyce, 2014; Samuels-Dennis, Bailey, & Ford-Gilboe, 2011).

Intersectionality

Intersectionality is a critical perspective used to understand how the layering of two or more forms of oppression may worsen an individual's situation (Crenshaw, 1991). Simultaneous interlocking oppressions can occur based on social constructions of gender, race, class, sexual orientation, and disability, among others (Crenshaw, 1991) as reproduced by institutional power structures. Such experiences of multiple forms of exclusion and disenfranchisement are fundamentally different than those experienced by individuals who face only one form of structural oppression or different groupings of oppressions.

This literature review addresses the gendered and generational distribution of sexual assaults and provides an introduction to marginalized groups who face unique challenges in terms of structural barriers in resolving experiences of sexual assault. An environmental scan covers other action plans addressing sexual violence in Canada and elsewhere, offering an in-depth review of the success or

failure of these initiatives to create meaningful change for individuals and communities targeted by sexualized violence.

Demographic Information

Experiences of sexual assault are conditioned by the time period, social context, and geographic location/s in which they occur. Through an assessment of statistical information and accessibility to meaningful supports, this section documents the ways sexual violence impacts a number of targeted social groups, with a view to considering what can be done at the provincial level to improve service responses.

Sexual violence is an act (or series of acts) characterized by power and control (Brownmiller, 1975), and its effects can be reproduced, consciously or unconsciously, in the ways that research is conducted, supports are developed, and services delivered. Owing to social practices of shaming, those targeted by sexual violence following an incident or incidents, including by first responders and service providers, may demonstrate a tendency toward self-blame (Ullman, 2010). However, the person who has been assaulted is never to blame in situations of sexual violence (Ullman, 2010). Whether someone is under the influence, is walking alone at night, or is dressed attractively, there is always a better, more constructive, and caring choice than to sexually assault that person. The choice to assault rests solely with the perpetrator.

In keeping with persistent and pervasive gender inequities, research has consistently shown sexual violence to be a gendered crime. This means that, women, girls and non-binary individuals account for the majority of victims of sexual violence, while men account for the majority of perpetrators (Government of Ontario, 2015). Perpetrators are often known to the victim and include friends, immediate and extended family members, neighbours, and acquaintances (Conroy & Cotter, 2017; Perrault, 2015). Remarkable numbers of apparently ordinary men remain willing to engage knowingly in sexual activity without a woman's consent, if they can get away with it (Lee, 2001; Newman, 2017). Stronger deterrents, both social and legal, are among the measures required to reduce the recurrence of sexual crimes.

Women

As stated above, research has consistently found sexual violence to be a gendered crime (Brownmiller, 1975; Kelly, 1988). When males are targeted for sexual harassment or assault, they are often feminized (Lee, 2000). This practice of feminization through violence arises from patriarchy—a "set of social relations of power in which the male gender appropriates the labor power of women and controls their sexuality" (Messerschmidt, 1986, p. x)—and patriarchal investment in binary gender models. In those models, aggression is misidentified with heteronormative men (heterosexuality understood as natural and normal), and nurturance and weakness with women. Connell (1995) introduced the term "hegemonic masculinities" to clarify that masculinities take many forms, shaping the social positions of both dominant and subordinated men from various groups. The concept has since been elaborated to emphasize the contradictions shaping hegemonic masculinities, the agency of women, the interplay of local, regional, and global geographies of power, and the possibilities for fostering substantive, inclusive gender democracy (Connell & Messerschmitt, 2005).

Patriarchy, then, is not a monolithic structure. There are many forms of patriarchy, which aim to control people of all genders in order to reinforce male and masculinity-centred systems of dominance. The operations of multiple models of patriarchy, which are reinforced through masculinized competition in business, sports, and war, for example, are ubiquitous in targeting

women, children, and the vulnerable for victimization. This structural facilitation of aggression toward others by dominant masculinities (including models of "rescuing" women and children from distress caused by other men), has been used to explain why women are more often victim to sexual violence and why men are more commonly identified as perpetrators (Government of Ontario, 2015).

Statistics Canada data, both historically and currently, indicate that women report the overwhelming majority of sexual assaults (Conroy & Cotter, 2017). In 2014, women reported 37 incidents per 1,000 members of the Canadian population while men reported five incidents per 1,000 people (Conroy & Cotter, 2017). Based on these incomplete data, it is commonly recognized that women are more likely than men to experience and report multiple sexual assaults (Conroy & Cotter, 2017). It is important to attend to the systemic causes of this violence and to societal attitudes, which enable and foster a culture that promotes and venerates aggression, coercion, and violence (Dobash & Dobash, 1995), performing what appears to be an inevitable model of structural dominance, when in fact there are better and more constructive pathways to creating a just society.

Men

According to the *Statistics Canada General Social Survey on Victimization*, men reported 88,000 sexual assaults in 2014 (Conroy & Cotter, 2017). Men more commonly reported experiencing a single incident of sexual violence than women (Conroy & Cotter, 2017), an effect which may be related to the social silencing of masculine expressions of vulnerability. The effects of sexual violence on men include physical injury, psychological disturbances, depression, anxiety, issues with self-image, feelings of vulnerability, and self-harm (Walker, Archer, & Davies, 2005). Social stigma plays a significant role in the policing and under-reporting of male victim identities (Newburn & Stanko, 1995). Acknowledging victimization runs contrary to diversely supported societal ideas of what it means to be masculine, particularly the expectation that men be tough, stoic, and unemotional (Newburn & Stanko, 1995). As such, male victims of sexual violence may experience difficulty in recognizing the incident as a criminal act and reporting the matter to authorities (Newburn & Stanko, 1995).

This phenomenon also explains, in part, the low numbers of male sexual assaults captured within available statistical data. Because most self-disclosing victims of sexual violence are women and girls, there remains a dearth in programming specific to the needs of male victims (and often perpetrators). This lack of programming is pronounced in rural areas where support services and programming are already more limited than in urban settings (Panelli, Gallagher, & Kearns, 2006). The inclusion of gender-specific counsellors within existing sexual assault agencies and counselling programs, as well as support groups tailored to the needs of male-identified victims, is sorely needed, because at the end of the day, men who commit sexual violence against anyone of any gender identity are operating out of distorted and damaging ideas about masculinities, for themselves and everyone else. Because everyone counts in efforts to stem the tide of sexual violence in Saskatchewan, solutions must include services for victims of all genders, and for challenging the aggression that characterizes hegemonic masculinities, in particular.

Children

Child sexual abuse occurs when an individual uses power, coercion, bribes, and/or violence to involve a child in a sexual act. Most commonly, the perpetrator is someone who has access to the child, typically a family member, caregiver, or neighbour (Perrault, 2015). The breakdown of known sexual assault perpetrators in 2014 is as follows: 18% immediate family, 20% extended family, 12% acquaintances, 8% neighbor, 6% teacher, and 6% friend (Perrault, 2015). Children experiencing repeated incidents of sexual violence were most often victimized by members of their immediate or extended families (Perrault, 2015). The perpetrator's power rests primarily in their age difference, relationship to the child, relative physical and intellectual strengths, and/or the child's dependency on him/her. Some children may be too young to understand what is happening to them and/or may be unable to express their feelings and reach out for help at the time of the assault (Wekerle & Black, 2017).

Youth

The youth age category includes individuals aged 15-24 years. Of all self-reported sexual assaults in 2014, at least half were committed against young women (Conroy & Cotter, 2017). The rate of sexual assault for young women is twice as high as that of women aged 25-34 and eight times as high as that of women aged 35-44 (Conroy & Cotter, 2017). The *General Social Survey on Victimization* indicates that females across the lifespan experience sexual assault at a rate 12 times that of males (Conroy & Cotter, 2017).

Societal structures play a significant role in creating conditions which render young people susceptible to sexual violence. Homeless, displaced, and transient youth are common survivors of and targets for sexual violence and may resort to survival sex; that is, providing sexual favours in exchange for obtaining basic needs such as food, shelter, clothing, or substances, especially if they are struggling with addictions (Tyler, Whitbeck, Hoyt & Cauce, 2004; Ulloa, Salazar, & Monjaras 2016). Subsistence crime involvement also increases potential exposure to offenders, as does presenting a clean and tidy appearance, which may place transient female youth at greater disadvantage (Tyler et al., 2004). Owing to poor public education and limited exposure to accurate information about what constitutes a sexual assault, this group is also more likely not to report or to be cited for discrepancies in accounts if they do report sexual violence (Tyler, Melander, & Noel, 2009), which can create additional barriers to accessing services. There is a strong correlation between childhood maltreatment, street involvement, and re-victimization (Tyler & Melander, 2012). This condition of multiple traumas carries over for children and youth in care and custody as well, who may also be dealing with chaotic housing conditions (Bender, Thompson, Ferguson, Yoder, & Kern, 2014).

Older Adults, Seniors, the Elderly

Seniors living alone are vulnerable to sexual assaults and are less likely to report known perpetrators, particularly if they are dependent on them for supports in their daily lives. When they enter health care facilities, they may be assaulted by other seniors or by caregivers in the assisted living industry, which—owing to its commercial nature—could perceive a vested interest in suppressing reports of such abuses (Appleby, 2004; Del Bove, Stermac & Baingbridge, 2005; Vierthaler, 2008).

No statute of limitations exists in Canada on the reporting of sexual assaults (though trials must proceed within a "reasonable time," once charges are laid). This means that individuals can report a sexual assault at any point regardless of the time period in which it occurred. However, numerous issues are associated with investigating and prosecuting historical sexual assaults (Vella, 1998). A lack of physical evidence, memory loss, and difficulty in locating witnesses are just a few of the many problems encountered by police during investigation (Connolly & Read, 2007; Read, Connolly, & Welsh, 2006). As such, the numerous complexities associated with involvement in the criminal justice system serve as a deterrent to seniors interested in reporting previous incidents of sexual violence to the authorities (Fileborn, 2017). Given that sexual violence has been a long-standing colonialist tool of subjugation (as in Residential Schools, for example), there are numerous cases of historical assaults borne by people, now living as older adults, who have gone without justice or culturally meaningful healing pathways.

Non-binary Individuals

The challenges faced by non-binary individuals are unique and often exacerbated by problematic social conceptions of gender (Richards, Bouman, Seal, Barker, Nieder, & T'Sjoen, 2016). Non-binary is a broad term used to refer to individuals whose gender identities fall outside of the socially constructed male/female gender binary (Richards, Bouman, & Barker, 2017). Richards, et al. (2017) state that the term refers to "people's identity rather than physicality at birth" (p. 5). Because sexual assault operates as a form of gender discipline—whomever the target— people who do not conform to gender or hetero-norms face higher rates of sexualized harassment and violence within their families, in the school yard, on the job, or simply in going about their daily lives. According to the 2015 Transgender Survey, nearly half (46%) of respondents experienced harassment targeting their gender identities, nearly half (47%) were sexually assaulted at some point in their lifetimes, and more than half (54%) experienced some form of intimate partner violence (James, Herman, Rankin, Keisling, Mottet, & Anafi, 2016). Sexualized gender policing is a toxic feature of patriarchal structures that uses projection and blame to mark the people who endure it with shame, rather than naming the impulse to aggression and harm as the source of the problem. Thus, sexual violence against non-binary individuals needs to be made visible to help create better futures for all citizens. As Bean (2017) argues in collaboration with a roundtable of non-binary individuals facing domestic violence and sexual assault, "It takes work to know that society's and our abusers' destinations and imaginations are not our own" (p. 37).

Additional issues are encountered by non-binary individuals attempting to navigate the systems and processes involved in reporting sexual violence. Common points of support, including hospitals, police, and counselling agencies, often ask for demographic information on the clients they are serving. The applicable paperwork often contains a narrow conceptualization of gender that excludes the ways in which non-binary individuals may identify. In some instances, non-binary individuals are forced to choose between the binary male and female options in order to access services. This presents yet another challenge for non-binary people experiencing sexual violence and

may serve as a deterrent to accessing timely support services. It is imperative that these barriers to reporting be addressed in order to pave the way for more inclusive approaches.

Indigenous Persons and Communities

For the purposes of this report, the term Indigenous will be defined according to practices developed through the United Nations Permanent Forum on Indigenous Issues, the central coordinating body for articulating the rights of Indigenous peoples. Indigenous communities, peoples, and nations are those who, having a historical continuity with pre-invasion and pre-colonial societies that developed on their territories, consider themselves distinct from other sectors of the societies now prevailing on those territories, or parts of them. They form, at present, non-dominant sectors of society and are determined to preserve, develop, and transmit to future generations their ancestral territories and their ethnic identities, as the basis of their continued existence as peoples, in accordance with their own cultural patterns, social institutions, and legal systems. According to a commentary on Indigenous identity as defined by the United Nations: "on an individual basis, an Indigenous person is one who belongs to such Indigenous populations through self-identification as Indigenous (based on shared consciousness) and is recognized and accepted by these populations as one of its members (explicit acceptance by the group). This definition preserves for Indigenous communities the sovereign right and power to decide who belongs to them, without external interference" (Imai & Buttery, 2013, p.7). This definition of Indigenous identity, exemplifying the aspirations of interwoven healing and self-determination movements, will be used throughout this report.

Indigenous persons in Canada are dramatically over-represented as targets of sexual violence, because, as indicated, sexual violence remains a salient colonialist strategy for marking people and places as vulnerable. The *2014 Statistics Canada General Social Survey on Victimization* reports that rates of sexual assault are nearly 3.5 times higher for Indigenous than non-Indigenous women and that Indigenous persons are more likely to be targeted for sexual violence overall (Conroy & Cotter, 2017). The Indian Residential School System, the Sixties Scoop, and various other mechanisms of cultural assimilation facilitated by discriminatory government policies have created a detrimental impact on Indigenous persons and communities in Canada (Truth and Reconciliation Commission, 2015a, 2015b). Numerous physical, sexual, spiritual, and emotional abuses have been reported by survivors within the Indian Residential School System (Truth and Reconciliation Commission, 2015a, 2015b), and beyond.

Research has identified a relationship between experiencing and/or witnessing violence as a child and subsequently normalizing these behaviours as an adult (Hoffart & Jones, 2017; McGillivray & Comaskey, 1999). Research also indicates that the effects of intergenerational trauma and violence have led to increased rates of substance abuse, intimate partner violence, unemployment, mental health issues, poverty, involvement in the criminal justice system, and transiency (Aboriginal Affairs and Northern Development Canada, 2010; Bombay, Matheson, & Anisman, 2014; Canadian Human Rights Commission, 2013; Menzies, 2010; Ross, Dion, Cantinotti, Collin-Vézina, & Paquette, 2015). A trauma-informed perspective recognizes these conditions as effects produced by systematic abuses. Such abuses are exacerbated when support services are limited in rural communities and reserve settings (Panelli, Gallagher, & Kearns, 2006). Further, programming that takes no account of the violent history and ongoing effects of colonization and the ways in which intergenerational trauma may impact Indigenous communities is largely incomplete (Monchalin, 2016) and, thereby, complicit with that violence.

Failure to recognize that cultivating perpetration remains damaging to the dominant culture reinforces complicity. Where services are available, victims and survivors may hesitate to access them for fear of community surveillance. Experiences of Indigenous victims and survivors of sexual violence could be improved with the implementation of more culturally competent programming (Monchalin, 2016). As such, it is imperative to develop programs which consider the broader context of colonization and its continued expression through current modes of service provision and their relationships with and dependence upon masculinist professional and trades cultures. Restorative justice, including family-group conferencing and mediation, has been identified as one method for incorporating cultural sensitivity in healing and justice processes (Monchalin, 2016). Any mediation process, however, must refrain from coercing survivors into unwanted proximity with abusers, or minimization of their experiences.

The final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG) (2019), *Reclaiming Power and Place,* denounces as "race-based genocide" (p. 1) the persistent violence against First Nations, Inuit, Métis women, girls, and toward 2SLGBTQQIA+ [Two-Spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex, and asexual] people. This targeted violence is linked to colonial structures that have become so embedded in everyday realities as to be invisible. Inquiry Commissioners call for a New Framework to address "the four pathways that maintain colonial violence":

- historical, multigenerational and intergenerational trauma;
- social and economic marginalization;
- maintaining the status quo and institutional lack of will; and
- ignoring the agency and expertise of Indigenous women, girls and 2SLGBTQQIA+ people. (p. 11)

The proposed New Framework is grounded in understanding "the power and responsibility of relationships" (p. 10):

> Understanding the crisis of violence against Indigenous women, girls, and 2SLGBTQQIA+ people as one based in key relationships provides a new way to look at how systems, structures, policies, and people work together to target Indigenous women, girls, and 2SLGBTQQIA+ people.
>
> The framework of encounter and of relationship also emphasizes the potential for change at all levels, not just at the state or government level. It provides a powerful lens – a call for justice – through which we can imagine a new and brighter future, with safety, health, and healing for Indigenous women, girls, and 2SLGBTQQIA+ people and the families who have lost those most important to them. (p. 12)

The wisdom of lived experience upon which the report is based has helped identify these "core principles" to ground support service change:

- valuing wellness as wholeness, with a holistic understanding of safety and well-being, caring for mental, emotional, spiritual and physical needs;
- using an interdisciplinary, systemic approach in coordinating services, rather than "silos" or forcing programs to compete against each other for funding;

- understanding the importance of cultural safety, integrating Indigenous values and traditions in social services;
- ongoing, mandatory training to equip frontline workers and management with the education necessary to engage with Indigenous communities in culturally safe ways; and
- being able to build long-term, trusting relationships with service providers, including social workers, healthcare professionals, law enforcement, with continuity of care

(p. 50)

New Canadians

Canada prides itself on being a multicultural society, home to individuals and families from many diverse backgrounds. However, new Canadians are structurally positioned in ways that enable perpetration of sexual violence. This includes language barriers, isolation, unfamiliarity with Canadian laws and support services, and concerns about immigration status (Jiwani, 2006). Victims and survivors who have been sponsored by a perpetrator of sexual violence may be hesitant to report incidents to police for fear of compromising their immigration status (Raj & Silverman, 2002). Additionally, many new Canadians have left their friends and families behind in the immigration process. This can be a severely isolating experience that limits the ability of individuals to disclose their abuse to others (Raj & Silverman, 2002). In a context of multiple marginalizations, domestic violence may escalate (Raj & Silverman, 2002). Translation services, information brochures in different languages, and educational presentations in agencies serving immigrant populations may help improve service delivery to new Canadians facing interpersonal and sexual violence. However, ultimately, immigrant women and families need to be encouraged and assisted to develop new support networks where diverse cultural ways of dealing with sexual violence are better understood, both recognizing immigrant women's expertise in this area, and improving training for social service providers.

Sexually Exploited and Trafficked Individuals

Sexual exploitation occurs when an individual is forced, threatened, intimidated, or compelled by a person in a position of power to perform a sexual act against her or his will. Sexual exploitation may be facilitated through the administration of drugs, alcohol, or inhalants. Trafficking is defined as "recruiting, harbouring, transporting or controlling the movement of a person for the purpose of exploitation" (Government of Canada, 2012, p. 4). It is difficult to assess the number of individuals who are victim to sexual exploitation and trafficking, given the hidden nature of these activities. According to Public Safety Canada, 90% of the victims of sex trafficking within Canada are from Canada (Government of Canada, 2012). Estimates also indicate that Indigenous persons comprise at least half of the trafficked population in Canada (Canadian Women's Foundation, 2014). Experiences of sexual exploitation can include violence from clients, individuals encountered while working on the street, and/or from pimps (Lowman, 2000).

Traffickers and pimps often isolate individuals from their support systems and prevent them from reaching out for help (Government of Canada, 2012). Traffickers may also use intimidation tactics, alcohol and drugs, violence, and/or verbal abuse to control their victims and keep them in a subordinate position (Canadian Women's Foundation, 2014). Enhanced training on recognizing the signs of exploitation and trafficking as well as the development of best practices in working with exploited populations are needed (Government of Canada, 2012).
Given the ways that the digital age has operated to mask cases of exploitation and trafficking by moving the site of perpetration behind closed doors, additional funds are needed to detect and develop the supports necessary to create meaningful exit strategies for people who are trafficked (Canadian Women's Foundation, 2014). It is also important to note that funding streams shift as

new terms enter the prevailing discourses informing sexual assault services. Service providers working in this area have noted how proving that someone has or has not been trafficked can be used as a barrier in accessing services, depending on shifting criteria for accessing supports. Therefore, access criteria that exclude any sexual violence victims can be understood as complicit with cultures of perpetration.

2SLGBTQQIA+ Individuals

As indicated above, 2SLGBTQQIA+ is a term used to refer to individuals who identify as two-spirit, lesbian, gay, bisexual, transgender, transsexual, queer, questioning, intersex and/or asexual. The 2014 *General Social Survey on Victimization* indicates that persons identifying as non-heterosexual are more often targeted for sexual violence (Conroy & Cotter, 2017), at rates that range between 40 and 50%, according to the American *National Intimate Partner and Sexual Violence Survey* (Smith et al., 2018). Embarrassment, fear of retaliation and bullying, hesitancy to access supports because they have not yet come out, and shame (Ristock, 2002; Rothman, Exner, & Baughman, 2011) are all barriers to reporting assaults among people for whom heteronormativity is an ongoing source of exclusion and violence.

Survivors and victims of sexual violence from queer communities have expressed difficulty in accessing services that are sensitive to their needs (Ristock, 2002). The majority of services are premised on the female heterosexual experience (Ristock, 2002), which ignores the experiences of people facing or enduring sexual violence in other contexts. As such, Rothman, Exner, and Baughman (2011) recommend developing awareness campaigns to address societal stereotypes, increased funding to evaluate the relevance of current sexual violence programming to 2SLGBTQQIA+ persons and communities, and implementing a trauma-informed perspective for services engaging all targeted communities and groups.

Persons Living with Disabilities

To date, there is limited research on violence against persons living with disabilities (Brownridge, 2009). This reality, in turn, exacerbates the invisibility of the issue and perpetuates existing stereotypes about affected individuals and groups (Curry, Hassouneh-Phillips, & Johnston-Silverberg, 2001; Meer & Combrinck, 2015). People living with disabilities are at a greater risk of experiencing physical, mental, and sexual abuse (Conroy & Cotter, 2017; Curry, Hassouneh-Phillips, & Johnston-Silverberg, 2001). In 2014, in Canada, individuals living with physical or mental disabilities experienced sexual assault at a rate double that of people without known disabilities (Conroy & Cotter, 2017). Individuals living with mental disabilities were five times more likely to experience sexual assault (Conroy & Cotter, 2017), often "from multiple sources" (Curry, Hassouneh-Phillips, & Johnston-Silverberg, 2001, p. 60).

Rooted in misinformed stereotypes, discrimination against persons with disabilities results from abuses of trust and power in which the question of voluntary consent is considered inappropriate or irrelevant (Benedet & Grant, 2014; Nosek, Foley, Hughes, & Howland, 2001). Many barriers to reporting and accessing services, including mobility issues, isolation, cognitive delays, and inaccessible supports, exacerbate experiences of violence among people with disabilities (Brownridge, 2009). Additional training on disability and violence is necessary for police, health care providers, victim services workers, and other agencies working with this population (Brownridge, 2009).

Cultures of Perpetration

The most recent *Statistics Canada General Social Survey on Victimization* found that perpetrators of sexual violence are most likely to be male, under the age of 35, and acting alone (Conroy & Cotter, 2017). Women most often reported being sexually assaulted by a male (99% of cases), while men reported being sexually assaulted by men (52% of cases) and women (48% of cases) almost equally (Conroy & Cotter, 2017).

The over-representation of men as perpetrators of sexual violence has been explained using a gender analysis that interrogates societal power differentials. Attempts to answer the question "Why do men rape?" by citing physiological urges and brain chemistry, absolve perpetrators of responsibility for their actions by characterizing them as helpless victims of their biology. Newman (2017) argues that "most rapes are the result of 'rape culture' that tells men, that in many situations, raping women is not only normal behaviour, but completely safe." When sexual violence becomes normalized, its commonplace occurrence goes on, largely unchallenged (Hlavka, 2014), even within justice systems. Failing to hold perpetrators accountable for their actions permits sexual violence to continue, virtually unchecked.

Cultures of perpetration are enabled by victim blaming and slut-shaming (Hackman, Pember, Wilkerson, Burton, & Usdan, 2017), which take advantage of widespread ignorance about sexual assault to obscure abuses of power and specific decisions to act with sexual violence that rest solely with perpetrators and their supporters. Multiple social biases, ranging from racism to obesity myths, can also result in reduced compassion for victims (Yamawaki, Riley, & Gardner, 2018). All target-blaming facilitates aggression by members of dominant groups against subordinated individuals. Perpetrators are facilitated in their crimes when institutional and corporate cultures, themselves, practice deliberate indifference to sexual harassment and violence (Carcasole, 2018) or actively promote sexual violence to advance a political or economic agenda.

In climates where toxic masculinities—characterized by belligerence and violence—are tolerated and encouraged, often in tandem with the promotion of alcohol and substance abuse, cultures of perpetration are created and sustained (Centers for Disease Control and Prevention, 2009; Champion, Foley, DuRant, Hensberry, Altman, & Wolfson, 2004; Watkins & Shulman, 2008).

It is important to note that sexual violence is implicated in multiple contexts, where perpetration becomes a vicious cycle. From early colonization to the present, in order to protect the reputations of faith-based institutions, clerical perpetrators have been moved with relative impunity, often to more remote locations, endangering already marginalized populations. Recent scandals in Olympic, professional, and college sport demonstrate that underage athletes may have little recourse in raising or corroborating grievances about sexual assaults by coaches, doctors, or team members (Morton, 2016), and that sports cultures may harbour perpetrators in their efforts to 'win.' Likewise, male student athletes are "disproportionately represented perpetrators of incidences of violence against women" on college campuses (McCray, 2014). Similarly, predictive data indicate that past criminal involvement and treatment for mental disorders are the strongest indicators of future sexual offences among military personnel (Rosellini et al., 2017).

Meanwhile, in the criminal justice system, sexual violence often plays a significant role in the conditions leading up to charges and conviction, as well as during incarceration, itself. A 1995 review of 935 offender files within the federal correctional facilities in Canada suggested that about half of the offenders (50.2%) were abused by one or more family members as a child. Sexual and physical

abuses were the most common forms of childhood victimization at 34.6%. They also found that witnessing abuse of another family member was common, at 23.8% (Robinson, 1995). Furthermore, offenders who witnessed or experienced childhood victimization were more likely to be engaged in adult perpetration of interpersonal violence crimes up to 1.8 times more frequently than those who did not experience childhood victimization (Robinson, 1995). During incarceration, sexual violence by staff and other prisoners is common (Wolff, Blitz, Shi, Bachman, & Siegel, 2006).

Perpetrators and survivors of sexual assault are not mutually exclusive groups. However, it would be a gross injustice to assume that histories of sexual assault necessarily predict perpetration. The vast majority of sexual abuse and assault survivors never resort to sexual violence themselves. Research has shown, however, that although few female survivors of child sexual abuse become perpetrators, when male survivors do go on to offend, factors including age of abuse onset (over 12 years); frequency and duration; relationship of dependency between victim and abuser; and severity of the abuse can lead to experiences of powerlessness that produce toxic masculinity as a position of perceived power (Plummer & Cossins, 2018).

Sexual assault perpetrators tend to score higher on traits that include callousness, narcissism, impulsivity, hostility toward women, sexual dominance and belief in rape myths, including that alcohol reduces women's sexual inhibitions (Pegram et al. 2018). They also tend to prefer casual sex (Pegram, Abbey, & Helmers, 2018), which means that online 'hook-up' sites may enable targeting of victims.

ENVIRONMENTAL SCAN OF SEXUAL VIOLENCE ACTION PLANS

An environmental scan is a qualitative research method which systematically assesses programming initiatives (Graham, Evitts, & Thomas-Maclean, 2008) across a range of related environments. Typically, an environmental scan comprises the first stage of strategy formulation. This method was selected for this project because it can garner information on sexual violence action plans within regional, national, and international contexts. Additionally, an environmental scan identifies what works or not in terms of addressing sexual violence. The consideration of these components is key to the development of a comprehensive and productive approach to addressing sexual violence in Saskatchewan. The following sections will examine responses to sexual violence in international and national contexts, and then within Saskatchewan, specifically. The preliminary environmental scan considers, wherever possible, key stakeholders in the development and implementation of the program, categories of assaults and services addressed in action plans, areas of recommendation, and factors contributing to the failures and successes of each action plan. In some instances, it was difficult to locate information on the success rate of a specific action plan. This was particularly so in cases where an action plan was newly developed and in the initial stages of implementation, largely because benchmark indicators had not yet been developed or assessed.

International Context

This environmental scan considers successful elements of sexual violence action plans adopted elsewhere, including work undertaken in other commonwealth or colonized countries. Action plans from the international context are useful in understanding what has been effective in other geographic regions, each with their unique population demographics and social condition. In some

cases, the term 'Aboriginal' has been used as an umbrella name in these plans and reports, to include all Indigenous peoples in a specific country or region.

Sexual Violence Research Initiative

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. The SVRI was initially hosted by the World Health Organization (WHO) before moving to the South African Medical Research Council in 2006 (Sexual Violence Research Initiative, 2019). Comprised of researchers, activists, and policy makers, the Sexual Violence Research Initiative (SVRI) is a collaborative effort intended to produce top quality research in the area of sexual violence. The SVRI identifies six priority areas:

7) nature, prevalence, social context, and risk factors associated with sexual violence
8) sexual violence prevention
9) appropriateness and effectiveness of sexual violence services
10) childhood sexual abuse
11) sexual violence in conflict and emergency settings
12) HIV sexual violence (Sexual Violence Research Initiative, 2019).

In 2011, the SVRI conducted a comprehensive review of sexual violence policies in 192 countries around the world (Loots, Dartnall, & Jewkes, 2011). This document identifies six countries (Ireland, Australia, Belize, Finland, United Kingdom, and South Africa) that have developed exceptional sexual violence policies (Loots, Dartnall, & Jewkes, 2011). Each policy 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). The remainder of this section will provide a brief review of Ireland's National Strategy on Domestic, Sexual, and Gender-Based Violence and Australia's National Action Plan to Reduce Violence Against Women and their Children.

National Strategy on Domestic, Sexual and Gender-Based Violence – Ireland

The SVRI identifies Ireland's *National Strategy on Domestic, Sexual and Gender-Based Violence 2010-2014* as one of the most comprehensive national strategies (Loots, Dartnall, & Jewkes, 2011). Ireland's strategy was based on evidence of the extent and nature of sexual violence in that country—and a commitment to address high levels of non-disclosure and lack of coordination and to articulate a vision for government action to enable "a society that is intolerant of violence of any form, but especially of violence that occurs in what should be the safest place for people—the home" (p. 1). A new approach involving "interagency co-operation" would reduce the financial and human costs of gender-based violence (p. 1).

The national strategy locates sexual violence within the broader issue of gender-based violence, while insisting that "Domestic and sexual violence are not identical" (p. 2). Thus, the issues of sexual and domestic violence are examined specifically within the document, as related but often unnecessarily conflated forms of aggression, which may require parallel responses.
Prevention of sexual violence and the improvement of services for victims and survivors are of central importance to Ireland's approaches (The National Office for the Prevention of Domestic, Sexual, and Gender-Based Violence, 2015). Comprehensive media campaigns, training programs in public and post-secondary education systems and across the professions, and the regular evaluation

of these efforts are outlined for implementation. Establishing and enhancing standards for high quality service delivery and inter-agency collaboration are a key part of the initiatives undertaken, as are accessible housing initiatives and programming for perpetrators. Detailed action plans provide a framework that defines the role of involved agencies, training needs, progress indicators, and specific activities to be completed in both primary interventions (associated with preventing, recognizing, and understanding) and secondary interventions (associated with reporting, responding, and referring).

In terms of policy development, "the first and most fundamental action required is the development of a systematic approach to data capture and collation" (p. 5). Monitoring and evaluation are built into the strategy to ensure effective implementation and ongoing development over time. Listening to victims is a key commitment of the plan (p. 25). The report also acknowledges that gender-based violence are not only regional and national issues, but global health, human rights and developmental problems. Authors further recognize that new technologies have created conditions that demand new approaches as sexual assault is facilitated through online environments (p. 25). Each of the report components is consistent with international standards as outlined by the SVRI.

National Action Plan to Reduce Violence Against Women & their Children – Australia

The *National Action Plan to Reduce Violence against Women and their Children* 2010-2022 was initiated by the Australian Prime Minister to address violence against women and their children (Council of Australian Governments, 2014). The *National Plan* works to connect all agencies and programs providing services to this population in efforts to foster a more collaborative approach to addressing violence (Council of Australian Governments, 2014). A number of different populations and topics, including children living with violence, Indigenous persons, support and choice, perpetrator accountability, and sexual violence, are examined within the plan. In 2008, the National Council to Reduce Violence against Women and their Children was established (Council of Australian Governments, 2014). The Council compiled a list of best practices in the area, consulted with community stakeholders, and held six expert panels on the matter. This information formed the basis of the national action plan, 2010-2022 (Council of Australian Governments, 2014). An evaluation plan was also established which lays out a schedule for reviewing the plan's success. The first progress review was completed in 2012 with additional evaluations conducted each subsequent year (Council of Australian Governments, 2014). Quarterly newsletters are also written to keep government, community agencies, and the public apprised of the progress of the National Plan.

The National Plan is comprised of three separate action plans which describe efforts that community groups, government agencies, members of the public, and businesses can make to address the issue of violence against women and children (Australian Government, 2016). The first action plan described the first phase of the project and provided recommendations to be completed during the tenure of the second action plan. The second action plan provided five priorities for focus in the third and most recent phase: "1) driving a whole-of-community action to prevent violence; 2) understanding diverse experiences of violence; 3) supporting innovative services and integrated systems; 4) improving perpetrator interventions; and 5) continuing to build the evidence base" (Australian Government, 2016, p. 2).

The 2015/16 annual progress report indicates that advancements have been made in raising awareness around the issue of violence against women (Australian Government, 2016). The *Stop it at the Start* campaign and *The Line* campaign are national educational initiatives designed for youth.

These programs are intended to educate students and shift attitudes conducive to violence through the delivery of modules on the effects of violence and gender inequities. Several jurisdictions launched educational programs including *Our Watch*, *No More* and *Against Violence* to increase awareness on the issue of violence against women. This has resulted in a cultural shift which shows more understanding of the dynamics at play. This process has been supplemented by the *National Media Engagement Project* which has worked to improve media reporting on the issue of violence against women (Australian Government, 2016).

Efforts have been made to address the systemic inequalities that foster an environment conducive to violence (Australian Government, 2016). Much work has been done to address gender inequality and to elevate the position of women in society. The *White Ribbon* accreditation program was implemented in workplaces across Australia to improve responses to the issue of family and intimate partner violence. Funding has been provided to support women in leadership positions and to empower other women to seek out higher management positions. Finally, the Minister for the Prevention of Family Violence and the Minister for Industrial Relations in Victoria has implemented the Family Violence Leave Provision for all public-sector employees. This allows individuals who are experiencing family and/or intimate partner violence 20 paid days' leave to address the issue (Australian Government, 2016).

Addressing the diversity of experiences among women and children who experience violence has been central to the mission of the *National Plan* (Australian Government, 2016). Much of the work in this area has focussed on developing initiatives that cater to the unique experiences of vulnerable populations. Training programs for victim services workers have been implemented (Australian Government, 2016). The training programs focus on educating workers on the challenges and barriers facing women from Aboriginal populations, women living with disabilities, and sexually exploited women. Additional funds have been allocated to develop culturally sensitive programming for service agencies responding to the violence endured by Aboriginal persons in Australia. These programs work to engage Aboriginal men in violence prevention initiatives and to recognize the role of community in shaping cultural responses to colonialist forms of violence. Promoting multicultural competencies by engaging linguistic diversities within service provision and crisis response has also been an important part of the strategy. The Australian government has also developed the Support for Trafficked People Program (Australian Government, 2016). It is evident that members of communities most affected are the experts on whether or not these efforts are creating substantive change.

Establishing a sound research base is another key component to the National Plan (Australian Government, 2016). Increased attention has been paid to the perpetrators of violence and the factors contributing to their offending behaviours. Research on this population has been used to improve perpetrator interventions and has also contributed to the development of case outcome standards. Ongoing research examines the experiences of children exposed to violence, domestic homicide reviews, the development of a national scheme for family and domestic violence protection orders, and the establishment of a National Data Collection and Reporting Framework.

Continuous evaluation ensures that project goals are being met and that the action plan stays on track (Australian Government, 2016). A collaborative approach which emphasizes information sharing and implementation of best practices across services has proven effective in this action plan. The multi-pronged strategy, which targets the systemic causes of interpersonal violence and addresses the pragmatic aspects of service delivery and funding, has produced significant change within the eight years the action plan has been in effect (Australian Government, 2016). Allocating

funds for program improvements and implementation while initiating legislative change has proven effective in mobilizing change (Australian Government, 2016).

Canadian National Context

Sexual violence action plans have been implemented within several Canadian provinces, some opting for an overarching anti-violence action plan, while others have focussed more specifically on intimate partner, family, and sexual violence, in parallel practices. Saskatchewan, therefore, has the opportunity to learn from and improve upon previous policies, in response to the present study.

Alberta's Sexual Violence Action Plan

The Association of Alberta Sexual Assault Services has been instrumental in developing and implementing the Alberta Sexual Violence Action Plan. This action plan was produced based on best practices in the field, research, and input from service providers. The action plan is informed by and linked to previous leadership initiatives, including the *Community and Social Services Business Plan 2016-2019*; *Valuing Mental Health: The Report of the Alberta Mental Health Review Committee 2015*; *Alberta's Plan for Promoting Healthy Relationships and Preventing Bullying*; and the *Framework to End Family Violence in Alberta* (Association of Alberta Sexual Assault Services, 2016). Drawing on these past reports in forming the action plan ensures an informed and collaborative approach toward addressing sexual violence. Many different stakeholders were involved in consultation, development, and implementation processes. The perspectives of various government ministries, community agencies, and sexual assault services providers were also included (Association of Alberta Sexual Assault Services, 2016).

The priorities of the action plan are as follows: "1) strong leadership and accountability; 2) effective prevention strategies; 3) effective outreach strategies; 4) enhanced interventions" (Association of Alberta Sexual Assault Services, 2016, p. 2). Recommendations were made for two different areas: system response and joint system/Association of Alberta Sexual Assault Services response. Recommendations were developed under the same four strategic priorities: Strong Leadership and Accountability, Effective Prevention Strategies, Effective Outreach Strategies, and Enhanced Intervention. The action plan report describes the work already being done to address each recommendation. The first two areas emphasize the importance of collaboration and a cross-ministerial response to the issues. The role of leadership in this process was deemed to be central to the success of the initiative (Association of Alberta Sexual Assault Services, 2016). The importance of education in informing individuals about sexual violence and its consequences is at the heart of the third and fourth core areas. These sections also interrogate systemic attitudes conducive to violence and the importance of changing societal attitudes and norms.

The last half of the recommendations focus on services available to victims and survivors of violence (Association of Alberta Sexual Assault Services, 2016). The action plan recommends improvement of outreach services to be more comprehensive and inclusive of the needs of diverse populations. Crisis intervention, counselling, and police and court supports were four areas identified where improvements could be made. The adoption of a victim-centred approach which is non-judgemental, culturally sensitive, and available to individuals in rural areas was among key recommendations in this section. The action plan also discusses the role of volunteers in service provision to victims and survivors of sexual violence and recommends better engagement with volunteers so as to increase the number of individuals able to assist, for example, with court

accompaniments. Finally, the action plan explores how the provision of services to perpetrators of violence could potentially improve the overall quality of responses to victims and survivors.

Ontario – It's Never Okay: An Action Plan to Stop Sexual Violence & Harassment

In 2015, Ontario launched a three-year strategy aimed at enhancing safety in school and work settings, improving provincial responses to sexual violence, and educating the public on the issues (Government of Ontario, 2015). A total of $41 million was allocated to this initiative with these core priorities: 1) raising public awareness; 2) more training for professionals; 3) more choice and better outcomes in the criminal justice system; 4) initiating generational change; 5) safer workplaces and campuses; 6) improved supports in the community; 7) leadership and accountability; and 8) engagement within the broader issue of violence against women (Government of Ontario, 2015). Different mechanisms have been implemented to ensure the action plan is meeting its intended goals. Performance metrics are being used to assess productive outcomes based on surveys that gather data on the experiences of victims and survivors. Subsequent data analysis is helping to identify whether and how many individuals have been empowered to come forward about their experiences, and whether the plan positively impacts bystanders (Government of Ontario, 2015; Senn & Forrest, 2016).

Since 2015, much work has been done in implementing the recommendations of the Ontario action plan. Creative Engagement Fund partnerships were established among non-profit community agencies, professional artists, and sexual violence experts. The goal of this initiative is to create art installations which would spark conversations about sexual violence and interrogate instances of misogyny in society (Government of Ontario, 2018). Additional funding has been allocated for enhanced training for victim services workers, Crown attorneys, police, and nurses. Training has focused on understanding the experiences of Indigenous persons and persons living with disabilities, the role of neurobiology in trauma, and the importance of consent in legal outcomes (Government of Ontario, 2018). A free legal advice pilot program was launched in Toronto, Ottawa, and the District of Thunder Bay. There are also 15 pilot programs currently testing the feasibility of a survivor-centred approach to policing. These two programs are intended to improve victim experiences and satisfaction within the criminal justice process. Finally, the *Sexual Violence and Harassment Plan Act* was passed in 2016. The act outlines various victim-centred provisions in relation to civil proceedings, claims to the Criminal Injuries Compensation Board, amendments to the Residential Tenancies and the Occupational Health and Safety Acts, and requirements for postsecondary institutions to implement sexual violence policies (Government of Ontario, 2018). The impacts of subsequent cuts to Legal Aid and other services have yet to be fully analyzed.

Saskatchewan Context

Sexual Assault Services of Saskatchewan (SASS) is a non-profit organization for sexual assault services in the province. As an agency, SASS works to coordinate education and awareness campaigns, acts as a resource centre for information on sexual violence, researches best practices in the area, and collects data. Over ten member agencies affiliated with SASS provide services in La Ronge, Prince Albert, Melfort, North Battleford, Humboldt, Saskatoon, Kindersley, Yorkton, Regina, and Estevan. Services are typically delivered through crisis agencies, shelters, counselling agencies, and dedicated sexual assault centres. Each program strives to provide services to victims and survivors of sexual violence in a sensitive, compassionate, and confidential manner.

Shelters may provide a safe space for women and children fleeing violence, if they are empowered to engage with the disparities that contribute to victimization rates. Shelters aspire to provide

programming suited to each woman's individual needs, including safety planning, parenting, and stress reduction. Crisis agencies offer counselling for victims and their families, provide resources and information, and offer support groups as necessary. Counselling agencies provide services based on community needs including educational presentations, support groups, individual and family counselling sessions, and victim services. Finally, sexual assault centres offer support groups and educational services, provide counselling for victims of sexual violence, and may operate 24/7 crisis lines. However, before this study was developed, there was no formal sexual violence action plan in Saskatchewan. Given the high rates of sexual violence in the province, there is a demonstrable need to improve responses to the conditions that produce sexual violence (Keighley, 2017). There is much to be learned from the existing action plans on intimate partner violence and bullying, though it remains imperative for a plan to be tailored to the unique needs of victims and survivors of sexual violence to be most effective.

Saskatchewan Victims of Interpersonal Violence Act

Although it is the last province to develop a sexual assault action plan, Saskatchewan was the first in Canada to introduce its *Victims of Interpersonal Violence Act* in 1994, designed to support victims of violence and abuse. The legislation was initiated by the Saskatchewan Ministry of Justice in response to new developments in the areas of intimate partner and family violence (Turner, 1995). Consultations with community organizations, various levels of government, and members of the Ministry of Justice policy team formed the initial phase of the process (Turner, 1995). The 1983 mandatory charge directive in situations of intimate partner violence from the Solicitor General, the development of the Ministry of Justice Victim Services Program, and a comprehensive review of statistical data and best practices signalled a need for improved legislation in the area (Turner, 1995).

The *Victims of Interpersonal Violence Act* has made important contributions to changing the experiences of victims of violence in Saskatchewan. The Emergency Intervention Order (EIO), Victim's Assistance Order, and warrants permitting entry are the three main components of the *Victims of Interpersonal Violence Act.* An Evaluation Advisory Committee comprised of RCMP, police, federal and provincial government representatives, and community agencies, was formed one year after the introduction of the legislation. The purpose of the Advisory Committee was to provide guidance to the Ministry of Justice in evaluating the effectiveness of the legislation and to recommend data collection methods (Turner, 1995). The Advisory Committee also focused on the accessibility of the components included within the legislation, their applicability to diverse populations, and sensitivity of the legislation to the needs of Indigenous persons and communities in particular (Turner, 1995).

Using technology to support survivors

The rise in technological innovation and the introduction of social media sites (e.g. Facebook, Instagram, Snapchat, Twitter) have been hailed as the hallmark of modern societies. However, these new forms of technology and burgeoning social media platforms have also created new spaces for sexual violence. Cyber sexual violence is steadily increasing, with youth and adults sharing nude photos of sexual partners without permission, a rise in revenge porn, and the facilitation of infidelity

and trafficking, all contributing to increasing desensitization to the needs of young victims and reduced social visibility of trafficked individuals.

As such, ensuring that survivors have access to online resources is a necessary and vital component of any comprehensive sexual assault action plan. In a report compiled for the Ontario Coalition of Rape Crisis Centres, Pietsch (2018) argues that some survivor populations may "wish to seek support, yet face financial, geographical, physical, or social barriers to accessing it in person. This can include women living with disabilities and Deaf women, youth, women living in poverty, working women, rural women in regions where no public transit exists, women with limited phone access, transient and trafficked women, and survivors with high confidentiality concerns" (p. 3).

Some crisis support services are already making self-guided web-based resources available to clients who may need instructions on how to respond to flashbacks or panic attacks at times when counsellors are not available; are using text messages or social media to communicate with and support clients; or working through group chat rooms or video counselling. While online resources "present unique confidentiality or time limitations," they may also provide partial solutions in situations where other access barriers limit "traditional in-person or telephone-based crisis and counselling options" (Pietsch, p. 3), or with populations who have grown up using web-based communications tools.

Rights Discourses/Legislation

Sexual violence has been addressed in international, national, and local contexts through intergovernmental rights discourses and through state legislation. What follows will highlight a few key examples of legislative reform, human rights conventions, and parliamentary bills aimed at remedying the issue.

The legislation surrounding sexual violence has changed significantly since the 1980s. The feminist and victims' rights movements have been credited with initiating dialogue around the law's treatment of victims of sexual violence and subsequently lobbying for improved legislation (Dobash & Dobash, 1992). In 1983, the right to consortium (a marital obligation to provide support and companionship to one's partner) in marriage was denied. This meant that marital rape was outlawed and would be prosecuted in the same manner as non-domestic sexual assaults (Comack, 2015). In 1992, the introduction of Bill C-49 made two important contributions: 1) a victim's sexual history could not be brought into court during a sexual assault trial and 2) a person accused of sexual assault must provide evidence that they took reasonable steps to obtain consent (Gotell, 2008). Finally, Bill C-46 in 1997 set parameters around the ability of defence counsel to access confidential counselling records for inclusion at a sexual assault trial (Gotell, 2008). These examples are intended to demonstrate the importance of state involvement and legislative change in addressing sexual violence.

The Canadian Charter of Rights and Freedoms, introduced in 1982, guarantees a number of fundamental rights to citizens including the right to life, liberty, and security of person and equality before and under the law and equal protection and benefit of law. Canada's Charter of Rights and Freedoms is augmented by our national commitment to the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), an international human rights treaty that outlines basic provisions for improving women's lives, addressing women's rights, and achieving equality. The intention of CEDAW is to bring "the female half of humanity into the focus of human rights concerns" (United Nations Human Rights Office of the High Commissioner, 1979). Canada signed CEDAW in July 1980, ratified the convention in December 1981, and extended that

commitment when it adopted the Beijing Platform for Action (UN Entity for Gender Equality, 1995), which outlines commitments by member states to take concrete steps that address the feminization of poverty, education and training of women, women's unique health concerns, violence against women, including in armed conflict, women's economic positioning and decision-making power, institutional mechanisms for the advancement of women, women's human rights, media representations of women, women's environmental concerns, and the social benefits of investing in girls. Canada is also signatory to The UN's Declaration on the Rights of the Child (1959), which ensures protection, provision and participation rights to children, including for those enmeshed in child welfare and custody systems.

In 2015, the Ombudsman for Crime Victims introduced the Bill of Rights for Victims. The Bill contains five rights for victims of crime at the federal level including the right to information, the right to restitution, the right to protection, the right to participation, and the right to complain. The Bill of Rights for Victims was introduced in response to deficiencies in the criminal justice response to victims of crime. Institutional failures often serve as a deterrent for victim involvement in the criminal justice system, an additional barrier to accessing supports. As such, the Bill represents an important step toward addressing systemic issues and more effectively responding to victims of crime in Canada (Office of the Federal Ombudsman for Victims of Crime, 2015).

Conclusion

This literature review and environmental scan provide a basis for the development of an initial sexual violence action plan in Saskatchewan, drawing on peer-evaluated research and the experiences of other jurisdictions in creating such plans. The consequences of sexual violence are multiple and harmful, not only for those most directly affected, but for the wider society. Societies that permit, facilitate, and cultivate violence are ultimately plagued by multiple failures, because the flourishing of all members is necessary for the evolution of just and prosperous communities.

The literature review has considered how diverse groups become targets for sexual violence: women, men, children, youth, non-binary individuals, Indigenous peoples, new Canadians, sexually exploited and trafficked individuals, 2SLGBTQQIA+ individuals, and persons living with disabilities. The environmental scan assesses legislative responses to sexual violence within selected international, national, and regional or local contexts. The findings from the preliminary 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.

METHODS

Advisory Groups

The present study was guided by a mixed methods approach, using online surveys, key informant interviews, and focus groups. The study design was approved by the project's steering committee (The Saskatchewan Sexual Violence Action Plan Advisory Committee) and the project's Research Advisory Team. The steering committee consists of representatives from the provincial government, community service providers, and partner organizations. The Research Advisory Team of university and community-based researchers developed the survey and focus group questions and shared them for feedback from frontline sexual assault service providers, the Federation of Sovereign Indigenous Nations Women's Commission, and the Prince Albert Grand Council Women's Commission 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. Respondents were informed prior to their participation in the study of the purpose and design of the research, their right to withdraw at any time, and ability to provide input to the final document. Participants could opt in or out of having their contributions recorded, and could preface any remarks, even when they had agreed to recording, with a request not to transcribe the particular comment or anecdote. Participants had the option to review transcripts, as well as report drafts, in order to verify the ideas presented, introduce additional commentary, or correct any errors or omissions.

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 May 2018. During this time, responses were collected from 293 primary survivors, 57 secondary survivors, and 124 service providers.

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, and produced 229 primary survivor responses, 16 secondary survivors who were parents/spouses, and 39 secondary survivors who were friends or other relatives, and 38 responses from service providers. The primary sexual assault survivors' survey included 60 questions about survivor demographics, their experiences of sexual assault when they were over and 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 whether or not the #MeToo movement had 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 other services in their communities; who commonly administers forensic examinations in their communities; as well as the training and resources that are available in each 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.

To recruit participants, a notice about and link to the survey was posted on the SASS website and Facebook pages, shared in SASS e-newsletters, and via email and Twitter. The surveys were circulated by the project steering committee, research team, and community partners. All SASS member agencies were provided paper surveys and survey links to share with clients, staff, and local community partners. All survey participants were 18 years old and above.

Interviews

Individual interviews were conducted with primary and secondary survivors, aged 18 years old and above. All participants were recruited by service providers from SASS member agencies using the Worell and Remer (1992) model of the Sexual Assault Trauma: Six Stages to Survivors Healing Process as a guideline for inclusion (see Table 1).

Recruitment Guidelines for Research Participants (Interviews)

Using the Worell and Remer 1992 model, SASS required that interview participants be over 18 years and either primary or secondary survivors in the sixth (final) stage of healing, with access to continued counselling support, in order to reduce the risk of re-traumatization and ensure that this research contributes to the healing process for survivors and their families.

Interviews were conducted with a counsellor or first responder present, and participants were debriefed by the counsellor or first responder after each interview. Interviews used a semi-structured format, adopting the same questions asked in the online/paper surveys, tailored to the respondent's own experiences. Additional questions were asked or encouraging prompts provided to follow up on responses or clarify information.

Table 1. Six Stages to Survivors Healing Process (Worell & Remer, 1992)	
Stage	**Description**
1. Pre-Assault Mindset	This includes all of the life experiences, sex roles socialization, and societal representation of sexual assault myths that the individual has been exposed to prior to the assault.
2. The Sexual Assault	This stage includes all of the events immediately before, during, and following the assault. The events immediately preceding the assault influence whether or not the person sensed danger and the factors that can influence the impact of the assault on an individual i.e. degree of coercion, force, threats, victim blaming etc.
3. Crisis and Disorganization	This stage is the crisis period immediately following the assault, which often last several days to several weeks. There is a need to regain a sense of control and to make decisions about reporting/obtaining medical attention and to be accepted and supported.
4. Outward Satisfactory Adjustment	This stage includes all the individual's attempts to return to a normal life. The individual often avoid thinking about the assault through denial, suppression and minimization. The individual often experiences continued symptoms of the sexual assault, however, they may not connect these symptoms to the assault. This stage can last from several weeks to several years.
5. Reliving	In this stage, the denial/suppression eventually lifts, often due to a "triggering" event in which the individual is reminded of the assault by a current experience. Individuals may experience feeling "awakened" ad fully aware of the assault and its impact for the first time.
6. Reorganization and Integration	In this stage, the individual positively integrates the sexual assault into her/his life; and the assault becomes an acknowledged part of their identity. The person experiences renewed sense of empowerment, and a more positive sense of self. Often individuals express a desire to become involved in social action against sexual assault or desire to support others impacted by sexual assault.

Focus Groups

Qualitative data were collected through focus groups with service providers in 22 diverse communities across northern, central, and southern Saskatchewan. Each focus group engaged a series of 15 questions that explored the manifestation of sexual violence in communities and determined the capacity of agencies to prevent and/or combat sexual violence.

Focus group participants included formal and informal community service providers who had direct knowledge about how sexual assault and gender-based violence is affecting their communities. We met with a wide range of professional and community volunteers including law enforcement officers, prosecutors, nurses, teachers, counsellors, doctors, mental health workers, Indigenous Elders, crisis line volunteers, driving instructors, and administrative workers.

All SASS member agencies hosted focus groups at their agency locations, with community partners invited to participate. We also identified agencies that support provincial population groups with unique experiences that reflect intersecting effects of social power, such as Indigenous communities, new Canadians, sexually exploited and trafficked persons, religious and cultural communities, people living with disabilities, and 2SLGBTQQIA+ people. We approached these agencies and conducted focus groups with their staff and volunteers to ascertain how members of each group are experiencing sexual violence and service provider responses.

Individuals who lived in communities where focus groups were not being conducted or who could not make it to focus groups at scheduled times had the option of participating in the online surveys for service providers. In two cases, we conducted one-on-one interviews with service providers who were unable to participate in a focus group but wished to share their insights. We recognized that, because of the high rates of sexual violence in the province, a number of participants in each focus group might themselves to be primary or secondary survivors of sexual violence; therefore, the focus group questions had the potential to cause anxiety or stress. To mitigate this risk, the focus group questions were formulated from a trauma-informed perspective.

Each focus group began with a set of mutual respect agreements (for themes, see Figure 2) guiding how participants would treat themselves and one another. A first responder trained in responding to sexual assault and abuse attended focus groups to give immediate support if needed. Indigenous protocols were respected when conducting focus groups in Indigenous communities, including having an Elder present in the focus groups.

Figure 2. Word Cloud

We conducted a total of 37 focus groups, in 22 communities, and spoke with 213 participants. In reporting research results, all identifying information has been removed from the data, including names of the communities in which specific respondents participated.

To protect the anonymity of research participants, researchers did not recruit individual interviewees directly, but rather engaged with participants recruited through SASS member agencies and community partners, who applied the Worell and Remer (1992) guidelines to ensure that participants had achieved a sufficient level of healing. Focus groups were also organized by one point-person, such as the executive director or manager, per agency/community.

Researchers did not have access to participants' emails, phone numbers, or any other contact information that would connect them to the focus group. All information about the study shared in advance was provided to the point-person of each agency/community, and participant review of materials was also organized through them.

All research participants were provided with two consent forms at the beginning of an interview or focus group. A file copy was signed and participants kept one copy for their own records. The researchers explained the consent form, the requirements of informed consent, confidentiality, and the right to withdraw. Participants could agree or not to have the interviews and focus groups recorded for transcription purposes. Participants also had the option to request transcripts for review prior to the data being included in the final report. Participants could ask to add, alter, or delete information from the transcript as they saw fit. Because participants had the right to answer any questions asked or not, in the discussion of findings, the number of participants (n) in each case may differ. The "n" factor at times also reflects the selection of more than one option among responses.

Consistent with the duty to report, participants were also advised that confidentiality would be waived if there were reasonable suspicion that a child's physical or mental health or welfare had been, or may be, impacted by abuse or neglect.

Analysis and Transcription

Upon completion of data collection, the surveys were merged and analyzed by the Social Science Research Laboratories (SSRL) at the University of Saskatchewan. The SASS-CUISR research team was responsible for transcribing, inputting, analysing, and combining the qualitative and quantitative data. Data analysis was conducted under the supervision of the principal investigators in two separate writing retreat weekends, and weekly teleconference/zoom meetings scheduled as needed. The results and discussions were organized based on the prevalence of recurrent themes uncovered in the findings.

Study Limitations

Owing to the sensitive nature of the research topic, there was a possibility for participants to experience stress, anxiety, triggering, and re-traumatization. To address this risk, interview participants were recruited by SASS member agencies and were ensured the presence of a counsellor/first responder at all interviews, as well as access to support services afterward. As SASS has only ten member agencies across the province, this significantly limited areas where participants were recruited, particularly in Indigenous, Northern, and/or on-reserve communities.

Because we were relying on the reports of both primary and secondary survivors, as well as service providers, in cases of indirect reports, some details may have been shaped through omission or misunderstanding by the perspective of the individual reporting. That said, the experience of the

research team was that all participants demonstrated commitments to accuracy of reporting, insofar as they were able to do so.

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 to the online version. 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.

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.

2SLGBTQQIA+ and non-binary participants challenged the conceptualization of sexual violence and heteronormative understandings of violence, raising questions about the language used and questions asked (or not asked). Concerns were raised that the questions asked were not able to articulate the nature, severity and complexity of violence faced by members of queer communities.

Participants providing feedback on our surveys suggested specific ways to improve data collection for future planning. One respondent noted:

> As a lesbian I often feel overlooked in research. The lack of empirical evidence on sexual assaults within queer women communities creates the narrative and myth that we aren't assaulted. This myth creates a lot of isolation for individual queer women because we believe we're all alone. I wish this survey had asked for sexual orientation and had also asked for the gender of our perpetrator(s).

Yet another outlined how the beauty myth puts fat women at risk of callous treatment when they are victimized:

> I think there are other demographic factors that could be useful to collect, such as body size. As a fat woman, my body is treated poorly by society in general and I grew up expecting a certain level of abuse and invasion of boundaries. It has also affected my experiences and distrust in healthcare professionals, who perceive me as lazy, unreliable, or unintelligent. My body has contributed to the kinds of experiences I have had and how I understand them. Fat women's experiences of sexual assault are often dismissed. For instance, they are told that they should appreciate any kind of attention because their bodies are "undesirable."

Responses like these emphasize the importance of bringing an intersectional lens to processes of ongoing data collection to assess the impact of Saskatchewan's strategic sexual assault action plan. Similarly, people with disabilities felt there was insufficient sensitivity to the multiple forms of disability and its intersections with socio-economic factors.

In addition, participants were not provided with the option of identifying other factors/descriptions linked to their personal identities that may affect their vulnerability to violence, as well as how they are treated when seeking supports. An example is how dependence on an enclave community might render women to be at greater risk for callous treatment and victimization, for fear of losing community supports.

We also experienced limitations with respect to the time of year when much of the research was conducted. Focus group data collection began on April 16, 2018, through to July 27, 2018. These proved to be busy months as most agencies/communities were undergoing end of fiscal year reporting, annual general meetings, end of the academic year, Pride Week, holidays, elections, and major academic conferences. Saskatchewan also faced the fallout from the Gerald Stanley verdict in the slaying of Colton Boushie, and a horrific bus crash on April 6, 2018, in which a semi-trailer truck struck a bus transporting the Humboldt Broncos, a junior ice hockey team, killing sixteen people and injuring 13 others. The effects of these events were felt around the province. The majority of our focus groups were therefore rescheduled at least once to accommodate various conflicting commitments and related difficult circumstances.

We also had challenges recruiting focus groups from non-partner agencies because of the limited time provided by funders for consultation with communities prior to commencing the research. We made every effort to secure good representation in different communities, though scheduling issues impacted the numbers of participants. Also, learning from the input of successive focus groups meant that focus group format and content were not always consistent, so that some questions emerged later in the process that were not available in early focus groups.

RESULTS: RESEARCH PARTICIPANT NUMBERS

Participants: A total of 1033 participants contributed to this study from across the province. While the study attracted a large number of online survey participants, for a total of 820 respondents across two versions of the survey, quantitative and qualitative data was augmented by 37 face-to-face focus group meetings with 213 participants in 22 communities, and interviews with 19 primary, and 3 secondary survivors, as well as two individual service providers.

Table 2. Focus Group Research Participants: Total Numbers (July 28, 2018)

FOCUS GROUPS (Note: Some focus group participants also completed online surveys; the two are treated here as discrete data sources.)	
Number of communities visited	22 communities
Number of focus groups held	37 focus groups
Total number of focus group participants	**213 participants**

Table 3. Online Survey and Individual Interview Research Participants: Total Numbers (July 28, 2018)

SURVEYS & INTERVIEWS NUMBERS **(**Note: Interviews were conducted with the same questionnaire used in the second iteration of the online survey. Responses were amalgamated with online surveys to create one data set)			
Nov 2017 – May 2018	**May 2018 – July 2018**		**Combined Totals**
Surveys	**Surveys**	**Interviews**	
Primary Survivors = 293	Primary Survivors = 229	Primary Survivor = 19	**541**
Secondary Survivors = 57	Secondary Survivor: Parents/Spouses = 16 Friends/Other relatives = 39	Secondary Survivor: Parents = 3	**115**
Service Providers = 124	Service Provider = 38	Service Provider= 2	**164**
			820

Total participants = 1033

RESULTS: RESPONSES TO SURVEY AND INDIVIDUAL INTERVIEWS

The survey and individual interview participants represent 79.38% (n=820) of all research participants (*N*=1033) in this study. This section outlines the results of the surveys and interviews in four major categories: Participant Demographics, Sexual Assault Experiences, Access to Services and Supports Experiences, and Final Thoughts.

The following charts and graphs provide a broad overview of secondary survivors' relationship with survivor (Figure 3), services offered by service providers (Figure 4), primary survivors by age (Figure 5), survivor and service provider gender identity (Figures 6 and 7), type of disability (Figure 8), survivor and service provider country of origin (Figures 9 and 10), primary survivor Indigenous identity (Figure 11), primary survivor treaty status (Figure 12) survivor and service provider on/off reserve and status of survivors (Figures 13), service provider Indigenous identity and treaty status (Figure 14 and 15), map of provincial regions (Figure 16), home region (Figure 17), their rural or urban location (Figure 18), survivor and service provider educational status (Figures 19 and 20), primary survivor and service provider household income (Figures 21 and 22).

Participant Demographics

Defining the Research Participants

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

Out of the 820 survey and interview 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 a parent sharing the experience of their underage child who is not able to participate in the study. They also shed light to 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%) partners/spouses (16.6%), caregivers (0.9%), or from another relationship (7.8%). Results are presented in Figure 3.

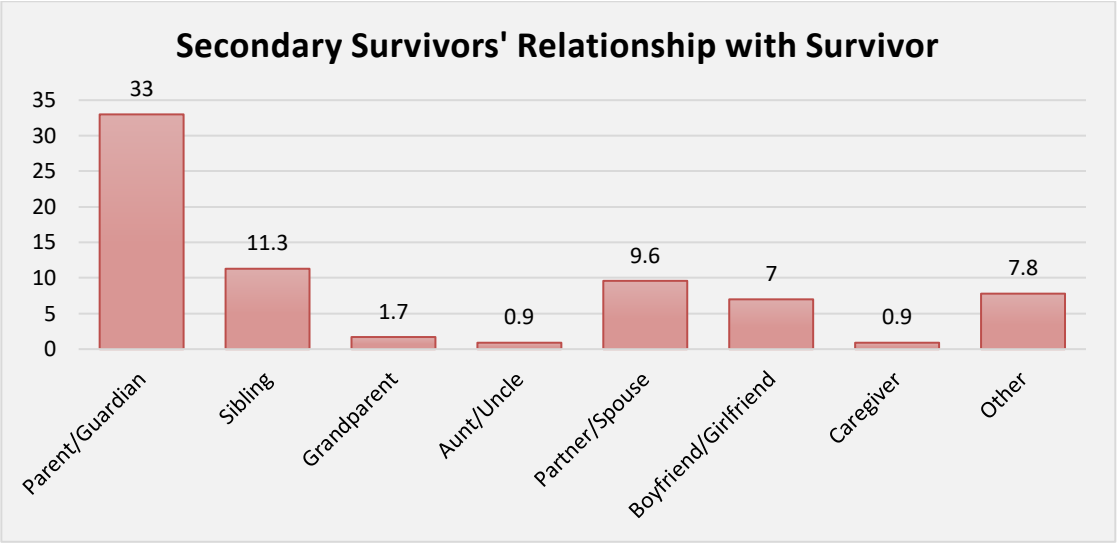


Figure 3. Secondary Survivors' Relationship with Survivor

Service Providers are defined as both formal and informal resource persons who support survivors of sexual violence in the course of their professional work. Service providers who participated in the study represent a variety of professions and communities across Saskatchewan. It is important to note that while service providers represent 20% of survey and interview responses, they 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.

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%), 2SLGBTQQIA+ (0.6%), or other services, such as cultural and faith-based supports (24.5%). Results are presented in Figure 4.

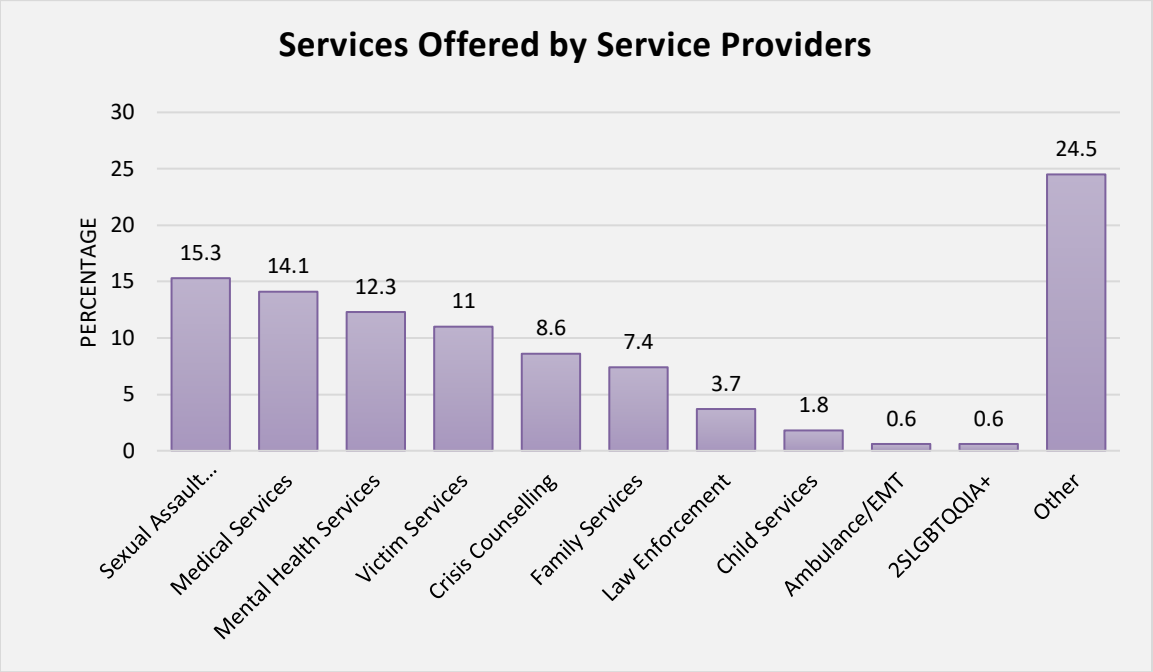


Figure 4. Services Offered by Services Providers

Age

All survey participants were required to be 18 years and above in order to participate in the study. However, only primary survivors were asked to identify their exact age (in increments) at the 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 5.

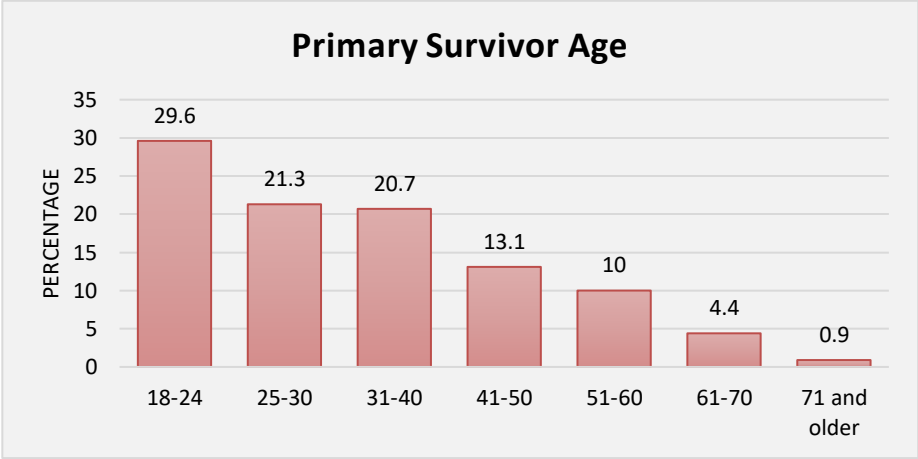


Figure 5. Primary Survivor Age

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 6.

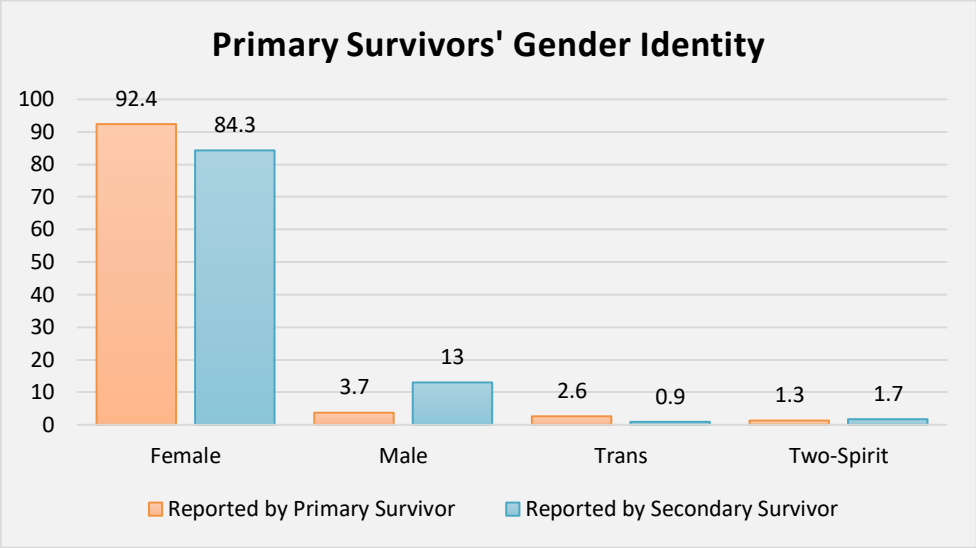


Figure 6. Primary Survivors' Gender Identity

Service providers were also asked to identify their gender. The majority identified as female (88.4%), with the remainder identifying as male (9.1%), transgender (1.2%), or two-spirit (1.2%). Service provider gender identity is displayed in Figure 7.

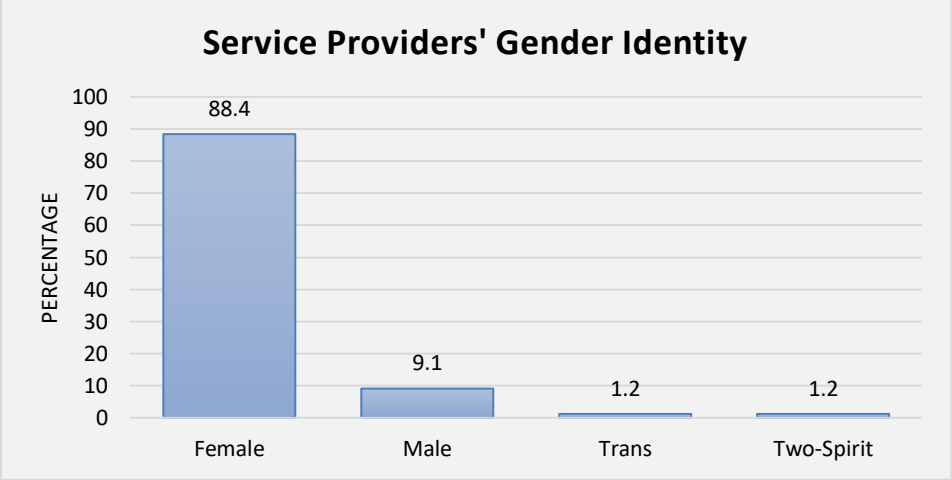


Figure 7. Service Providers' Gender Identity

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. 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 8.

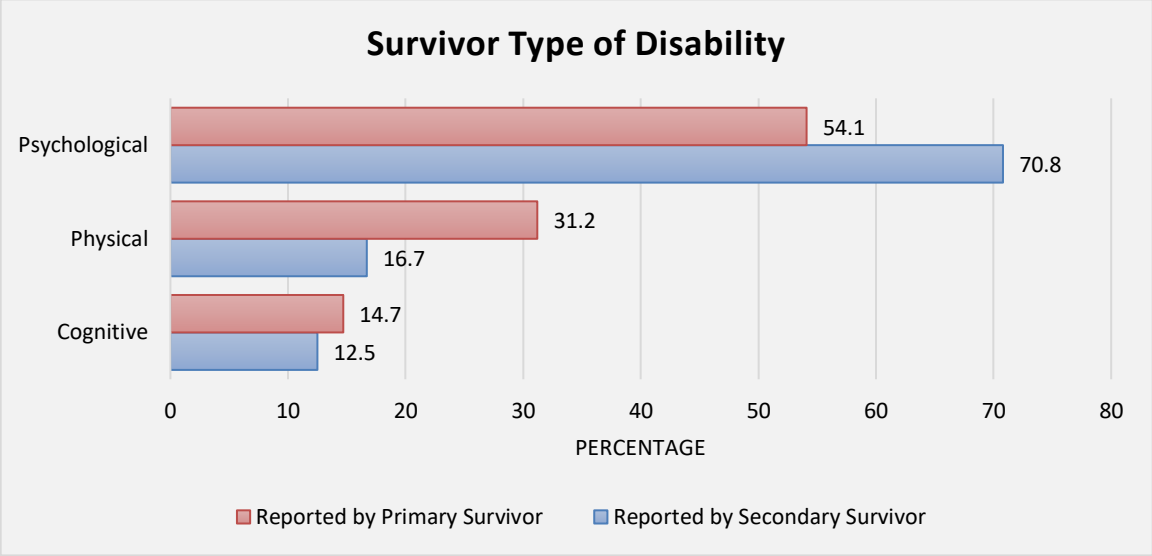


Figure 8. Type of Disability

Research participants shared how disabilities were used as points of vulnerability by perpetrators. Because individuals with disabilities may need support from others, including caregivers, a power imbalance can emerge in the relationship. One service provider noted that "persons living with intellectual disabilities tend to be poorly supported in the justice system at all points of access, be that as victim, perpetrator, or witness."

In the survey feedback, one respondent noted, "People can have more than one kind of disability. You should make that a 'select all that apply' option. Someone can be paralyzed from the waist down and also suffer with depression, for example. People who have had strokes actually often suffer both physical and cognitive disabilities afterwards. Your quiz makes them choose between physical and mental disabilities." The point is well taken. In an ableist society, each person with a disability is navigating a unique set of circumstances.

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 9.

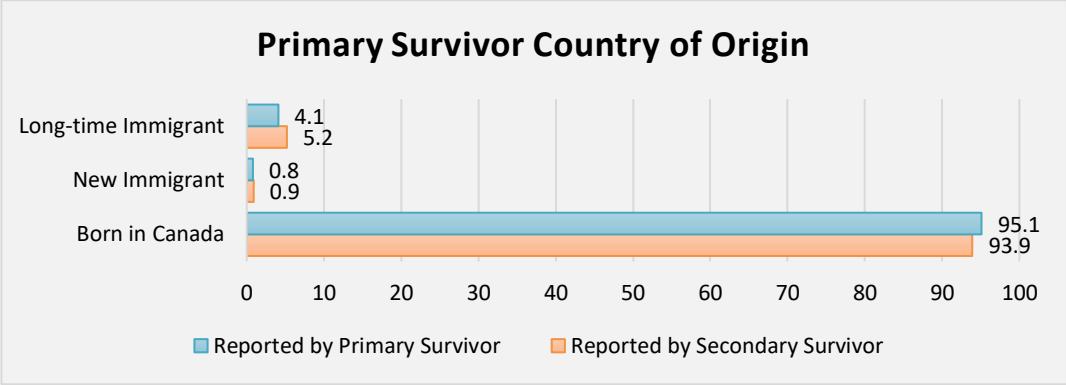


Figure 9. Primary Survivor Country of Origin

Service providers were also asked if they were born in Canada. The majority of service providers were Canadian born (95.7%), while the remainder identified as immigrants (4.3%; *n* = 7). Among the seven 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 10.

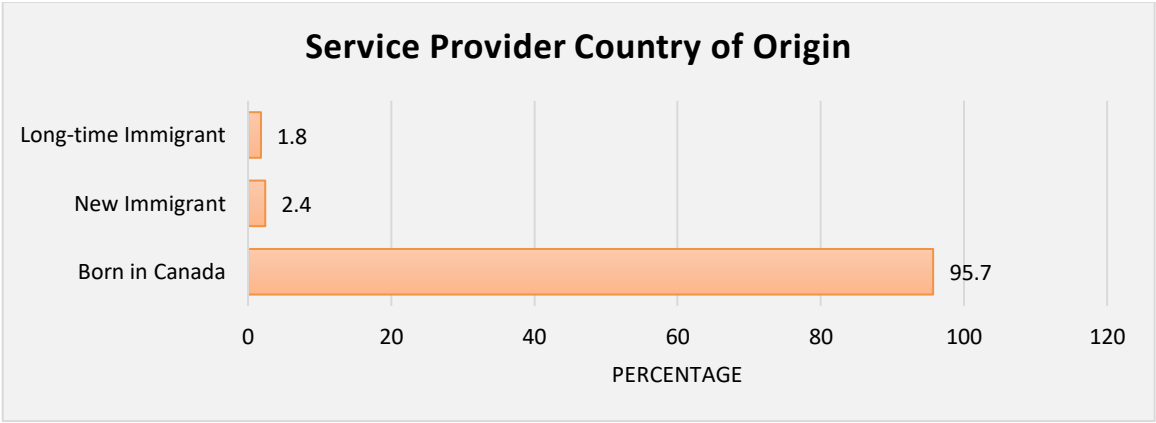


Figure10. Service Provider Country of Origin

Service providers working with newcomers indicated that limited participation by new Canadians in online surveys reflects several issues including language barriers in accessing the research instrument and/or service provider information, technological 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 and Secondary Survivors:

Primary 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 were not Indigenous at 81% (n = 420). Among the 101 Indigenous survivors, 54.5% have Indigenous 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, with 12.9% of participants reporting living both on and off reserve.

According to secondary survivors, approximately 21% (n = 24) of survivors were Indigenous, while 76% (n = 87) were not. One secondary survivor was not sure of the status of the primary survivor. Among the 24 Indigenous survivors, 50% had Indigenous 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 Figure 11, 12, and 13.

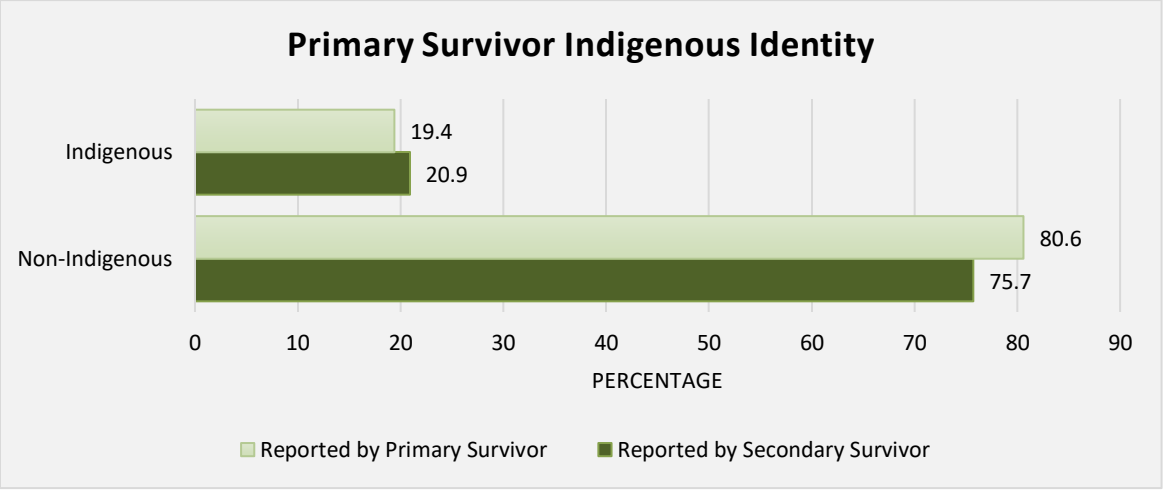


Figure 11. Primary Survivor Indigenous Identity

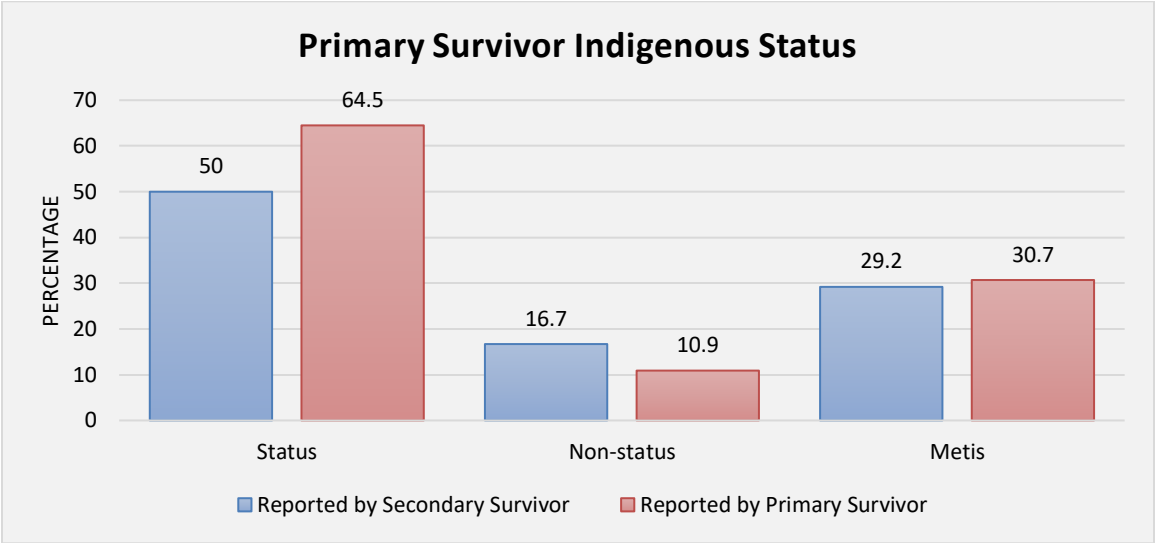


Figure 12. Primary Survivor Indigenous Status

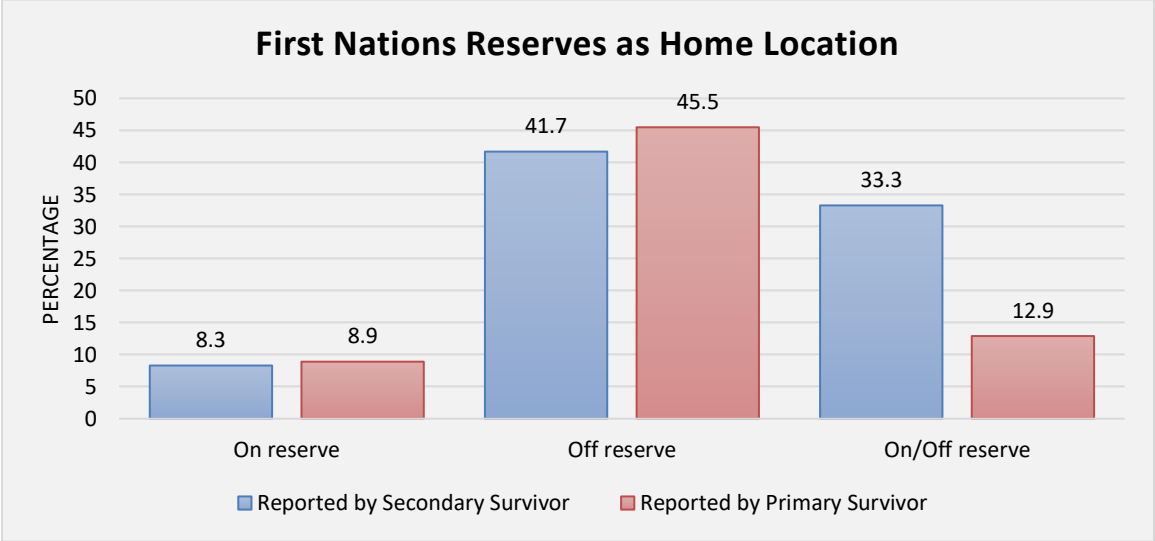


Figure 13. First Nation Reserves as Home Location

Service Providers

Approximately 14% (n = 22) of service providers are Indigenous, while the remaining providers are not (86.2%). Among the 22 Indigenous service providers responding, 4.5% live on a reserve, 27.3% live off reserve, and 9.1% were living on and off reserve at the time of survey completion. Furthermore, of the 22 Indigenous service providers included, 31.8% had Indigenous status, 4.5% were non-status, and 59.1% are Métis. Results are presented in Figures 14 and 15.

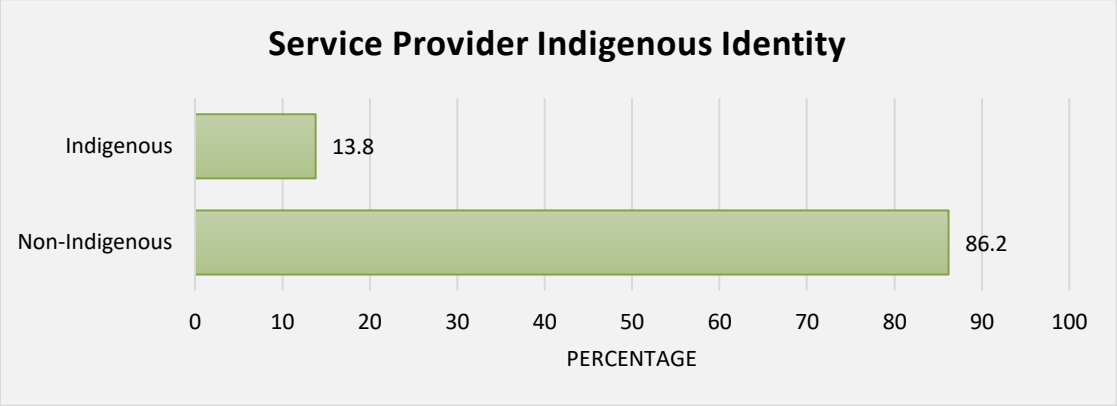


Figure 14. Service Provider Indigenous Identity

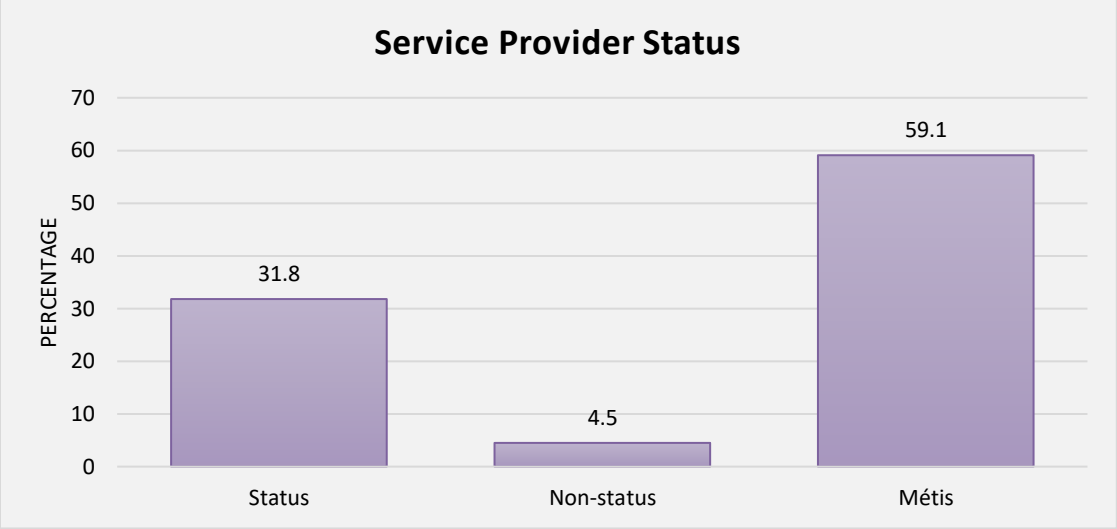


Figure 15. Service Provider Status

Location

Primary survivors, secondary survivors, and service providers were asked to report on their regional home location in Saskatchewan. In order to protect their identities, participants were required only to identify their home region based on the following options: Northern Remote, Northern, Central, and Southern Saskatchewan. See Figure 17 for the map of provincial regions as outlined in the surveys.

Figure 16. Map of Provincial Regions

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

The majority of secondary survivors who responded live in Central (49.1%) and Southern Saskatchewan (42.1%). The remaining secondary survivors lived in Northern (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 (51.9%) and Southern Saskatchewan (36.1%). The remaining service providers lived in Northern (.8%) or Northern Remote Saskatchewan (1.3%). Nine service providers offered services in a fly-in community (5.7%). See Figure 17 for survivor/service provider location.

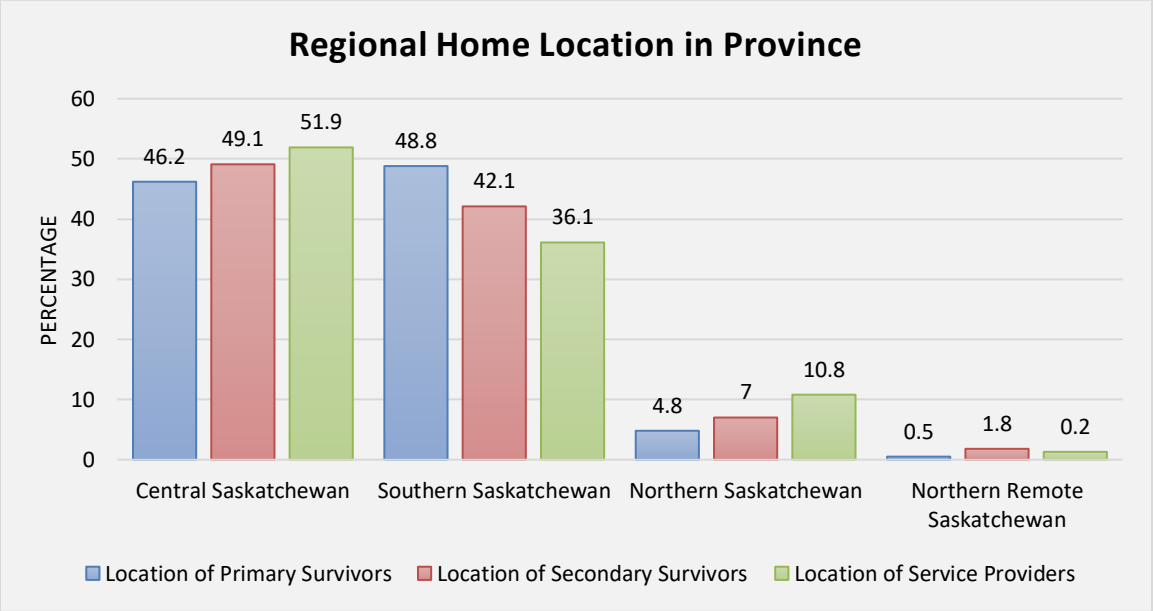


Figure 17. Regional Home Location in Province

The majority of primary survivors reported living in urban Saskatchewan (77.9%), while a minority lived in rural areas (22.1%). Similarly, the majority of secondary survivors reported living in urban areas (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 communities (25.9%). The results are displayed in Figure 18.

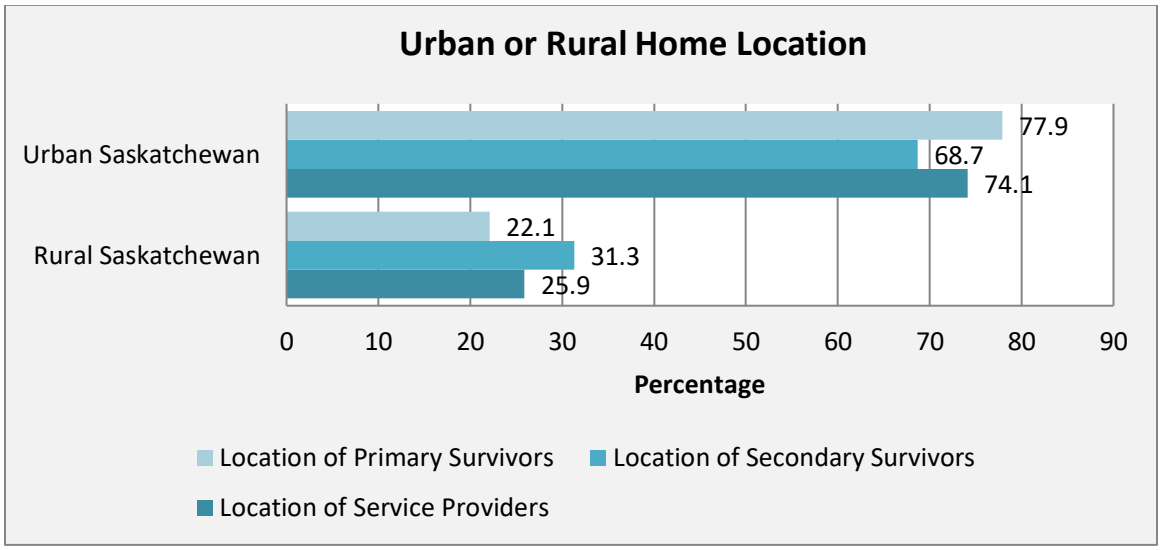


Figure 18. Urban and Rural Home Location

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 19.

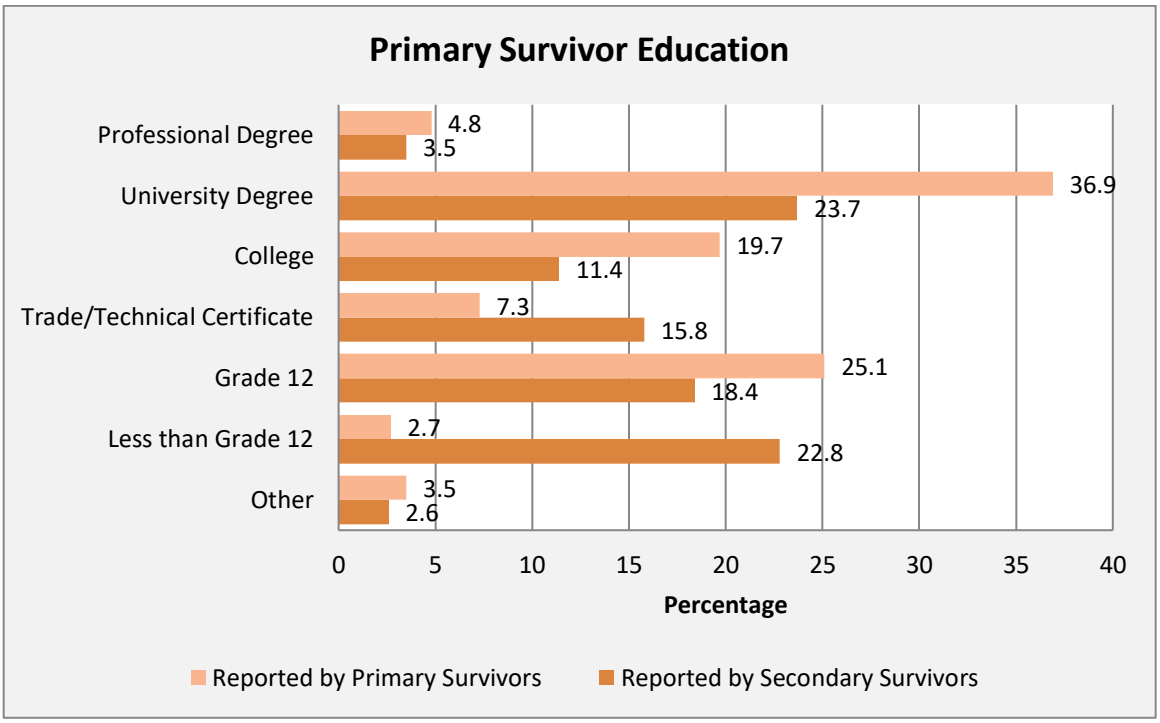


Figure 19. Primary Survivor Education

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 20.

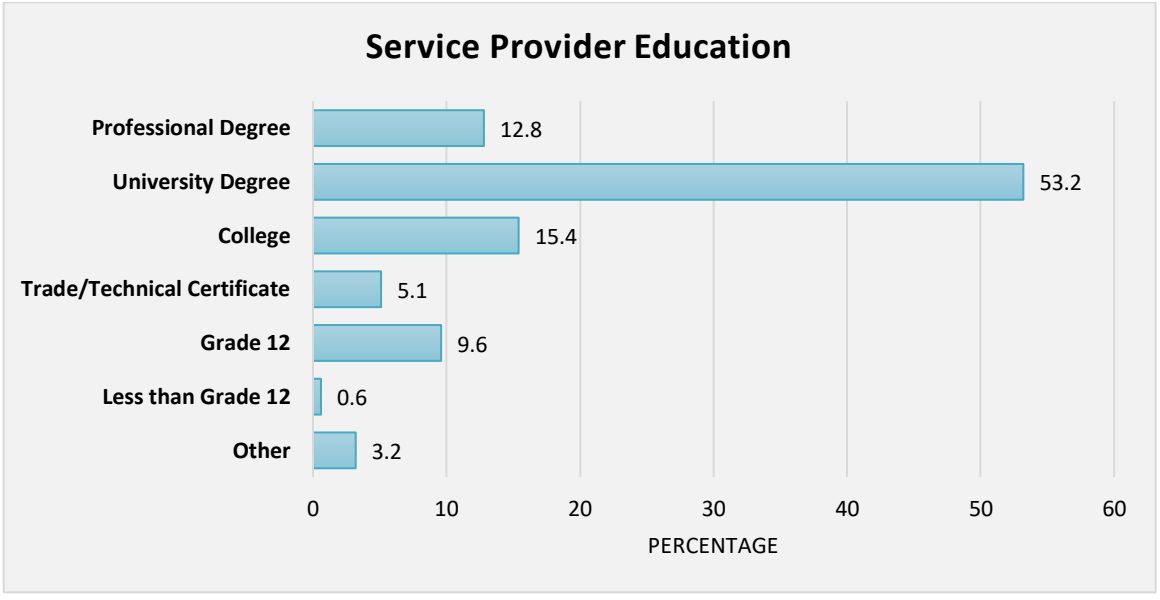


Figure 20. Service Provider Education

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. 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 21.

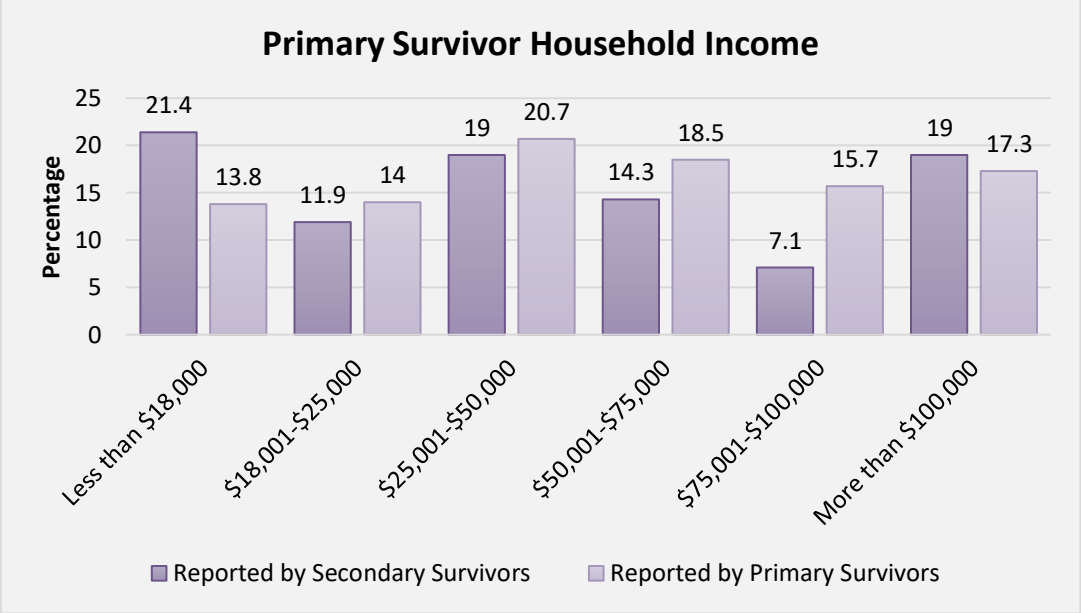


Figure 21. Primary Survivor Household Income

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 22).

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

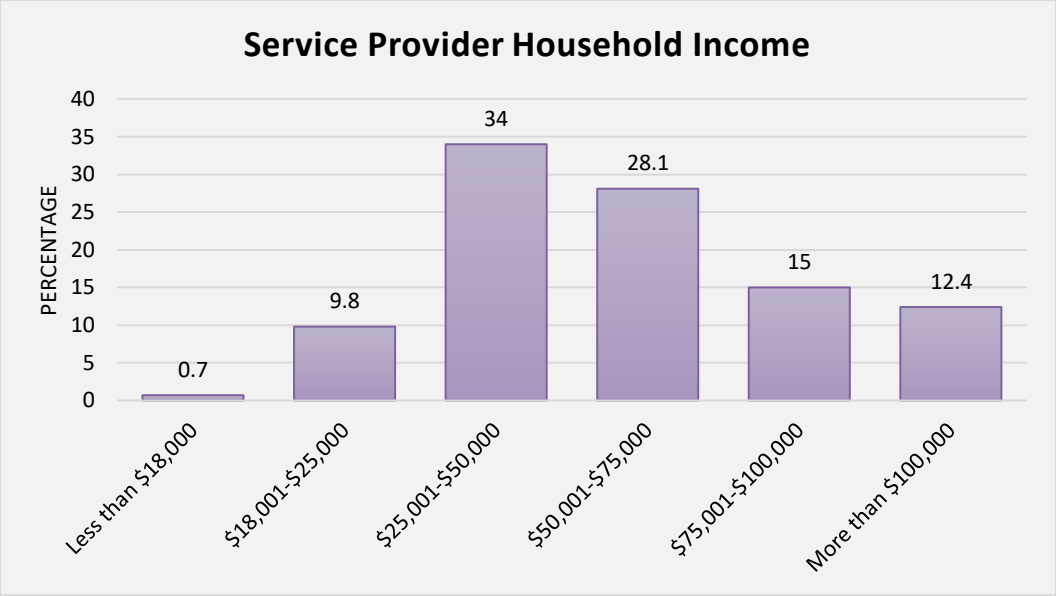


Figure 22 Service Provider Household Income

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., when they were 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 lives (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 23 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 23).

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.

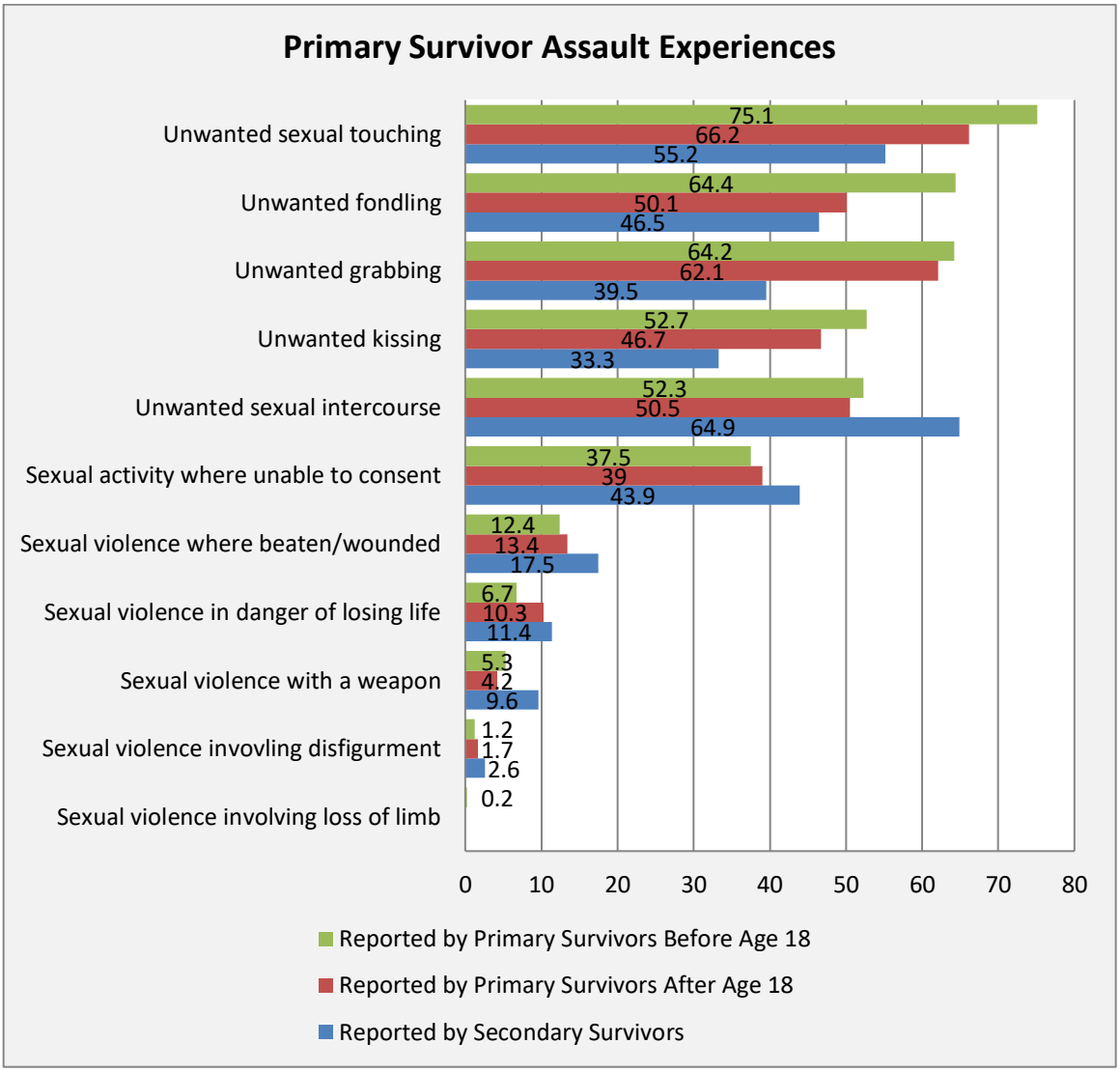


Figure 23. Primary Survivor Assault Experiences

Primary Survivor Age at Time of Assault by Type of Assault

Table 4 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%).

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 lives (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 4. 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 24.

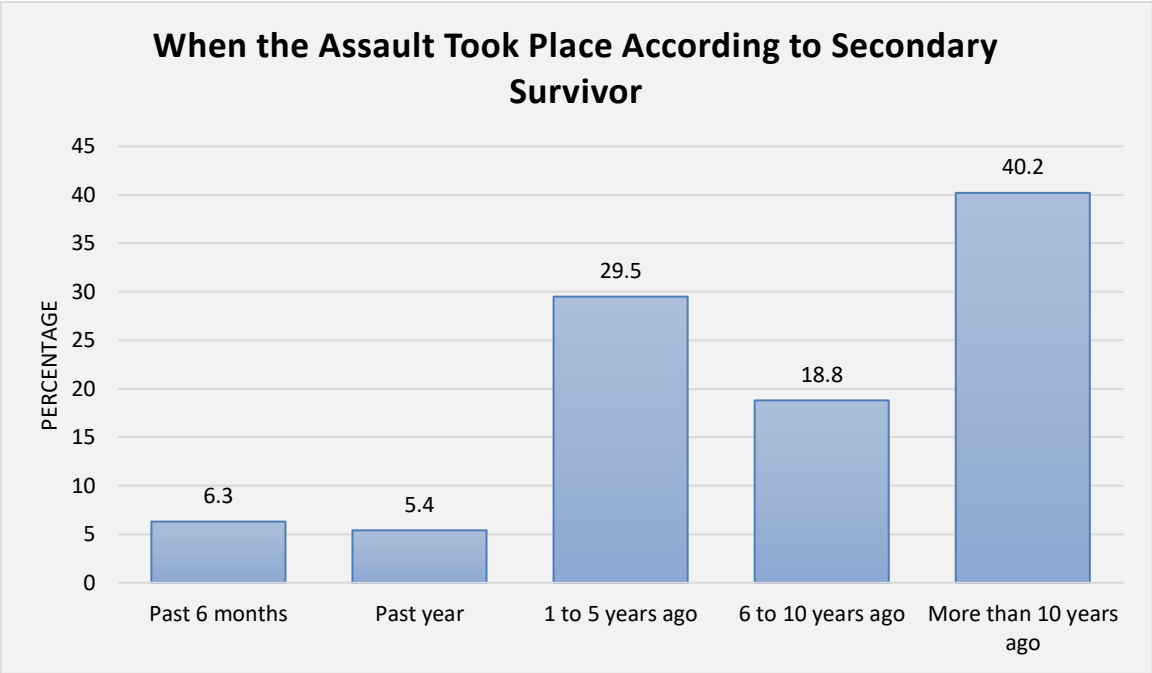


Figure 24. When the Assault Took Place

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 Identity 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 25).

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%). Since questions asked only about the age of the primary survivor, the data do not clarify whether survivors were assaulted both before and after the age of 18. The results are displayed in Figure 25.

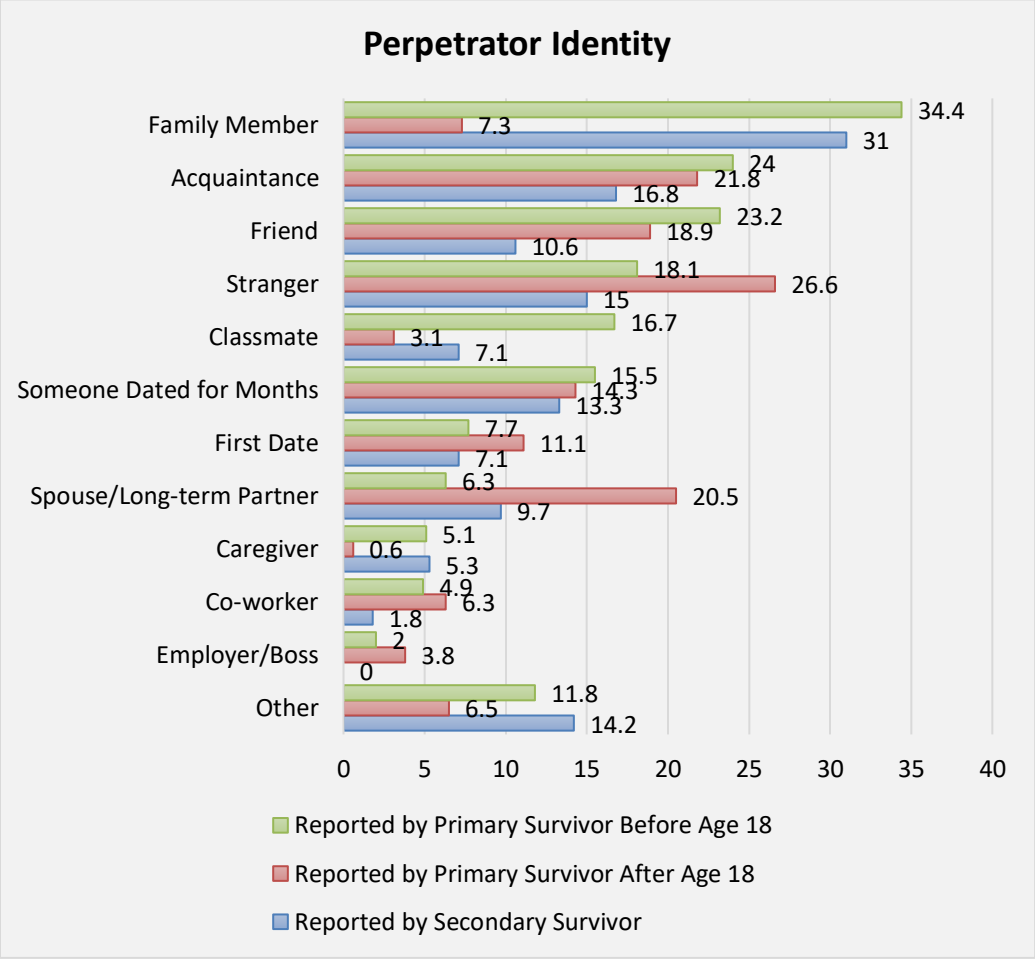


Figure 25. Perpetrator Identity

Disclosure and Reporting

Disclosures

Our findings indicate that 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.

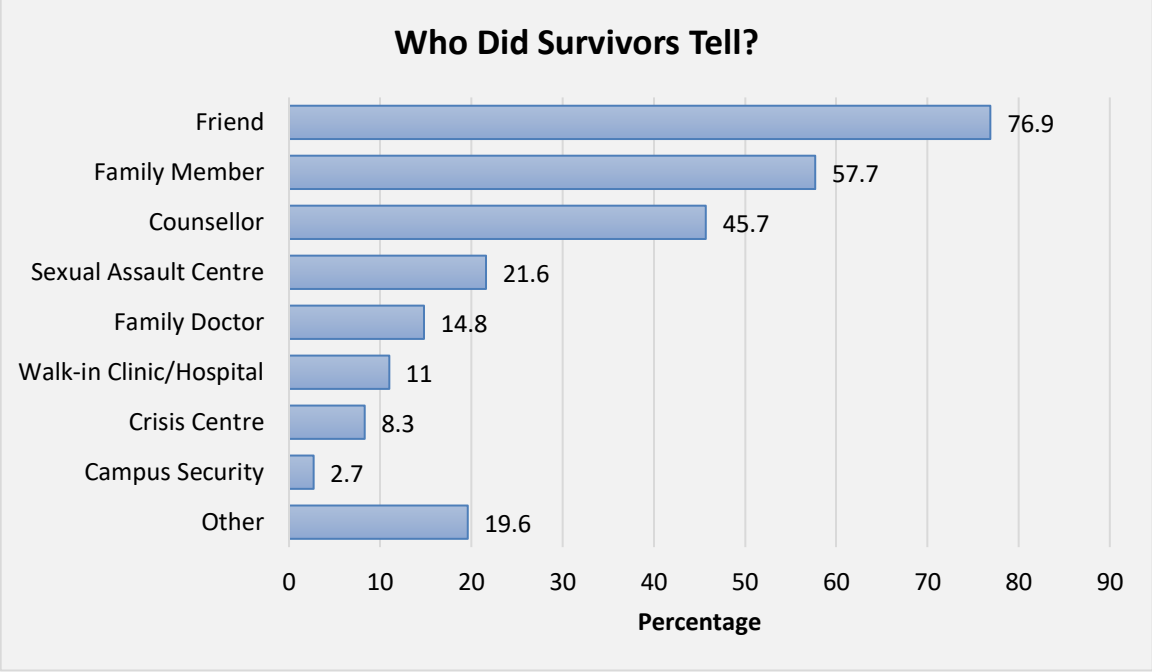


Figure 26. Who Did Survivors Tell?

How Soon Following the Assault Did Survivors 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 question (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 27).

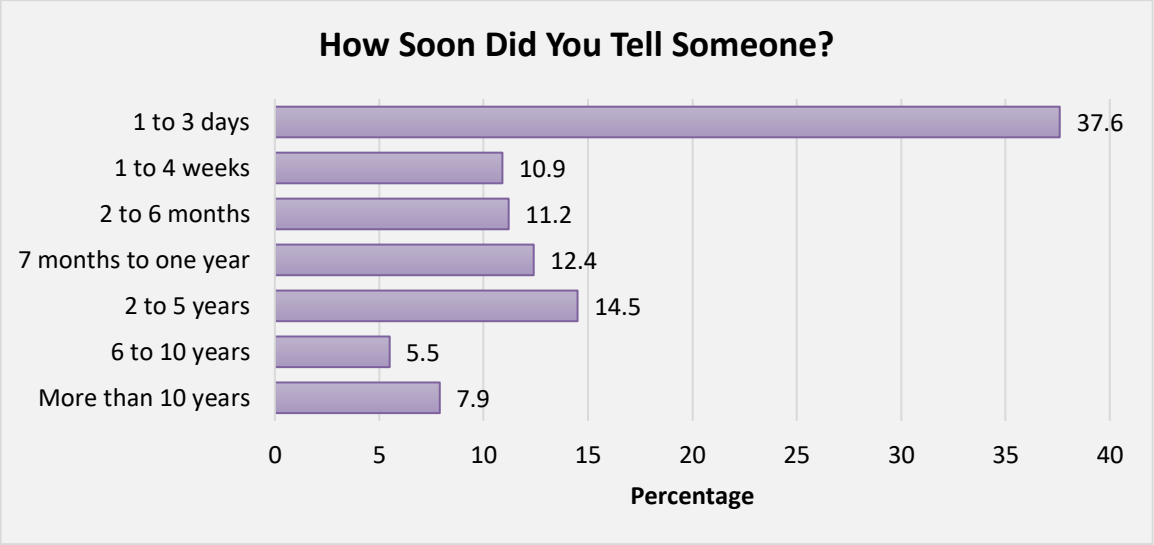


Figure 27. How Soon Did You Tell Someone?

Formal Reporting

A minority of participating primary survivors made a formal report to police or RCMP (23.7%; n = 111). Of the 111 survivors who made a formal report, 35 (31.5%) 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 had 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). Lastly, 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 about them through friends and family (45.2%), 18 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 services through social media. Eleven secondary survivors did not know how primary survivors heard about services (17.7%).

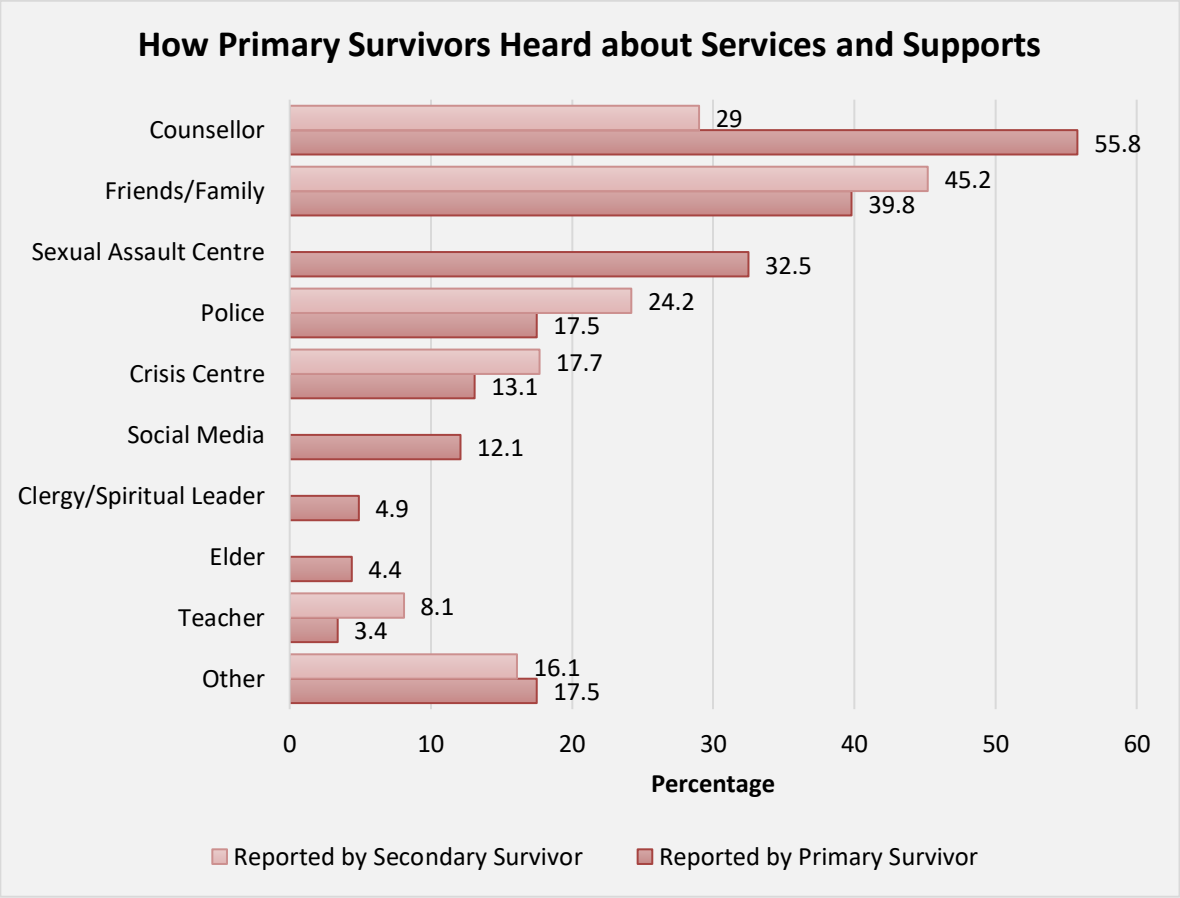


Figure 28. How Primary Survivors Heard about Services and Supports

Services 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 29.

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 29.

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

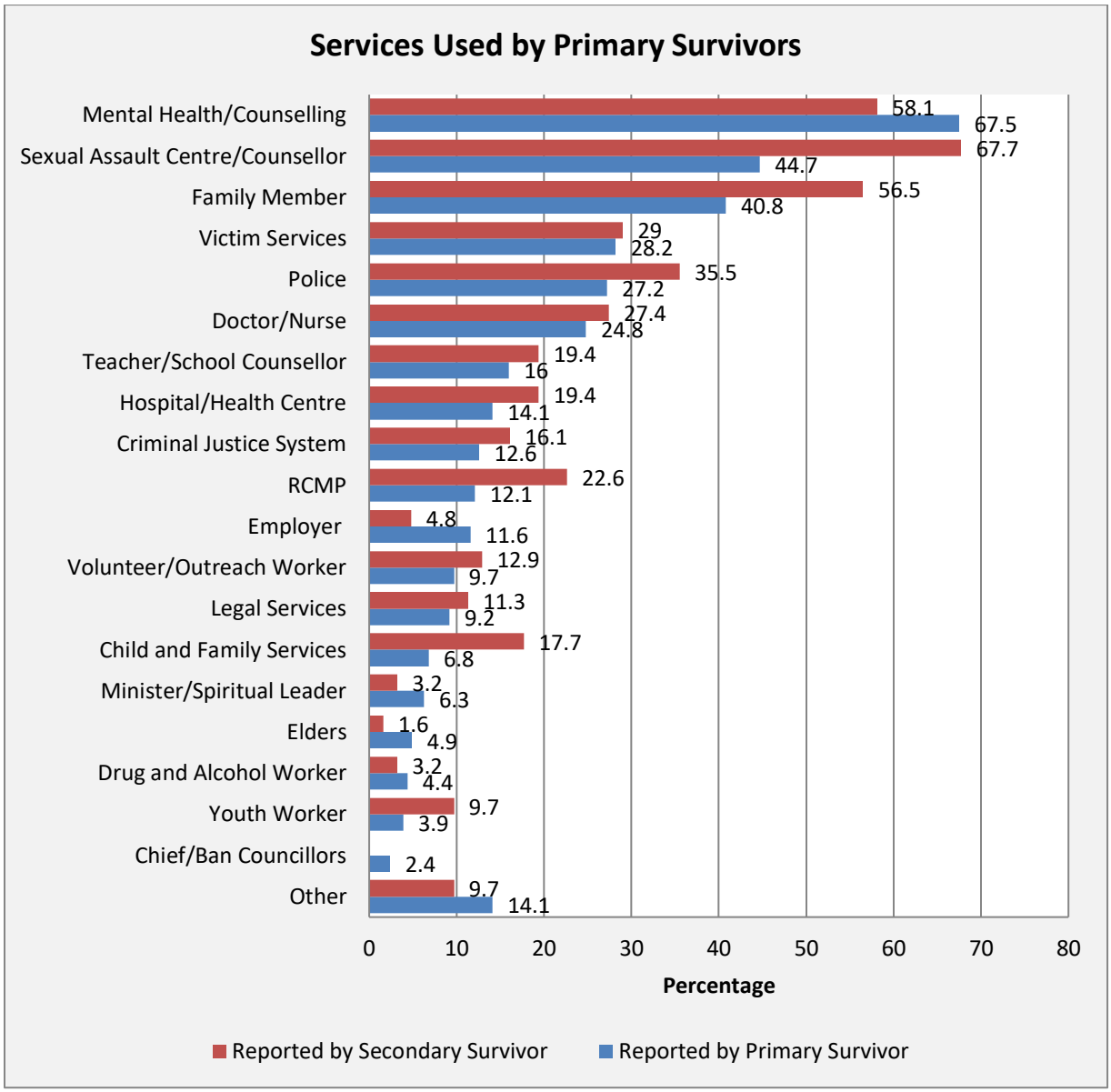


Figure 29. Services Used by Primary Survivor

Services Used by Secondary Survivors

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 30.

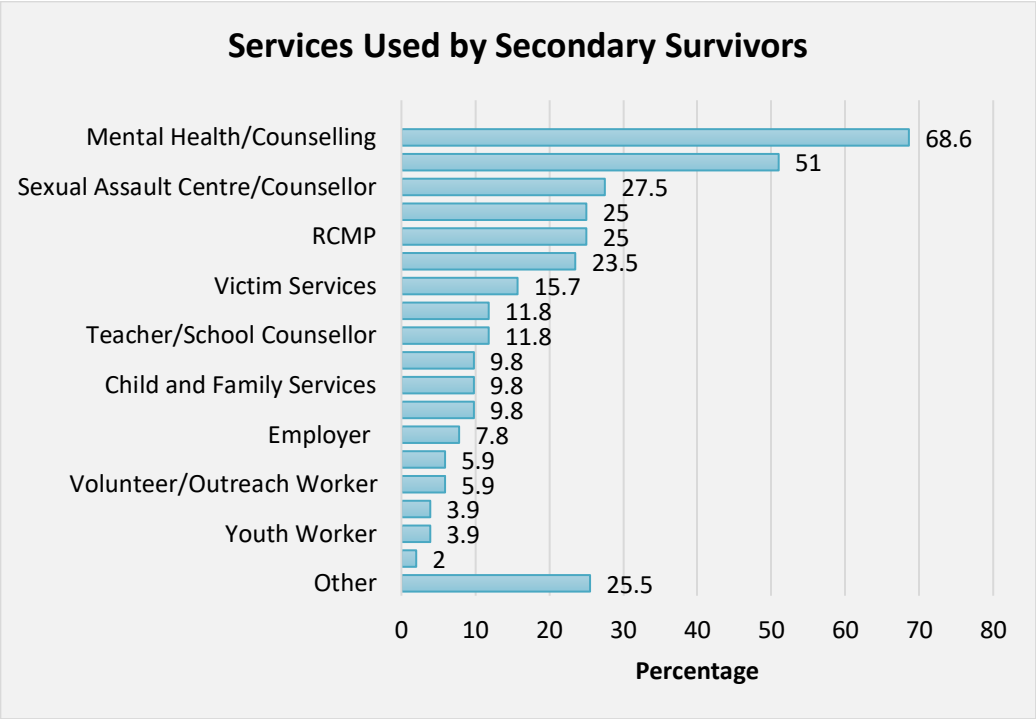


Figure 30. Services Used by Secondary Survivors

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 26, with the percentages including "moderately satisfied" to "extremely satisfied" responses. Following this, primary survivors' frequency and percentage scores are further specified in Table 5.

As can be seen from Table 5, 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 5. 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 Councilors	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 6.

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 6. Primary Survivor Satisfaction with Services as Reported by Secondary Survivors

Primary Survivor 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 31 below shows the overall satisfaction rate with services by primary survivors in percentages, as reported by both primary and secondary survivors.

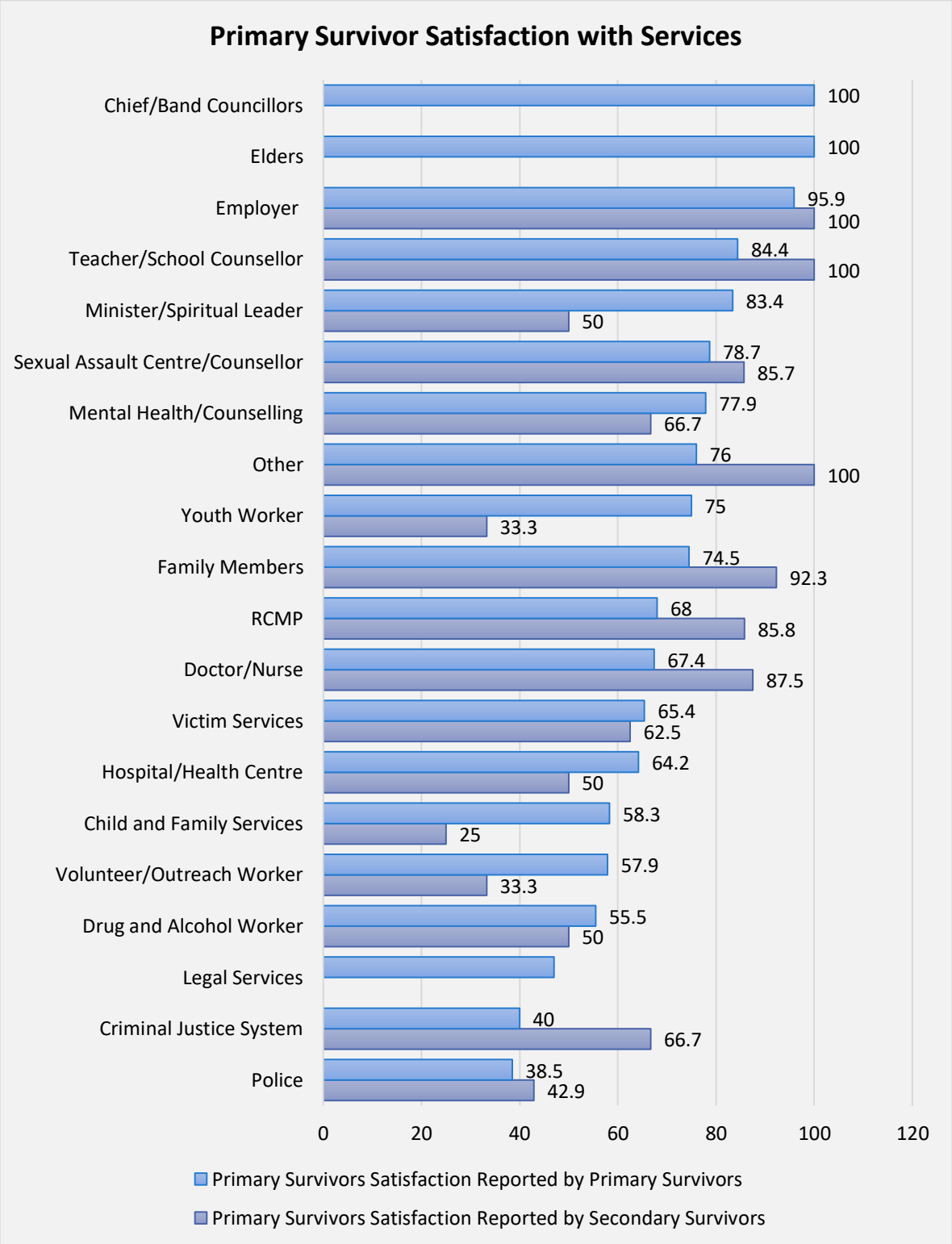


Figure 31. Primary Survivor Satisfaction with Services

Finally, secondary survivors were asked to rate their own satisfaction among the services and supports that they used (see Table 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. Secondary survivors were least satisfied with (1) RCMP; (2) Police; (3) Victim Services; (4) Child and Family Services; and (5) Legal Services.

Table 7. Secondary Survivor Satisfaction with Services

Secondary Survivor Satisfaction with Services (Frequency)				Percentage	
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 Councilors	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 32 below shows the overall satisfaction with services reported by secondary survivors in percentages.

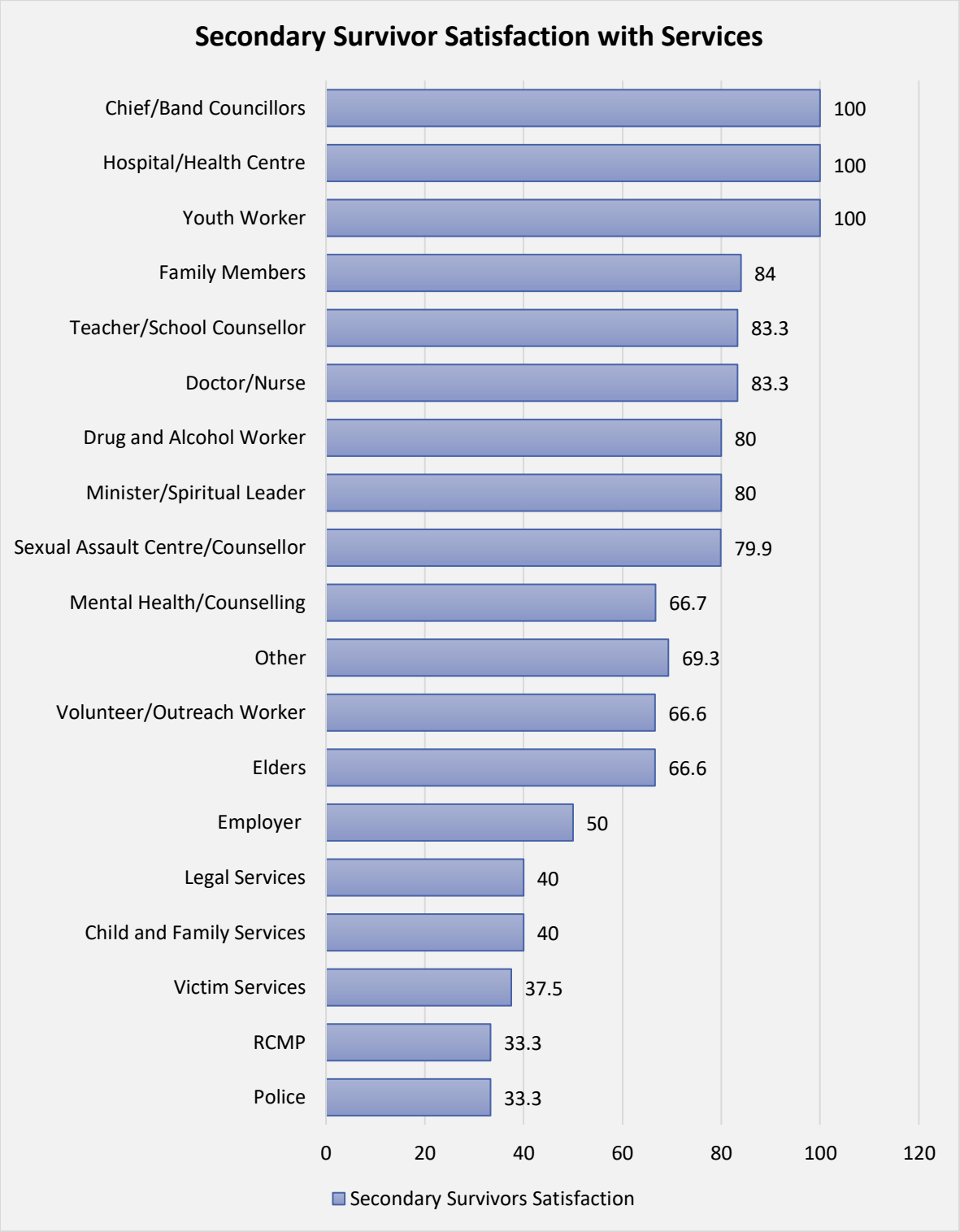


Figure 32. Secondary Survivor Satisfaction with Services

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 33.

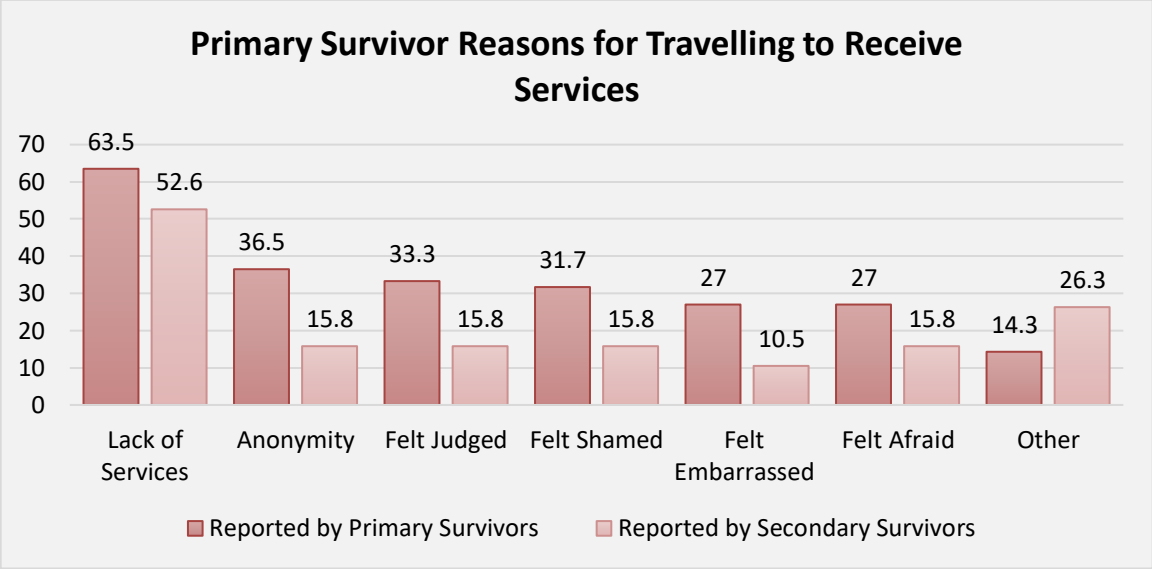


Figure 33. Primary Survivor Reasons for Travelling to Receive Services

Treatment by Service Providers

Primary survivors were asked if they felt they were treated negatively because of 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 because of 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 34.

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 35.

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 36.

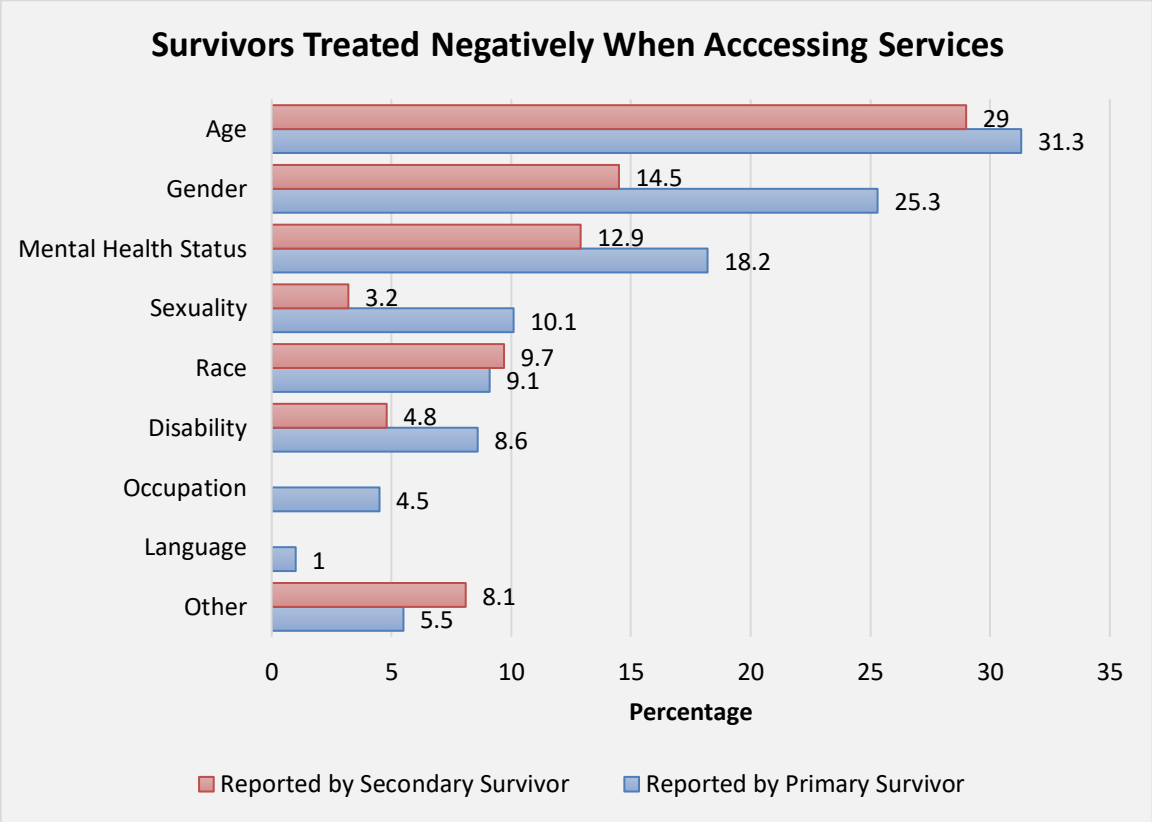


Figure 34. Survivors Treated Negatively when Accessing Services

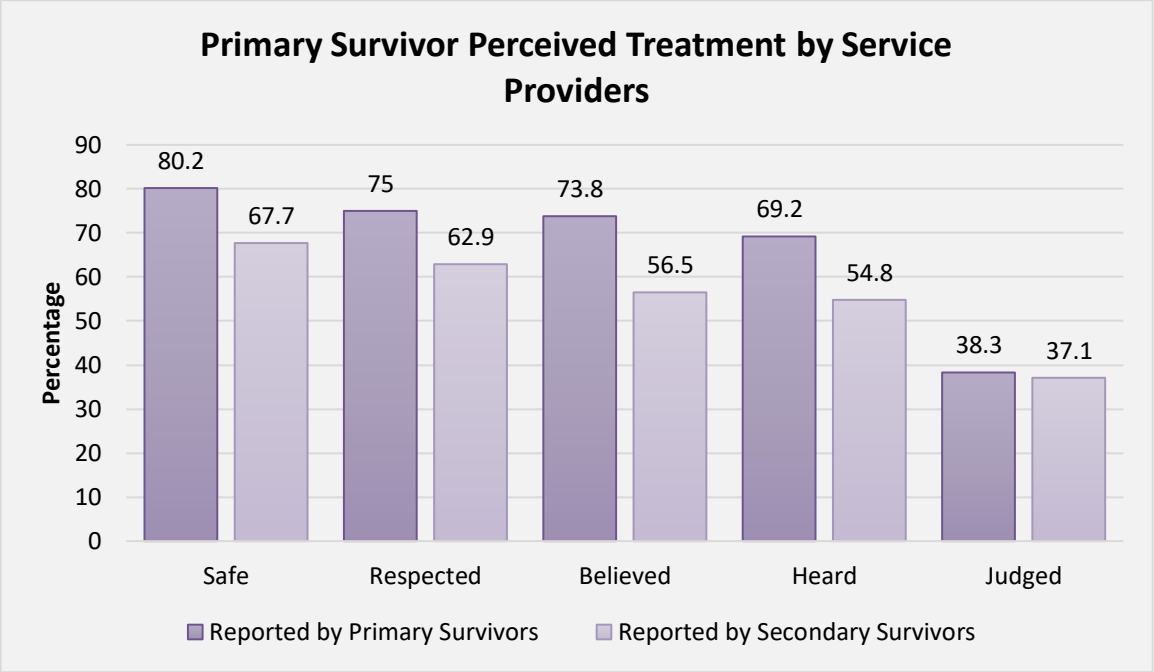


Figure 35. Primary Survivor Perceived Treatment by Service Providers

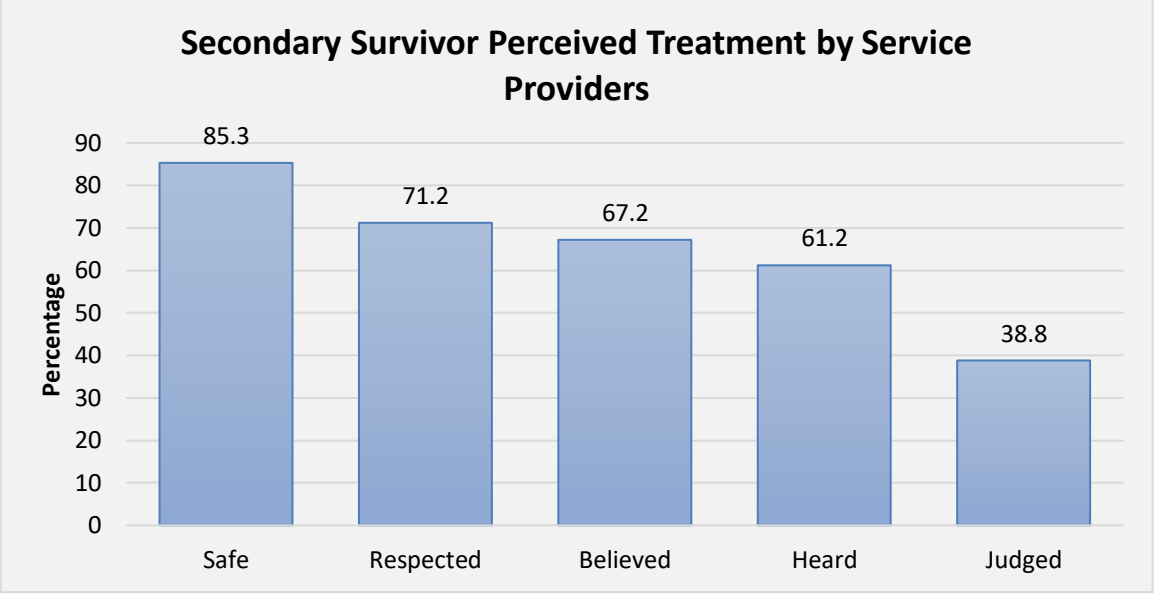


Figure 36. Secondary Survivor Perceived Treatment by Service Providers

Barriers to Accessing 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 37.

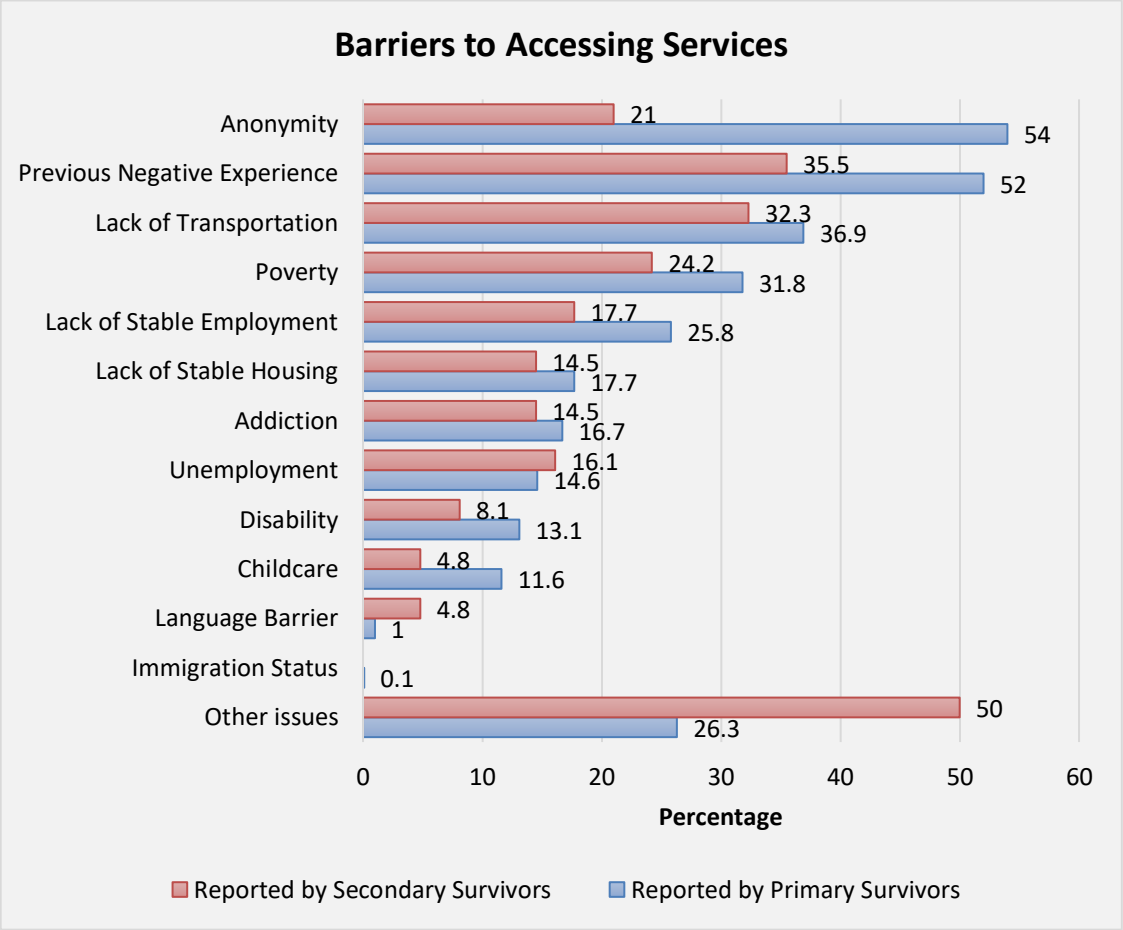


Figure 37. Barriers to Accessing Services

In addition to the specific barriers listed (Figure 38), 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 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%), increased 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 38.

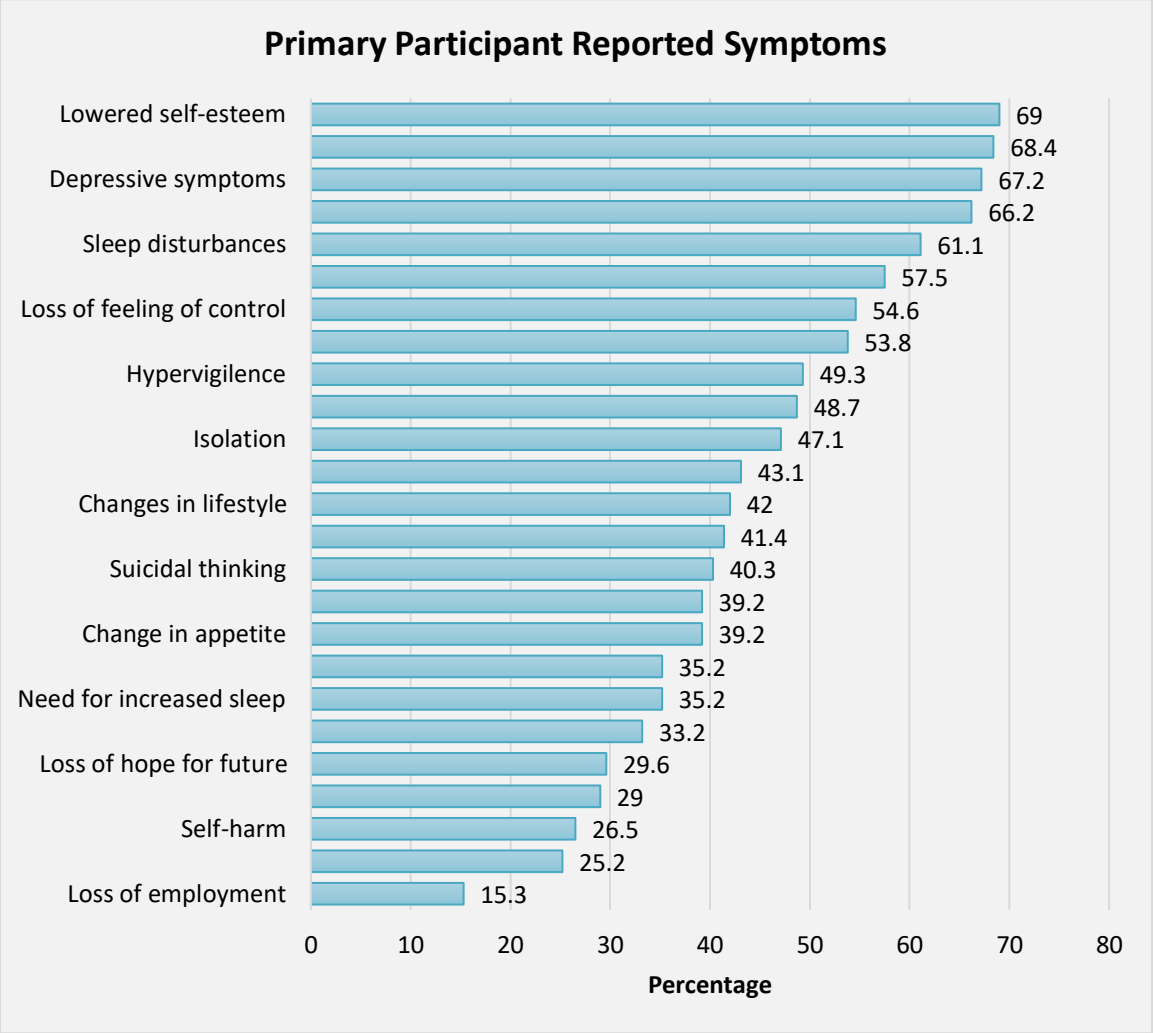


Figure 38. Primary Participant Reported Symptoms

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 travelling outside the community to access services. The results for Indigenous status are presented in Table 8.

Table 8. Indigenous Status Comparisons

Primary Survivor 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 Survivors 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 Provider Reported Training, Experiences, and Supports

Services Offered by Service Providers

As mentioned in Participant Demographics (Figure 4), 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%).

Specialized Training

About half of the service providers had received specialized sexual assault training (n = 78; 51.3%), while half had not (n = 74; 48.7%). Furthermore, approximately 49% stated that sexual assault training is provided at their agency (n = 58), while the remaining 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 39.

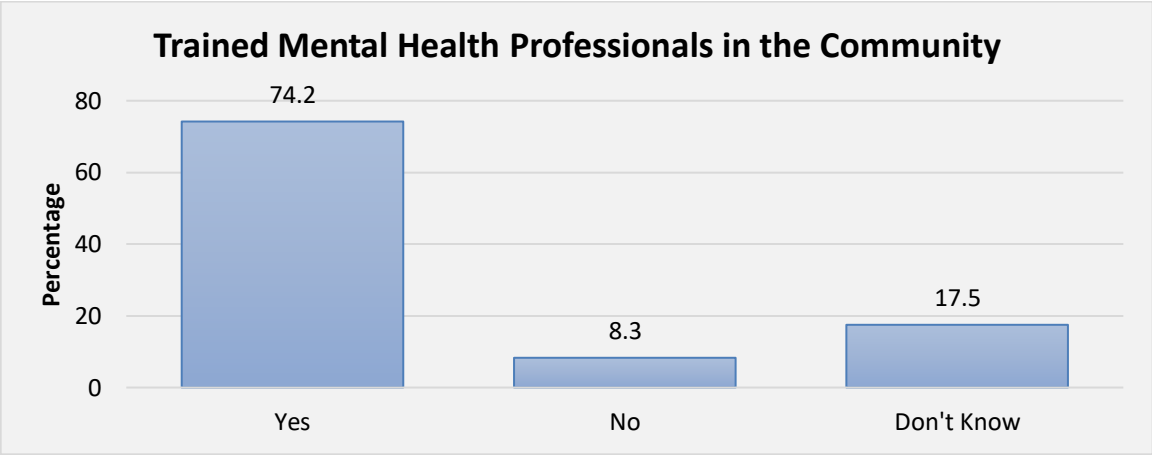


Figure 39. Trained Mental Health Professionals in the Community

Only service providers in the second iteration of the survey were asked if they have access to traditional knowledge keepers, which included forty participants. Thirty-three service providers answered the question, with 17 service providers stating that they have access to traditional knowledge keepers and restorative justice programs (51.5%) and 16 stating that they do not (48.5%).

Drugs and Alcohol Involvement in Assault Occurrences

Service providers estimated that drugs and alcohol were involved in the assault rarely (*n* = 5; 3.5%), sometimes (*n* = 37; 26.2%), often (*n* = 86; 61.0%), and always (*n* = 13; 9.2%).

Client Demographics According to Service Providers

Service providers were asked to state what percentage of their clients are from specific 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 40 and 41.

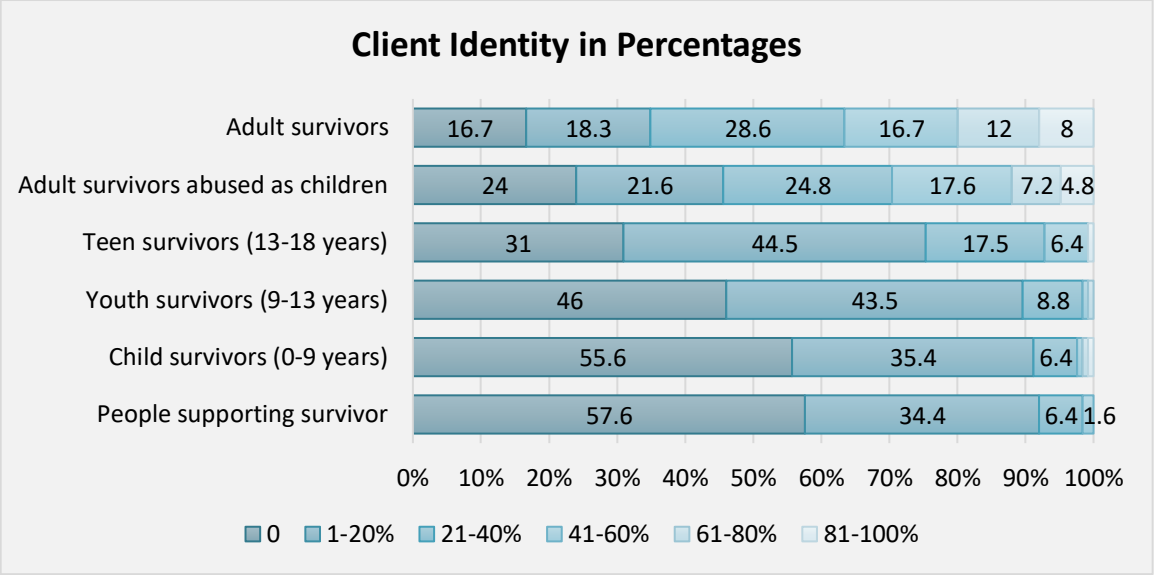


Figure 40. Client Identity in Percentages

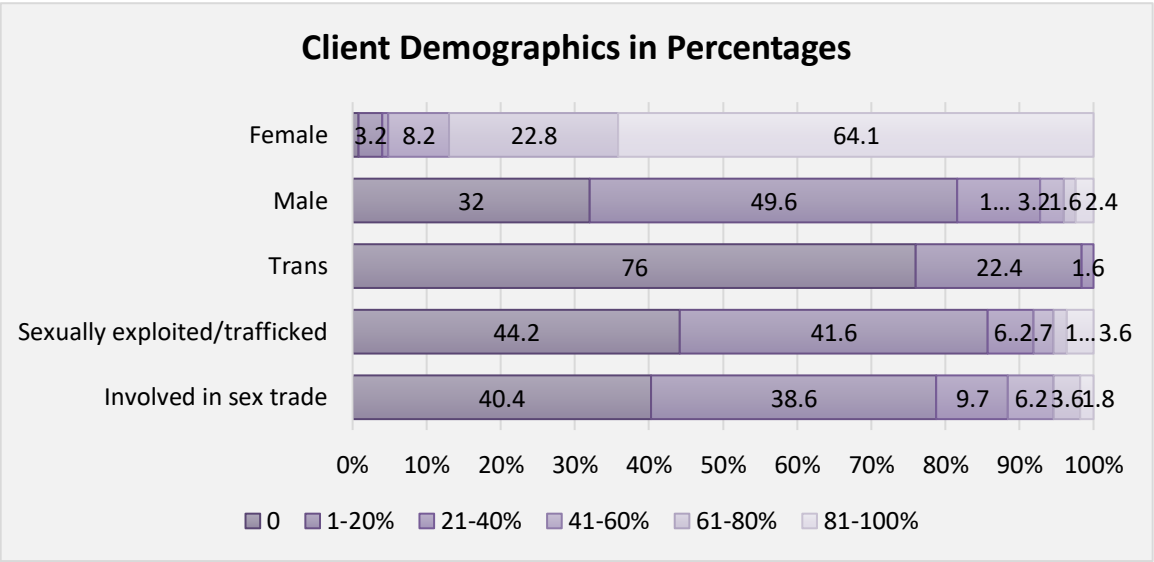


Figure 41. Client Demographics in Percentages

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 42. Service providers believe that survivors do not report the assault because they are afraid of retaliation, or feel ashamed, embarrassed, or judged.

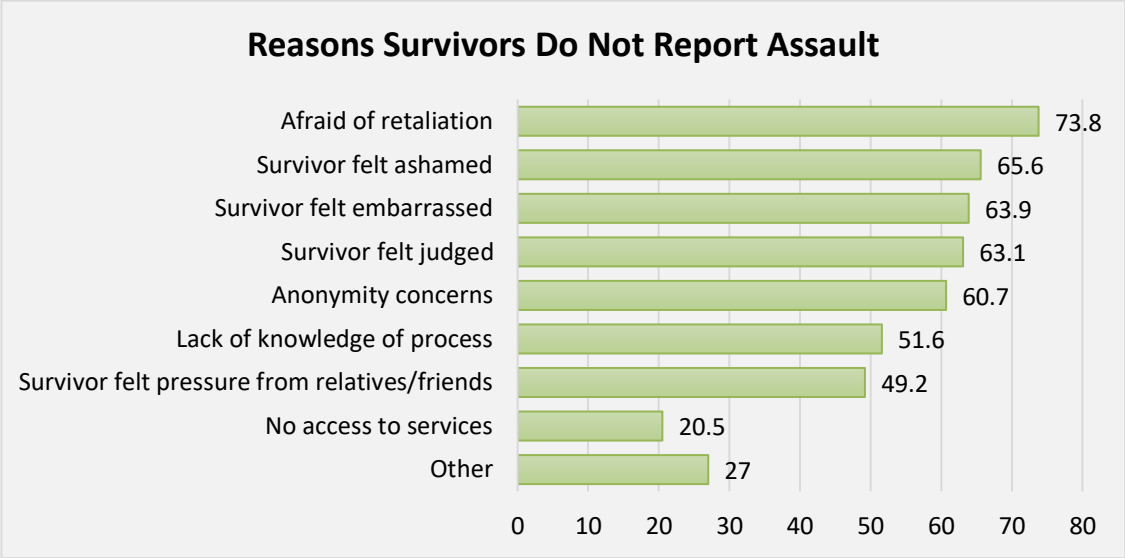


Figure 42. Reasons Survivors Do Not Report Assault

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 43.

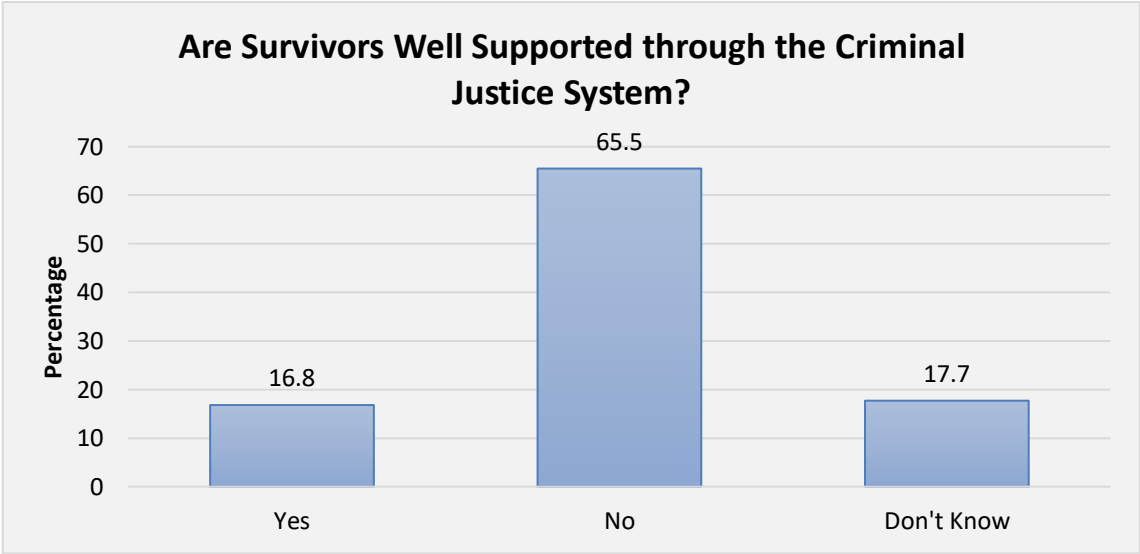


Figure 43. Are Survivors Well-Supported through the Criminal Justice System?

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%). Reported survivor reasons for going outside the community are presented in Figure 44. According to service providers, survivors were more likely to travel outside the community as a result of lack of access to services, anonymity concerns, feeling judged, and fear of retaliation.

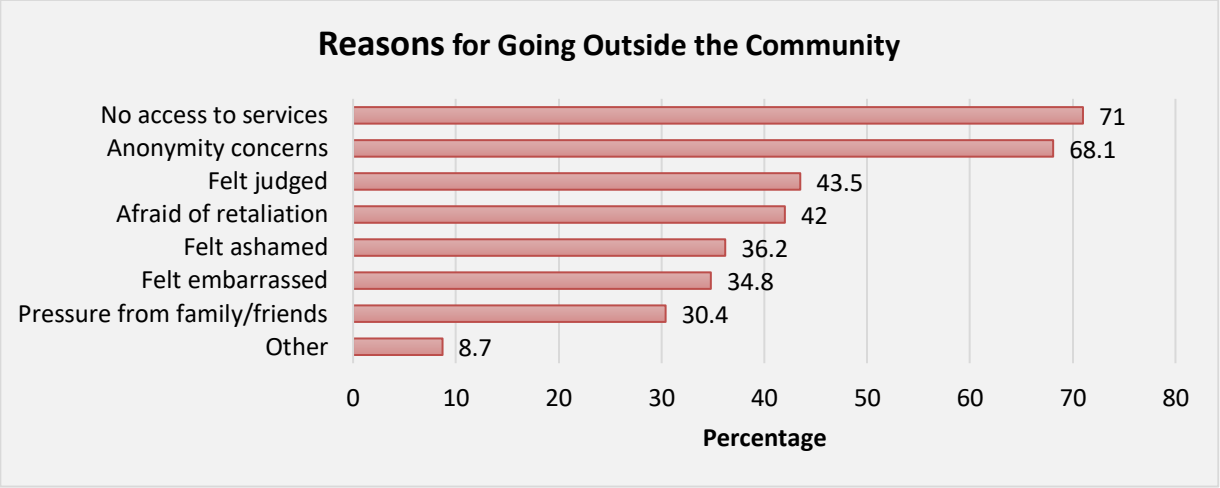


Figure 44. Reasons for Going Outside the Community

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 cited reasons 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 45.

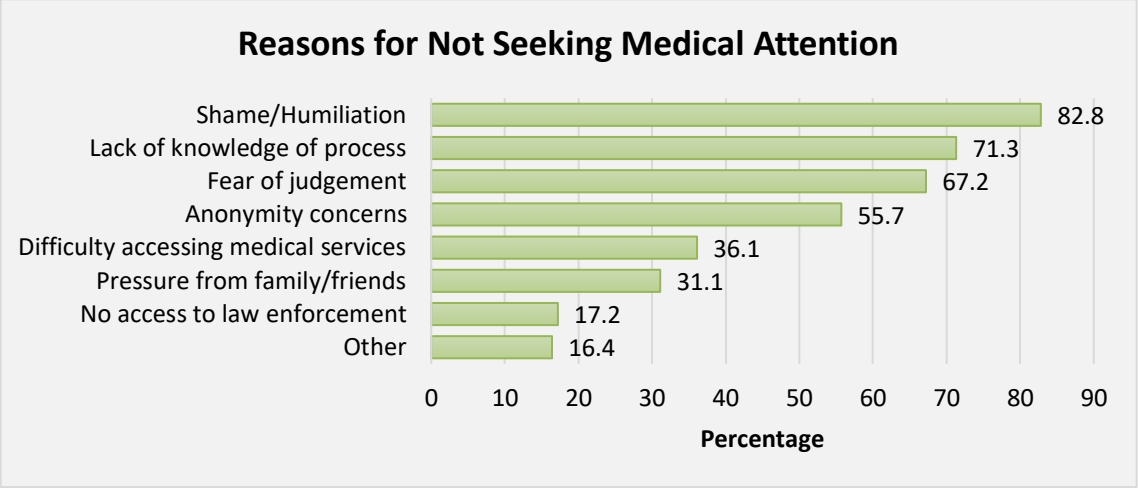


Figure 45. Reasons for Not Seeking Medical Attention

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%), while the remainder reported 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 46.

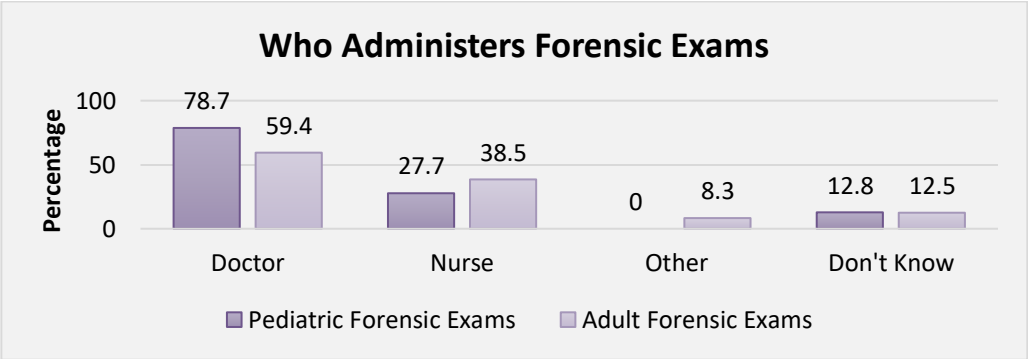


Figure 46. Who Administers Forensic Exams

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%), or 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 47 displays the individuals who usually accompany the survivor to the forensic exam.

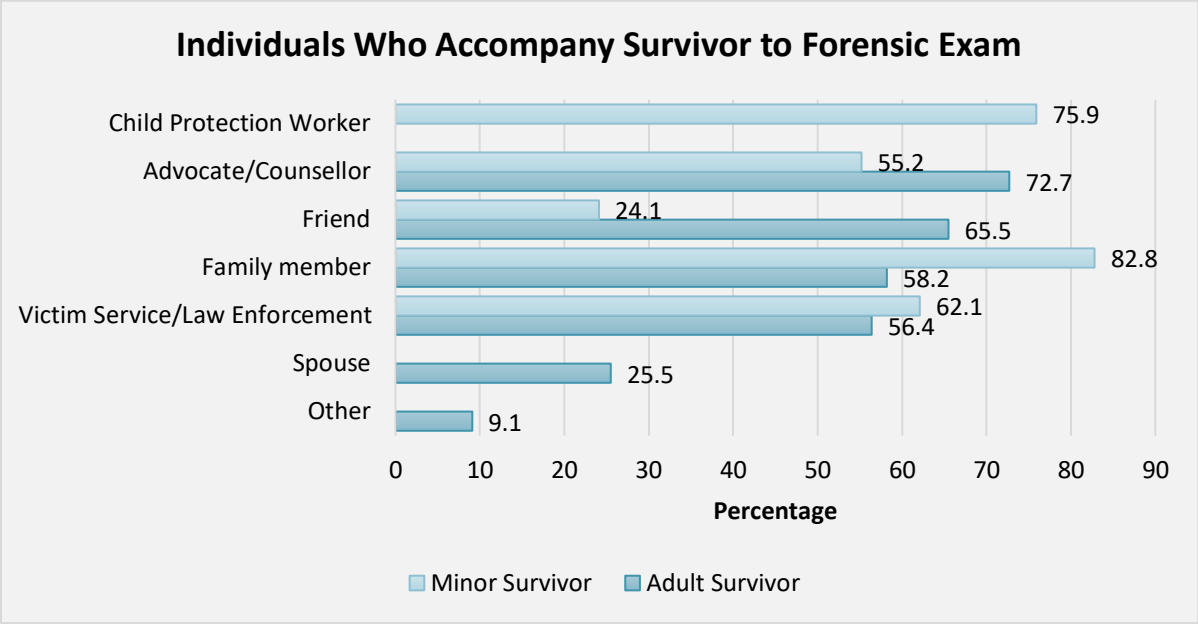


Figure 47. Individuals Who Accompany Survivor to Forensic Exam

Most Commonly Used Services According to Service Providers

Asked which services sexual assault survivors access most commonly, service providers reported 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 48 displays the most commonly used services.

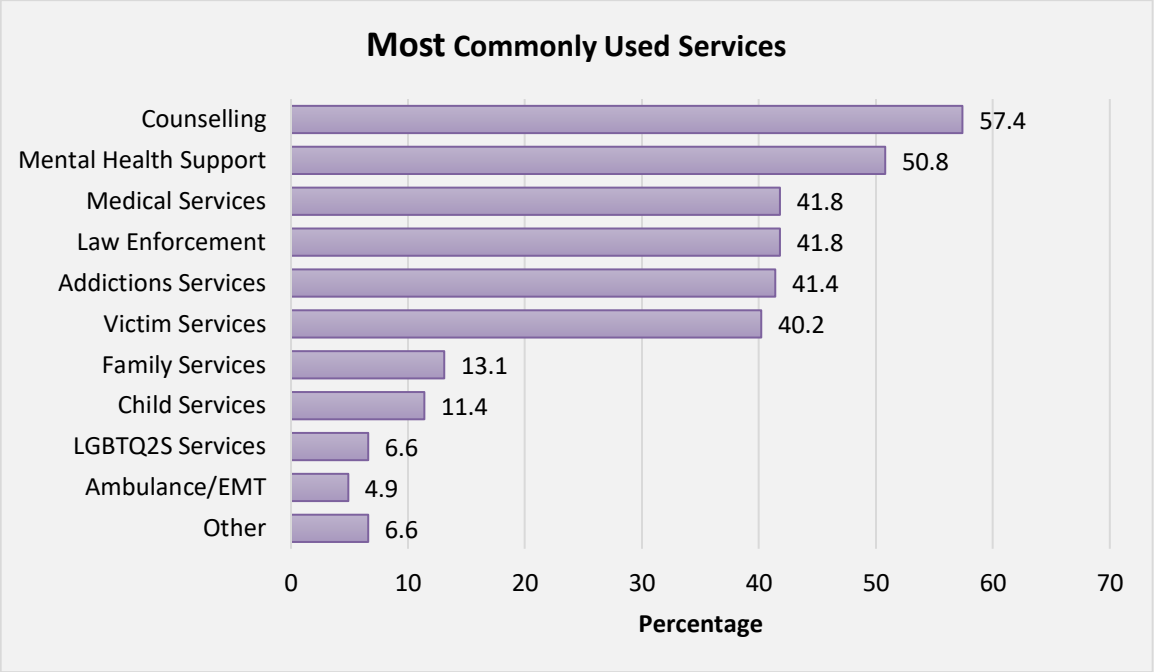


Figure 48. Most Commonly Used Services

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 49.

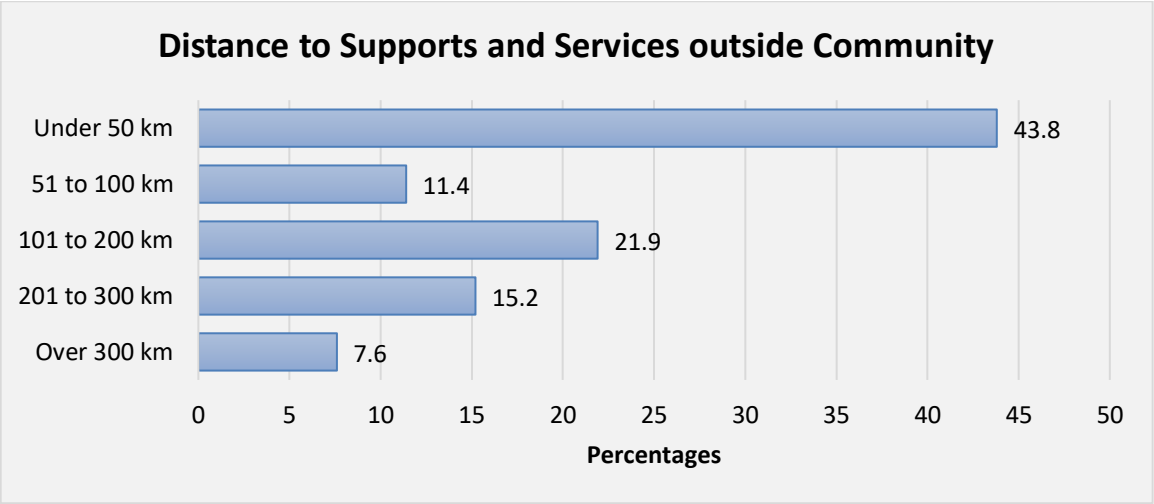


Figure 49. Distance to Supports and Services outside Community

Final Thoughts

#MeToo Movement

Only participants who received the second iteration of the survey were asked if the #MeToo movement influenced them to 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 (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 (69.2%). Results are presented in Figure 50.

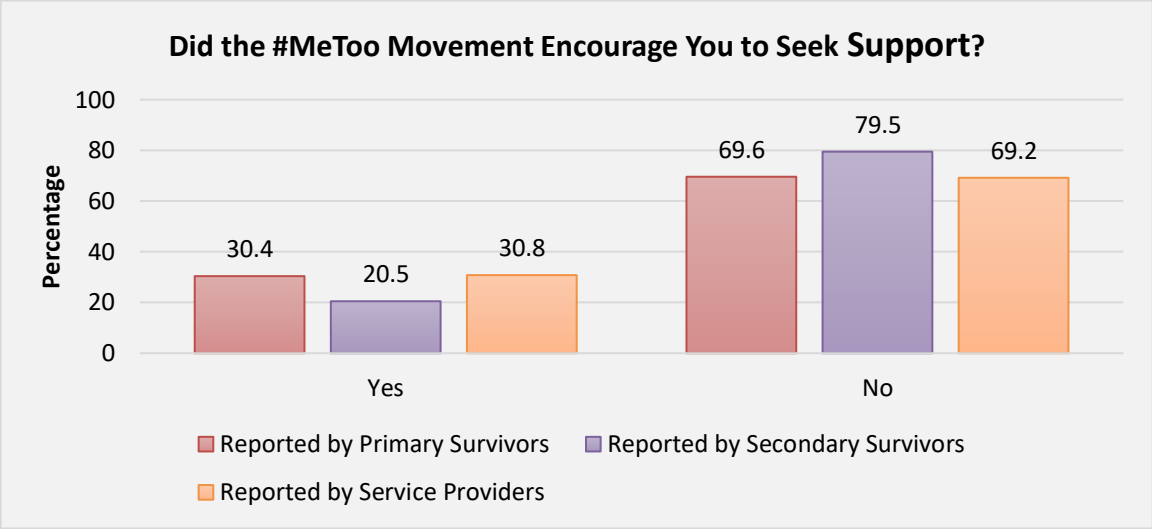


Figure 50. Did the #MeToo Movement Encourage You to Seek Support?

DISCUSSION

Victims and Survivors in Saskatchewan

The majority of sexual assault victims and survivors are women

As stated in our literature review, sexual violence is a gendered crime in that 87% of all sexual assaults incidents in Canada are committed against women. Women in Canada reported a rate of 37 incidents per 1,000 population, while men reported a rate of 5 incidents per 1,000 population (Conroy & Cotter, 2017).

Consistent with national statistics, our research study findings indicate that women represent the vast majority of victims of sexual violence in Saskatchewan with the combined responses of primary and secondary survivor at 88.35%. Men represented 8.35% of victims of sexual violence. Combined responses from primary and secondary survivors also indicated that 1.5% of survivors identified as two-spirit individuals, and 1.75% of survivors identified as transgender. These findings are consistent with previous research that identifies sexual violence as a gender-based crime, motivated by power and control, and one that is deeply rooted in a history of gender relations and societal attitudes and beliefs that translate into clear gender differences in who is most likely to victimize and be victimized (Benoit, Shumka, & Vallance, 2017; Johnson, 2006).

Focus group discussions with service providers indicated that sexism and patriarchy were major factors that contributed to the vulnerability and the victimization of women and girls in Saskatchewan. In many of the communities we visited, social and economic structures reinforced narratives of male dominance and sexual aggression against women, children, and feminized males. Many female survivors perceived and experienced a continuum of sexual violence that ranged from sexual remarks, to sexual touching, to sexual assault in their daily lives. This continuum of threatened violence was perceived by participants across the lifespan, with many women feeling vulnerable to sexual assault their entire lives.

> I was raped starting at four and sold [prostitution] and it has continued my whole life. I then had children of whom I have learned one is a serial rapist and…has raped me for years and I ran away from another province to better my life and then was assaulted since…
>
> I have been sexually assaulted more times than I can bear to recall. You never really feel safe or prepared and for me, it just got harder to cope with each time.
>
> As a teenage girl with large breasts, I was often the object of unwanted sexual attention. Although this was never what I would consider violent, I was not aware that I could say anything or stop situations where it might seem like I had 'led the guy on.' It was just part of being female.

However, it is vital to note that men, boys, Trans, Two-spirit, and non-binary individuals can also become targets of sexual violence (Conroy & Cotter, 2017). Discriminatory attitudes such as racism, ableism, queer and transphobia also lead people to dehumanize or belittle individuals. These behaviours reflect structural values in our society and are often used to oppress people who experience marginalization (AASAS, 2016). The 2014 *Juristat* on self-reported sexual assaults in Canada indicated that men reported sexual assaults at a rate of 5 per 1,000. In addition, those who identify as homosexual or bisexual were assaulted at a rate six times higher than those who identified as heterosexual, 102 versus 17 per 1,000 (Conroy & Cotter, 2017).

Young people under the age of 24 report the highest rates of sexual victimization

The 2014 General Social Survey on Victimization found that the overall rate of sexual assault was considerably higher for young Canadians, particularly women, aged 15-24 years old, who represented nearly half (47%) of all sexual assault incidents.

Results from our study indicate that the largest proportion (29.6%) of primary survivor participants were between the ages of 18-24 years old, followed by those aged 25-30 years old at 21.3% at the time of completing the surveys.

Of all their sexual assault experiences, more than half (53.9%) occurred when primary survivors were between the ages of 13 and 24 years. This age category also reported the highest frequency of incidents of all types, from Level 1 to Level 3 sexual assaults, as outlined in the Criminal Code of Canada and summarized by Brennan & Taylor-Butts (2008, p. 7):

> **Sexual assault level 1 (s. 271):**
>
> An assault committed in circumstances of a sexual nature such that the sexual integrity of the victim is violated. Level 1 involves minor physical injuries or no injuries to the victim.
>
> **Sexual assault level 2 (s. 272):**
>
> Sexual assault with a weapon, threats, or causing bodily harm.
>
> **Aggravated sexual assault (level 3):**
>
> Sexual assault that results in wounding, maiming, disfiguring or endangering the life of the victim.

Our findings mirror national trends that reflect high rates of victimization by sexual assault among younger individuals, particularly women.

Indigenous youth experience higher rates of sexual victimization

National statistics and other research indicate that Indigenous people were more likely to experience sexual victimization than their non-Indigenous counterparts (Conroy & Cotter, 2017; Dylan et al 2008). The 2014 General Social Survey on Victimization found the rate of sexual assault among Indigenous people was approximately three times higher than rates among non-Indigenous people at 58 versus 20 per 1,000 population (Conroy & Cotter, 2017).

In a province where the last residential school was closed within recent memory (1996), and where investment in a rigid gender binary continues to inform public discourse, right down to the forms used to document sexual assaults, the province is facing a tremendous range of survivors and contexts for abuse and assault, with very uneven tracking.

In some northern communities, we were advised that 9 out of 10 women *and* perpetrators have been sexually assaulted. These assaults have occurred in the context of overcrowded homes where multiple adults and children share a bed; in communities with disproportionately high rates of incarceration of Indigenous people facing sexual violence in prison systems; as well as the summary removal of public transportation systems as an avenue of escape. It is vital to note that the removal

of Saskatchewan Transportation Company (STC) buses from northern communities has amounted to the reinstatement of a "pass" system for Indigenous communities, whereby treaty individuals who do not have their own means of transportation must apply to the band and disclose the reason for their request for assistance, and non-treaty community members must do the same with the local government. Because sexual assault is facilitated by a disproportionate lack of services in the north, in rural communities, and in environments such as resource extraction industries, where sexual assaults are known to be tolerated, even encouraged, governments remain complicit in this crisis. We were also advised that sexual assault is so common in Northern communities as to be non-remarkable, with survivors in crisis being advised to "suck it up," like everyone else. Survey respondents confirmed this finding. As one young woman explained:

> I had very, very low self-esteem and carried the shame and guilt. I did not know there was such a thing as support. The person I told said to me shut up and quit talking, like, don't say such things about people. I kept it in. And felt it was my fault for being abused Living on a reserve there was no such thing as support when I was growing up.

This state of affairs is completely unacceptable. Systemic factors need to be taken into consideration and addressed in order to reduce sexual assaults in underserved communities and to encourage reporting. When marginalized people experience discrimination, they learn not to seek support, and while this keeps documented assaults and related costs low, the ongoing fallout from unresolved traumas accumulates to produce other kinds of social costs. One service provider noted the multiple barriers survivors face and the related mistrust of medical and legal professionals:

> Many of the survivors I support do not trust medical professionals or law enforcement and have had multiple bad experiences with both. Many of the individuals I provide service to struggle with addiction and/or mental health issues, poverty, and are involved in the sex trade. Many of the First Nations and Métis people I support have experienced racism. A fairly substantial percentage of the people I support are also concerned about other legal issues that might arise such as current warrants, drugs etc.

Another participant indicated that racism in healthcare systems is common, and that culturally appropriate solutions, developed in cooperation with community, are needed:

> For Indigenous communities it is very complex but intergenerational and historic trauma must be addressed by working with Indigenous communities and ensuring there are culturally safe supports, by addressing systemic racism, particularly in the health care system.

Women with abusive partners in on-reserve communities face housing precarity due to draconian housing arrangements that reflect the patriarchal colonial values that produced reserve systems via the Indian Act:

> Being First Nations and living on your partner's reserve, you don't have many choices because usually the house is in their name. If you want to leave you leave alone. He isolated me and I had no outside support systems. It took me four years to leave. It was a good thing I had a job and could save a little in secret. But it's hard if you don't have a job and support systems outside.

Structurally produced conditions of on-going harm, of course, are not confined to the north. To illustrate, in the course of the study, we learned that although overnight music festivals are popular in Saskatchewan, they are also frequently sites of sexual abuse and assault. We learned that gender variant teens are often targeted by people in their 20s. We learned that trafficked women brought

into communities such as Kindersley get trapped in the trade without access to meaningful public transportation. We learned that some people with nowhere to go are forced to stay in jail cells in communities full of hotels for labourers. Surely, arrangements could be made to provide better housing in such circumstances.

We learned of one situation where a young single parent waited six years to get access to a low-income urban home in which to raise her growing daughter. The public housing landlord insisted on an inspection every three months, during which he would make unwanted sexual advances. For the first time, this woman had a secure home for herself and her daughter, but she was terrified that the landlord might come by at a moment when her daughter was home from school early and she was on her way home from work. In order to preserve access to affordable housing, she was forced to ask male friends to pose as visiting relatives whenever the landlord proposed a visit, until he finally gave up his practice of gratuitous regular "inspections." Because there is no formal system for gathering complaints about such abuses of authority in low-income housing situations, it is probable that this landlord went on to abuse other vulnerable women.

People with disabilities are targets for sexual victimization

Study findings indicate that 20.9% of primary survivors were currently living with a disability. Of these survivors, 62.4% have a psychological disability, 23.95% have a physical disability, and 13.6% have a cognitive disability. These were combined responses from primary and secondary survivors.

Research participants shared that having a disability was a factor that contributed to sexual violence by increasing the vulnerability of individuals. Individuals with disabilities were often grappling with negative social attitudes from the community and abuses of power by people they relied on for support, including family members, caregivers, and colleagues. Dependency on these relationships for their daily needs can pose challenges for those living with disabilities in reporting abuses of power and subsequently lose the supports they receive. Previous research indicates that individuals with disabilities are at greater risk of sexual violence, particularly individuals with mental or cognitive disabilities (Benedet & Grant, 2014; Conroy & Cotter, 2017; Meer & Combrinck, 2015; Nosek et al., 2001).

Saskatchewan service providers were particularly sensitive to the vulnerability of people with cognitive disabilities where the individuals were unable to articulate the assault, or their complaints were considered to have little credibility. A mentor in a centre for adults with fetal alcohol syndrome, cognitive disabilities, and acquired brain injuries reported the experiences of clients with multiple disabilities:

> Most have been abused their whole lives.

Speaking from the perspective of an agency that serves adults aged sixteen years and over living with intellectual disabilities, another provider stated:

> Often, they do not have resources or experience to access resources, or to travel away from their support systems. Their support system often includes housing. In addition to these restrictions, this demographic majority lives in poverty, relying on social income supports to survive. There is little disposable income to consider leaving their community and there is often amplified fear of the unknown for persons with intellectual disabilities. Generally

> speaking, they function best with structure and routine. When abuse becomes a part of that routine, I often hear how it is rationalized and normalized by the individual.

Consistent with previous research, we also found that disabilities, particularly poor mental health, can be acquired as a consequence of the sexual assault (Conroy& Cotter, 2017):

> I suffer from depression and anxiety disorders. I was actively suicidal for years and have attempted suicide on three occasions. I developed an addiction problem as a way to not have to feel things as a result of the physical and mental damage done. I spent years with extreme agoraphobia. I did not leave my house for any reason for just about 2 years. Friends actually went to doctors with my symptoms when I was sick because I would not leave the house.
>
> I can't have sex anymore without slipping into a completely dissociated state; I am often fearful of men, and I am riddled with nightmares.
>
> Loss of confidence in myself. I fear most strangers in certain settings; I have a hard time trusting most men and now some women too. I constantly think about the rape and about ways I could have prevented it. I think about the assaults at work and wish I would have said something sooner.
>
> It constantly replays in my head to the point I can't sleep some nights. My anxiety and lack of confidence are evident in my work environment and make me less efficient. Tasks take me longer to perform (compulsion to triple check work before I share it) and I struggle greatly with effective communication and presentations, which are very important in my role. While I have not lost my job, I do believe that my progression up the corporate ladder has been delayed by these facts.
>
> Had to leave several jobs due to sexual assault issues. It's made it difficult for me to have a steady employer where I feel safe from sexual violence in the workplace.

Sexual assault victimization is also high for members of 2SLGBTQQIA+ communities

National research has found that gay, lesbian, and bi-sexual individuals report sexual assault victimization at a rate six times higher than their heterosexual counterparts (Perrault, 2015). Additional characteristics often include being young, being single, being a student, earning a low income, participating in frequent evening activities, and societal discrimination (Todahl, Linvillee, Bustin, Wheeler, & Gau, 2009).

Our study found that trans individuals and queer youth experiencing homelessness or transience were especially vulnerable to victimization in Saskatchewan. Service providers shared how the marginalization of queer and trans individuals in mainstream society often leads to loss of power and privilege, which creates opportunities for exploitation by potential perpetrators. 2SLGBTQQIA+ members who are Indigenous or newcomers also experience heightened layers of discrimination within mainstream society and cultural groups. Examples shared involved the institutionalization of children and youth, particularly Indigenous minors, adding layers of challenge and increased vulnerability to sexual violence. Many service providers shared how many of their Indigenous queer youth experienced homelessness as a result of unsafe environments in their family homes and foster homes.

> I don't even know what is like to have a stable home because I was moved from one foster home to another every year. I have lived on the streets more often than in a home and that is what I know to be constant in my life.
>
> Sometimes it is safer on the streets than it is in the home.
>
> In the pride home, there have been eight youth living in the house and seven of them are Indigenous. It is due to the long history of foster care system, residential school trauma, intergenerational trauma, sexuality, addiction because of so many things that have come to their life. There is also homophobia within the Indigenous community towards two spirit folks.
>
> As a gender-queer youth, and the only one in my Indigenous community, I was very much seen as an outsider and I found it very hard to hold on to my identity.

Service providers shared how the marginalization of the 2SLGBTQQIA+ communities in Saskatchewan resulted in normalized violence against queer and trans people and a lack of safe spaces for youth. Queer and trans youth in foster care, shelters, and on the street face numerous barriers in accessing safe, inclusive, and affirming services. Many are unable to access services as a result of stigma and lack of non-binary services. Some reported:

> Out of fear that what took place would not have been considered assault because it took place between two women and I was young. I lived in a small town at the time and filing a report would mean outing myself and possibly putting myself at risk.
>
> There is a lack of space and affirming services outside of pride centres and people have had lots of negative experiences (violence of being misgendered) at other services. It is vital that community services educate themselves on how to support queer people. They can connect with local pride centres. Websites have to be clearly identifiable as safe spaces for people to make the call.

While there has been an increase in inclusive trauma-informed services for the 2SLGBTQQIA+ community, these services are centred in urban areas, particularly in central and southern Saskatchewan; lack of accessible and confidential services adds a layer of barrier for individuals living in rural or remote communities:

> Northern Saskatchewan is still isolated for queer and trans specific supports that are consistent and are based on those communities.

Still others shared that there was hesitancy to seek support due to previous negative experience and a general lack of faith that there will be any real intervention. Trans individuals in particular shared how they are fetishized and oversexualized within and outside the 2SLGBTQQIA+ community, increasing the vulnerability of being forced into sex work.

> There are many marginalized and vulnerable individuals in the LGBTQ2S community that are forced into sex work and a lot of trans folks are fetishized by johns and it ends up being a power and privilege thing where they think they can do whatever they want with this body because they "paid for it". And yet for the sex workers, that job is simply the only way for them to feed and shelter themselves. They get taken advantage of and they don't feel they can report that as sexual violence because they will be blamed or arrested for engaging in sex work.

> For a lot of trans folks, there is a feeling that "you don't even see my identity as valid so how will you see my experience [of assault] as valid?" And when services are divided by male and female gender, where do non-binary individuals go?
>
> As trans people, we are also seen as highly sexualized people because we are seen as sexual deviants by society. Therefore, our experiences of violence are not valid due to this perceived hypersexuality.
>
> There is a higher rate for homelessness for LGBTQ2S especially for trans and non-binary folks and so we see cases of people trading sexual favours in exchange for rent or a place to live.

Trans individuals who are incarcerated face added layers of challenge in adapting to a system that does not acknowledge their gender of choice and their heightened risk for victimization.

> When trans individuals enter prison, they either place them based on the gender of their birth or they house them in a mental health facility until they can be released or in the "hard to house" unit. Or they put them to some people where they will be victimized…straight into the dorm so they either have to go back to the closet or risk being revictimized.

In addition to the factors mentioned above, members of the queer and trans community identified alcohol and substance use and related power dynamics as major factors that contributed to their sexual assaults, particularly in bars and clubs.

> Part of the issue historically is the lack of public spaces for queer individuals to show positive affection. You risked being ridiculed, shamed, or arrested and so bars became the few public "safe spaces" to express yourself. And now what we are seeing is this correlation with substance abuse and sexuality and how a lot of people in our community use substances to numb sexual experiences and so that is a big factor because you cannot truly consent when you are intoxicated. So, we see people going to bars specifically to get drunk and get laid, and not really think about it and blame it on alcohol [rather than admit that they are queer]. I think other people in the bar take advantage of those people who are kind of "questioning".
>
> There seems to be a predator-prey situation when you go to bars and it is expected and normalized. You want to go out and have fun with friends but there is the understanding you may be touched inappropriately or other sexual activities that you did not consent to.
>
> What I see in the community is the intersection of poverty, power dynamics, substance and alcohol abuse, homophobia, transphobia, and a previous history of sexual violence. We hear stories of young trans folks being targeted by older individuals by spiking drinks or taking advantage of someone who is intoxicated.
>
> I think in our community there is a lot of inappropriate touching and I don't think it is always done to harm anybody but it has become so normalized and the lines are so blurred that it is not seen as that harmful especially in the bar scene and if it often seen as a compliment to be grabbed or slapped in the butt or groin as an example. And so I think there has to be a lot more education on when it comes to two people and seeing what consent is and that it is not just a one-time thing…..Right now how it work is like "now you are in the club, now your body is everyone else's."
>
> It is not just the perpetrator telling them it's their fault they have been violated; the legal system tells them it's their fault for drinking or being gay and our whole culture wants to inflict shame on the individual person for being assaulted.

Other 2SLGBTQQIA+ participants described how sexual violence within interpersonal relationships such as marriages, long-term relationships, or family units make it difficult for a targeted individual to speak or seek help. Fear of not being believed, being shamed, or being blamed further dissuades formal reporting to law enforcement.

> He thinks because we are in a relationship, he can have sex with me whenever he wants, even if I am sleeping. But because it is not physically violent, I have to make it work for the sake of the marriage.
>
> You are not allowed to go for help. I married into this, so I guess I am sticking with it.

Sexual Assault Victimization is higher among people living in rural and remote communities

Research reports have indicated that sexual assaults are significantly higher in rural than in urban communities across North America (DeKeseredy, Donnermeyer, Schwartz, Tunnell, & Hall, 2007); Lewis & Reed, 2003; Rennison, DeKeseredy, & Dragiewicz, 2012; Ruback & Menard, 2001). Our Saskatchewan study has found that reduced access to specialized services, housing and shelters, employment opportunities, and public transportation have increased vulnerabilities to violence in rural and remote communities. Research participants outlined how the legacy of colonialism, settler communities, and residential schools has had tangible effects on the relational dynamics across genders, ethnic backgrounds, and economic classes. These have resulted in distinct sexual assault experiences across various rural and remote communities in the province. Service providers explained that many Indigenous communities in rural and/or remote communities were facing disproportionately high rates of sexual violence with very few resources or supports because such violence has become normalized and intergenerational.

> From this community, 9 out of 10 have been assaulted before 18 years of age. People are not reporting. It's a touchy subject and no one wants to talk about it.
>
> Kids are afraid of repercussions. They didn't want to bring trouble to the families.
>
> Sexual violence here is related to religion in residential schools.
>
> Alcohol, generational abuse becomes normalized. Everyone knows it's not OK, but it's hidden. Everybody's mom said no walks alone – no sleepovers.
>
> I had a client who was assaulted (child) and asked the mother if she wanted to accompany the child to get the kit. The mother said she has to watch other kids and that her child will be ok because this happened to her too at that age.

Service providers spoke to how many Indigenous residents had previous negative experience with formal services and were, therefore, less likely to seek formal supports unless there was an established relationship. Unfortunately, many of these services are characterized by high turnover rates or short assignment periods.

> People may trust me more than police because I'm from here and they know I won't judge. People don't trust police and hospital—if they've taken kids, etc.—lose touch. They may not want to go to court because open to public. Anyone can go. They see good people only for a couple years and then move on.
>
> By the time you get to know the worker, they are transferred out to a new location anyways so there is no point in talking to them (support staff) to begin with.

Understanding Sexual Assault and Abuse Experiences

Sexual Assault Experiences under 18 Years of Age: Child Sexual Abuse and Exploitation

Child sexual abuse is defined as any type of sexual interference with a child under the age of 16 years old (Criminal Code section 151), invitation to sexual touching (section 152), or sexual exploitation of a 16 or 17-year-old (section 153), incest (section 155), corrupting children under 18 (section 172) as well as making sexually explicit material available to children (section 171.1) and luring a child via a computer (section 172.1) Agreement or arrangement – sexual offence against child (section 172.2) (Cotter & Beaupré, 2014; Government of Canada, 2015).

The Canadian Centre for Justice Statistics notes that children and youth represent more than half (55%) of all sexual victims. Child sexual abuse has the potential to affect survivors negatively well into adulthood. Underreporting results from fear of victim-blaming and re-traumatization as well as failure to understand perpetrator behaviours as criminal, or children's dependence on adults to help report (Cotter & Beaupré, 2014).

Our study highlights the significant vulnerability of young people in Saskatchewan. Of the 541 primary survivors, 79% reported experiencing at least one incident of sexual assault while 73% reported being assaulted multiple times before the age of 18 years. Most of these experiences constitute child sexual abuse under Part V Sexual Offences, Public Morals and Disorderly Conduct of the Criminal Code of Canada (Government of Canada, 2015).

Case Study: Crystal and Kim's Story

Crystal is the mother of a now adult child who experienced sexual abuse when she was four years old. Her daughter, Kim, did not tell her mother about the abuse until she was twenty-one years old.

> The reason she didn't tell me that day when she was four, was the reaction on my face … she had gone to my uncle's that day to sell her bottles, and 10-15 minutes later I could hear her screaming in terror and I thought, oh my god the dogs got her or something. So, I ran out of the house and I saw her coming and I said, "Oh my god what happened to you?" and when she noticed my face and my reaction, she immediately shut down and wouldn't tell me what happened. So, then she lived with that from the time she was four … She was twenty-one when she told us.

The son of Crystal's cousin was Kim's abuser. He stripped her completely naked and fondled her until she screamed out and he stopped because there were people near by. Later, the girls in the family of Crystal's cousin disclosed to her that this man was also sexually abusing them and one of their daughters. They told Crystal that their grandmother had also been sexually abusing the children, including the perpetrator of Kim and the other girls in the family. Crystal had discovered a horrific secret of cyclical sexual abuse within her uncle's family. The other girls reported to the police. Crystal tried to convince Kim to do the same, but the manipulation tactics Kim's assailant used left her shaking with fear at the mention of reporting.

> So, because of everything that was happening and everything he had said to her at the age of four, she said, "No, we're not telling the police," and I said, "Well, you know what? We have to tell the police that this happened to you as well, as it happened to the other family members," and she said, "No, mom. I'm not saying a word about this to anybody because he threatened to kill me and you and dad," so I said, "Well, we gotta think about

> this," but she refused. She absolutely refused and she never told anybody but her dad and I.

Kim suffered in silence until she was an adult, at which point she disclosed to her parents and sought mental health counselling services, which resulted in later being diagnosed with anxiety and depression. Kim has a wonderful support system, but the abuse that occurred when she was a child lingers on in her everyday life. Yet, Kim was not the only life affected by this sexual violence. Crystal has had anxiety and panic disorder since she was in her early twenties, taking on the blame for Kim's silence.

> For me, it was devastating because I remember the day like, there it is, and yes, I reacted the way I did and I should've keyed in that there was something else happening with my child, but I didn't. I just thought, "okay, well, something frightened her", and then she calmed down, she quit crying, and then she became a very quiet child. I just thought that was her personality ... I felt like a bad mom. I was already feeling like a bad mom because of my anxiety and my panic disorder because my husband was doing the load of the work on the days when I couldn't function. So, when she told me that she couldn't tell me what had happened to her, I felt even worse.

Kim learned to think she needed to keep quiet in her life, enduring four years of further physical and emotional abuse from an elementary school teacher. Crystal's panic disorder and anxiety were severe and debilitated her in many ways. She still rarely leaves the house and cannot drive in the city or long distances. The family lived in a small community with no services available, making it hard to access supports because Kim would need to travel for over two hours every two weeks for her appointments in order to receive the help she needed. Because Crystal could not travel, so her father would have to take her.

> At the age of four, when [Kim] came running home screaming in terror, I believe that if I hadn't been, I don't want to say mentally unstable, but that's probably what the words are, with my anxiety; I want to believe that I would've been able to be calm about what it was. But I wasn't. So, what else can I say? But later, when she started seeing [her mental health counsellor] in [the community that provided the service], again, because I wasn't travelling, I felt like I should've been the one to take her and support her, rather than her dad. Although she's very close to her dad and can talk to him about anything, I still feel like it should've been my role. [If the services had been in the community], I would've been there. Absolutely."

To make matters worse for Crystal, in her thirties Kim saw another mental health worker for bouts of anxiety and panic. The worker later approached Crystal and said she would like to see Kim and Crystal in a session together, because she believed Kim's anxiety and panic was due to having a mother with anxiety and panic disorder. While anxiety may have hereditary influence, this perspective from a mental health worker who did not know their family history, including that her two other children do not have anxiety or even that Kim had been sexually abused as a child, devastated Crystal.

Crystal has struggled with her, at times, debilitating mental health issues for over 40 years, doing the best she could to raise three children with love and confidence. None of these events were the fault of Crystal or Kim. Nevertheless, mental health conditions will still affect the support received and services available for a survivor living in a rural community with no adequate resources available. These circumstances, by extension, can affect the lives of many, over time.

> I do talk to my children a lot about my anxiety and panic … what I experience, and how it made me feel as a mother towards them, and I apologize to them for not being there when I should be. But … I can't imagine if I had been a single mom to try and go through that; I just can't. I think because their father was there for them always, supporting them, taking them to their hockey games with my son and whatever else the girls needed always – he never once said no – he was just there. That made a difference in their lives. That was their saving grace, and for that, I'm very grateful and thankful.

Family support eased the way for Kim and Crystal, but that is not always the case. Children and youth are particularly vulnerable because they are dependent on adults for their basic needs and often are unable to control their physical and social environments. As in the case of Kim and Crystal, children and youth may misinterpret adult signals, resulting in self-imposed silences. Many reported not knowing the act was sexual abuse until later exposure to such realities in their lives. Children and youth were often coerced, manipulated, groomed, bribed, and forced through violence to engage in the sex acts until this behaviour became normalized.

> It was a normal part of life growing up. When you talked about it, you were told to shut up.

> I was assaulted every time my parents would get a man to babysit.

Following the assault, children and youth were often encouraged to maintain secrecy of the event and were, in some cases, blamed for "leading on" the perpetrator into the assault. This led to self-blame and self-doubt. We also found that when children and youth told of what was happening, they were not believed and were deliberately silenced.

> I guess I didn't realize that what happened to me was criminal, or that reporting it would do any good. I had a lot of shame regarding the assault. I felt that it was my fault for not doing a better job of protecting myself.

The Government of Canada Chief Public Health Officer (2016) reported that an estimated 9 million or a third of Canadians over the age of 15 years are said to have experienced family violence, conflict, or abuse before the age of 16 years. We found that sexual violence in Saskatchewan was often happening in the context of interpersonal and family violence. Primary survivors shared how sexual abuse was one of multiple forms of interpersonal violence that they were experiencing in their homes and social networks. Examples of interpersonal and family violence include bullying and harassment, neglect, physical abuse, emotional abuse, financial abuse, and exposure to intimate partner violence.

> Sexual shaming was a major issue in my childhood. I moved to a new rural Saskatchewan town when I was in Grade 10 and then endured three years of sexual abuse in the form of verbal harassment by classmates, most of whom called me a slut every day of my life until I graduated. This verbal abuse affected me for long afterward and to this day I'm afraid of running into those bullies. Also, I had three incidents of unwanted sexual touching and assault when I was aged 12-17.

> I was assaulted until I was 6 when he [my father] tried to kill me. Something snapped the night he tried to kill me. He turned his anger towards my brother who tried to stop him. He almost choked my brother to death. I blacked out and woke up to my brother and his dog being gone. Mom was cleaning up the blood on the floor. My father never touched me after that, but I watched him assault and beat my Mom and my other siblings.

Primary survivors also shared how the experiences of sexual violence were perceived on a continuum of violence that ranged from sexual remarks to aggravated sexual assault over an

extended period of time, and in various social settings including homes, schools, churches, and work spaces. Survivors shared how childhood sexual abuse has had profound impacts on their lives, including constant wariness and hypervigilance. Female primary survivors, in particular, shared how they continue to feel vulnerable to any form of sexualized violence across their lifespan:

> Oh boy...I was often not kept safe at home...and still don't feel safe even though I am very educated. So, I've had a lot of unwanted sexual contact...starting when I was five.

> I'm still suffering mentally trying to put pieces together. And figure out what I did or didn't do, what I made up in my head. Or did I make most of it up when I know I didn't. The memories or some parts are still fresh. I'm very anxious. I make sure my surroundings are safe at all times 24/7. I'm always prepared to get assaulted again even if it's a stranger or a family member.

> I have spent many hours grieving the loss of my innocence and childhood due to sexual assaults that occurred. It has caused me to experience extreme dysfunction emotionally which has led to the breakdown of many of my relationships—intimate partner relationships, family relationships, and friendships.

Sexual Assault Experiences over 18 Years of Age: Adult Sexual Assault

The Saskatchewan study overall findings indicate that about 73% of primary survivors reported at least one unwanted sexual experience after age 18. Of these primary survivors, more than half (62%) were child sexual abuse survivors and many of them (66%) went on to experience multiple incidents of adult sexual assault.

Primary participants shared with us how rare it was to experience a singular sexual assault incident and how many survivors were navigating the world with compounded layers of trauma and victimization. Furthermore, many primary survivors shared the perception that each incident of assault increased their vulnerability to further victimization.

> I have been sexually assaulted more times than I can bear to recall……My own ex-husband was a high school friend—a good boy—but within a year of our marriage he was taking pictures of me naked in my sleep, he would pressure me into sex constantly, he felt entitled to my body whatever way he wanted it. I would wake up to him on top and inside me on the regular. Ultimately, him breaking me down only made me a target for others. I was raped at 25 by a couple of acquaintances and it did me in for almost four years

The majority of the assaults experienced by adults are considered Level 1 sexual assault that include unwanted sexual touching (66.2%), unwanted grabbing (62.1%), unwanted fondling (50.1%), unwanted sex/sexual intercourse (50.5%), or unwanted kissing (46.7%) or sexual activity where they were unable to consent (i.e., drugged, intoxicated, manipulated, etc. at 39.0%). Many survivors felt that there was a common perception that these crimes are minor and an inevitable fact of life despite the profound negative impact they have on survivors' lives. Statistics Canada reports this perception as a primary reason that the majority of survivors choose not to report level one assaults to law enforcement (Cotter & Beaupré, 2014)

> I was raped by a man I'd met earlier that evening at a dance. I was 14. He was a friend of my girlfriend and in his early 20s. Another time I was raped by two classmates at a party when I was about 16 …Both times I reported to police and no one was charged. I was also constantly fending off unwanted touching on dates, from a boss at work, and from

customers (I was a waitress). That was the 1960s and I thought nothing of the "fending off" unwanted advances. I thought that was the way it was.

As a teenager I was too embarrassed. The first time I felt like I may have done something and he called a couple days later to apologize for his behaviour. After what my cousin had done, I was humiliated, scared. I had bruises and no one said anything or asked how it happened, so I figured everyone knew and didn't care or thought the same way about me as my cousin did.

Case Study: Karen's Story

Karen is an Indigenous woman who was frequently assaulted by her Caucasian husband of 14 years while she slept. Karen battled with Crohn's disease, Colitis, and Fibromyalgia for which she was on medication that often made her groggy and a deep sleeper. About six months into their marriage, Karen noticed she was having weird dreams in which she would experience body movements as if she was being sexually assaulted. Five years before Karen finalized her divorce, she woke up during one of the assaults and began connecting the dots. Karen and her husband spent all of their time together, her husband was becoming defensive as soon as she suggested doing anything on her own without him. Still, they were seen as having a happy marriage and he was seen as a doting husband.

> He kept saying he would try to stop. I kept trying to justify it. I got diagnosed with fibromyalgia as well so I was always tired and I did not want sex. I kept telling myself that's obviously his need and that's what wives do they're supposed to have sex with their husbands. If I'm sleeping, I guess, what's the big deal? I knew it was wrong; that's why I was so upset about it, but I convinced myself it was fine and he shouldn't be doing it, but it wasn't assault.

Karen decided to ask her married friends if this had ever happened to them after the assaults started to get worse. He began penetrating her with utensils, videotaping her, and pinching and biting her breasts so hard marks would be left. Her friends suggested talking to her psychiatrist who did not press her for any detailed information and insisted this was "sexsomnia."

> When she told me about sexsomnia and that he couldn't help it, that justified it for me. I was ready to leave, and she convinced me to get him to go to the sleep clinic. She also said that if it wasn't that, we could sleep in separate bedrooms and that "lots of couples sleep in separate bedrooms." She also told me to put a body pillow between us when we slept, which I did. But, of course, that didn't help. I told my mom about what was happening and that my psychiatrist had said it was sexsomnia. My mom googled it and told me if it is this, then yes, he really can't help it. I was waiting for my mom to tell me to get out and say that she was wrong but hearing the reassurance from my mom that that's what it was made me stay. Had my psychiatrist taken the time to talk it through more, we probably both would have realized what was going on and that he was awake and that I should get out of the marriage immediately.

Karen justified the abuse as such for two years, even though more red flags arose when her husband refused to go to a sleep clinic even after hearing what the psychiatrist had told her. Karen eventually became unsatisfied with this answer and pretended to be asleep while being assaulted, to clarify whether he really was asleep himself when he raped her. She then realized that during these attacks, he would not only be awake, but would have the lamp on and headphones in listening to porn while the visuals played on their television.

> I was educated, strong, and knew to say no, and I got raped, and stayed with my abuser. We can't just teach them [women] to be strong and independent so that it doesn't happen, but rather to be strong and what do you do if you are in it.

Karen had also been sexually assaulted when she was 17 years old by a classmate of hers at the College of Education. She was also assaulted as a child but is still working on bringing back those repressed memories. Unfortunately, Karen is no stranger to trauma caused by sexual assault.

> Every [gastrointestinal] scope I had, he [her doctor] would ask me if I was sexually assaulted. I don't know if that meant that there was scar tissue around my anus, or because trauma causes flare ups. I always denied. I didn't even tell him about the time I was assaulted when I was 17. I've had about 9 scopes, and this was brought up every time.

Karen came home too late one night, having been avoiding her husband's phone calls while with her friends. She knew she could not go home, so she saw two choices. To kill herself or call him and demand a divorce. She chose the latter, and shortly after finalized that life-saving divorce. Karen thought about pressing charges, but she never wants to see her ex-husband again, and she still has not. She got out, and that was good enough for her.

> I called it a quiet evil. He never punched or yelled; he would do things like burn my supper. And I would know tonight's going to be a bad night.

Her doctor was continuously confused as to why she was not getting better, but Karen knew why. Finally, Karen disclosed to her doctor that she was being sexually abused. He was very understanding, and since then her pain has lessened and they have been tapering off her pain medications. Unfortunately, this was only one positive scenario in her healing journey. Karen felt judged when disclosing her feelings of missing a platonic male in her life to her counsellor, giving her the sense that there was one right way to go through this process, and she was not doing it. She stayed with her husband because she financially supported them both and was concerned for his welfare. He was unemployed with no reliable income, leaving Karen with a vicious amount of debt after the divorce. She also now carries the burden of several insecurities, fears, anxieties, and still has many physical ailments.

> I had precancerous growths and I had a hysterectomy a year after I woke up. There was lots of bruising and bleeding. That sort of told me that he (her ex-husband) was putting things inside me that might have been too rough … I also lactate now, and I have never been pregnant. It must be because he would squeeze and pump my breasts so much that I would have fingerprint marks. This is so painful for me because I'm not a mom, and I always wanted to be.

Karen leaves us with a plea for more education in schools for boys and girls, more funding from the Federal Government, and more Indigenous service providers because of the blatant racism she and other Indigenous women face daily in Saskatchewan.

> Especially on the reserve, there are no services and a lot of them will not leave their reserve because it is too far away, and here they will know everyone because it is a small community. We feel unsafe a lot. If people are abused, I want them to feel not so scared to come forward and have the resources available to do so.

Clearly, colonialist racism is a critical context for the violence that Karen endured at the hands of her ex-husband and may have also been a factor in the ways her concerns were minimized by professionals, as well.

Perpetrator Identity

National statistics indicate that sexual assault incidents against men and women are perpetuated overall by men at a rate of 94%. However, the gender breakdown provides significant differences: while the majority of sexual assault incidents against women are perpetrated by men at 99%, when men report sexual assaults the perpetrator identity is 52% male and 48% women (Conroy & Cotter, 2017).

Despite these well-known statistics on rates of perpetration, few resources to prevent or respond to perpetration exist. In one focus group, a service provider commented:

> I would say 25% of my referrals from agencies are from local probation officers because they have no where to send a lot of these men. So, you're sort of looking at it for supports for the offenders here. Which is fine I am happy to do it, but I am only one little person here.)

Perpetrator Identity: Survivors of child sexual abuse are more likely to be assaulted by family members

The Saskatchewan findings indicate that primary survivors under the age of 18 reported being assaulted most often by someone they knew such as a family member (34.4%), an acquaintance (24.0%), and a friend (23.2%). These assaults happened most frequently in their homes and schools.

This contradicts the popular myth that strangers are the most likely predators of children and youth, with strangers accounting for 18.1% of reported perpetrators. Violence prevention strategies for children are often framed around warning children of stranger danger, while the danger is usually someone they know:

> I was molested by my uncle with his finger when I was three. After the first time, it happened every time my mother brought us to visit her family and would leave me with him while she and my grandmother went shopping.
>
> He lived with us. It happened whenever we were alone.
>
> I was a victim of child sexual abuse by both my brothers and several of their friends. It started around the time I started school and continued until I was 12 from the older of the two brothers and in a more sexual harassment with grabbing and touching. Forced penetration [sic] with objects and sexual intercourse.

Case Study: Sarah's Story

Sarah is an adult woman who was sexually abused by both her eldest brother from the age of 1 until the age 14, and her other older brother from the age of 5 until age 12. Her mother inflicted physical abuse on Sarah until age 12, and overt psychological abuse that was sexual in nature until just over 11 years ago. Sarah later found out that her mother had also been sexually abused by her own foster sister when they were children. Sarah grew up in a fundamentalist Baptist household, attending bible school most of her life. Even words such as penis, ejaculation, and vagina were forbidden to say out loud in the home.

> I didn't really know that what was going on was wrong. We were just playing a game that we kept secret from mom and dad, one that we played when they weren't home. Even to begin with it was just a secret between [my eldest brother] and I, until [my other brother]

> walked in and was asked to join. I didn't even really have an understanding, I remember even in kindergarten the teacher saying, "don't let anyone touch you where you don't want to be touched." And I remember thinking, "Where don't I want to be touched?"

In the seventh grade, Sarah's parents found nudie magazines under her brother's mattress, and asked her eldest brother if he had ever taken Sarah into his room. He said yes, admitting to only one time, and his mother simply told him not to do it again. She would later claim ignorance of the abuse that Sarah was enduring under her roof.

> …I wish that they hadn't found his magazine because then maybe it wouldn't have been quite as bad as it ended up being … probably about a month or two after that was the first time that he penetrated with his penis. Before that, he had only penetrated me with his fingers. Because of that, I ended up pregnant and lost the baby at about 3 months … When things came out, my mom was like "Oh I never knew anything was going on." But she damn well knew. She knew I got pregnant; she knew I lost the baby. I was so thankful when I got my period. I didn't know what happened but I was thankful. But the excruciating pain that weekend was awful, I was going through all of that in Grade 7.

Sarah was a quiet girl who spent most of the school breaks reading books. Her teachers were worried about her enough to send her to a guidance counsellor, but they did not have suspicions of familial abuse, to her knowledge. Either way, Sarah could not tell the guidance counsellor what was going on because she was told by her brother that she would be in trouble if anyone ever found out. At age 14, both of Sarah's brothers were out of the house for 6 months when she finally decided she had to tell someone and wrote a letter to an old camp counsellor who was a survivor of sexual abuse herself.

> I wrote the counsellor and I said, "I have to tell you something. There's something that I'm doing with my brothers and I don't know how to stop it, but I want it to stop." I told her, "When my parents aren't home, my brothers and I will touch each other," and she wrote back and said, "You're being sexually abused." I looked at those words and thought, "No I'm not," for a few reasons. To me, sex was something that married people did and only married people did. Second, abuse wasn't something that happened in the church; it didn't happen in small communities; it didn't happen in middle class families. I had my whole list of what I had heard through church and school.

Eventually, Sarah agreed to having the camp counsellor she wrote and another counsellor she knew come for a visit. During this visit, Sarah's parents were informed of the abuse, and their pastor was called to their home. Sarah's parents grilled her for a long time, accusing her of lying or trying to seek attention. Sarah's middle brother was the one to tell the pastor and offered a half-hearted apology to Sarah. Both parents still claimed ignorance, but Sarah's oldest brother disclosed to her that only two years previous, her father was less than 100 yards away during one of her rapes. The family had called up her eldest brother and told him to come home, only saying that it had something to do with Sarah. He figured it out right away. After many months of counselling, Sarah began to see that what had happened to her as sexual abuse.

> … It was in the summer between Grade 11 and Grade 12. [My sexual assault counsellor] was working there and I actually took her down to where I had been raped. I took her through the memory. I had written it out and she read the extreme details of what had happened. And she said, "Have you ever thought of charging?" And I thought, "No way. Not happening. Not doing that." Right after seeing her I went and saw [a different sexual assault counsellor] at the assault center and she read the same thing and she asked, "Have

> you ever thought of charging?" And I thought, "Not on your life." I felt like I was bringing shame to my family. And I couldn't do that. I couldn't do that to my brothers. I was scared of my parent's reaction. But I went home that day thinking about what they had said, "I honestly don't know how you are alive today." The next day I phoned her and said, "What do I need to do to charge?"

Sarah gave her statement to the police in January, and both of her brothers received five-year sentences by June. Sarah did not have to testify, having her statement read out loud in court instead. She felt like she was listening to someone else's experiences.

> The judge said to me that because the testimonies were so different between mine and [my eldest brother's], that they would have to call up the victim. I looked at [my sexual assault counsellor] and I was terrified. [My eldest brother] leaned over to his lawyer and said something, and they said that he had said, "If that's what [Sarah] said happened, then that's what happened…that he had blocked out a lot of it." I later found out that he was one drink away from being homeless.

While Sarah's case, unlike many others, saw a small victory within the justice system, the wounds endured from her childhood sexual abuse will be carried with her forever. Sarah suffers from Major Depressive Disorder, Bi-polar Disorder, Mixed Anxiety and Depression, suicidal ideation, self-harm, low self-esteem, insomnia, nightmares, chronic back and abdominal body memory pains, Irritable Bowel Syndrome, and Hyperglycemia, all stemming from trauma and triggered by panic. Sarah also lost the ability to feel comfortable and confident with who she is as a woman.

> Part of the reason why I wanted to do the hysterectomy that the doctors did not know beforehand was because I knew it would be an absolute no go, and I know that this is wrong thinking, but in my mind I always thought, if I would've been a boy, I wouldn't have been abused. So, to have that constant reminder every month that I was a female… so I pushed for it. As soon as I was in menopause, everything came out."

Sarah must deal with the disastrous effects of sexual assault everyday and urges the public to take action against it, but also pleads with those who have experienced it to look at themselves in a different light:

> I think one of the things that I would really like to see changed, is some of the terms that we use ... To me, every one of us that has gone through abuse, we *survived* through it. We did whatever we had to, to *survive* … We were victimized, but we were not victims, we are survivors.

Sarah is seeking greater accuracy in how the public understands experiences of sexual assault. Stereotypes and myths prevent that clarity of understanding and re complicit with rape culture.

Because of the persistent myth that women are not sexual predators, male survivors disclosing abuse from women reported being ignored, ridiculed, not believed, or minimized. Youth males in particular were often applauded by peers for having sex with older women despite these actions being considered sexual abuse in Canadian law. However, research shows there is no difference in the severity of abuse by female perpetrators as compared to male perpetrators (Rudin, Zalewski, & Bodner-Turner, 1995). Female perpetrators are family members, babysitters, teachers, mothers, and stepmothers (Rudin et al., 1995; Trocmé & Wolfe, 2001). The perception that males cannot be assaulted by women diminishes their experiences and discourages male survivors from seeking services and supports.

Perpetrator Identity: Adult survivors are more likely to be assaulted by strangers and intimate partners

The Saskatchewan study survivors who experienced adult sexual assault reported being assaulted most often by strangers (26.6%), acquaintances (21.8%), and intimate partners (20.5%). Many survivors experienced victimization from multiple perpetrators and underlined how problematic the notion of consent was for them.

> I married at 19, almost 20. Over the years, I've had men grab me inappropriately. In the early years of my marriage my spouse would occasionally force himself on me for anal intercourse. Also, there were many times I would "consent" to sex just so I could get it over with and go to sleep.

Primary survivors in intimate partner relationships shared how sexual violence was part of ongoing domestic violence and survivors were coerced, manipulated, and physically forced into submitting to the sexual assaults. These assaults were often methods of exerting power and control over of the survivors.

> He knew my [sexual assault] history and I felt safe. Then over the next four years he routinely sexually assaulted me…. When I tried to pull away, he would pull my hair, hit me, kick me and generally beat me till I quit fighting back. Then he would force me to have oral, vaginal, and /or anal sex as he felt like. He was also very violent with the children and on occasion would start hurting the kids till I agreed to whatever form of sex he wanted. He also threatened multiple times to restrain me and bring his friends over to have sex with me if I didn't agree to do as he wanted.
>
> As for unwanted sexual activities, I was ashamed of the way my husband treated me, but I thought it was his right as my husband and I did what I could to accommodate him regardless of my own feelings in the matter.
>
> The assaults occurred over the course of a 2.5-year abusive relationship. Many incidences of sexual assault, I was unable to identify as sexual assault until years later, when I was able to begin processing the abuse I experienced. Because I had consented to other sexual activities with my partner, I struggled to differentiate between sex and rape, as I dealt with a lot of gaslighting and emotional manipulation.

Adult male survivors shared experiences of having female perpetrators engage in sexual harassment and assault including unwanted touching, unwanted fondling, unwanted kissing etc. Often, this was not taken seriously and the onus is placed on the male survivor to ignore the advances despite the clear violations of personal dignity.

> I don't believe that sexual assault/harassment done to males, especially when the perpetrator is female, is ever taken seriously. I don't believe there is adequate help or resources for male victims.

Alcohol, drugs, or other substance use

National statistics found that individuals who reported substance use—drugs and alcohol—had up to four times higher rates of sexual assault (Conroy & Cotter, 2017). The Saskatchewan study found that alcohol and drugs were used as tools to facilitate an assault and to silence survivors. Perpetrator behaviours were described by participants as opportunistic and calculated. This is consistent with

research on perpetrator characteristics, in which perpetrators often used 'techniques" to lure, disarm, assault, and discredit a victim/survivor (Perrault, 2015).

We found that potential victims who were drinking alcohol or using drugs in any setting (home, night club, school party) were targeted because of their already inebriated state and decreased ability to resist an assault. In other cases, perpetrators purposefully tampered or "spiked" alcoholic beverages to render the person inebriated to the point of unconsciousness in order to facilitate the assault.

The effects of alcohol and drug-facilitated assaults are devastating for survivors because the blame is often placed on survivors for not "staying safe," particularly in spaces such as bars and nightclubs. Furthermore, perpetrators often claim that the survivor "consented" to the assault while inebriated even though the survivor may not remember. Survivors have shared how poorly they were often treated by service providers and family members when disclosing an assault that was facilitated by drugs and alcohol. The majority of the discussions with service providers indicated that drugs and alcohol were a major contributing factor to sexual assault incidents, particularly for young people, and were used as tools to shame and silence the survivors.

> I have been assaulted multiple times. Different people but similar situations. Always involved going out with friends or friends of friends and partying (with drugs and or alcohol) and unwanted touching/sex when I was too drunk to consent.
>
> I was intoxicated and sleeping at the time and only remembered small parts of what happened. Didn't think anyone would believe it wasn't consensual.

In other cases, we have seen drugs and alcohol used as a way to sexually exploit individuals who suffer from addictions.

> If a particular user couldn't pay their drug dealer then it is an accepted fact that a sexual act becomes the payment, or they could get beaten up, and that is just sort of the understanding that that's the way it is.
>
> A lady called in about being sexually assaulted by her neighbor on the farm and he said "don't tell anyone I will be back with a case of beer" even though he knew that she was trying to stay sober in order to gain custody of her children.

Disclosing and Reporting Sexual Assaults

Disclosure of Sexual Assault Experiences

Disclosure in this context means telling another person about an incident of sexual abuse or assault. The disclosure may be of a recent incident, it may have occurred in the past (historical), or it may be ongoing. A survivor's choice to disclose should be treated as distinct from making a report to formal authorities, even if sometimes they are one and the same event (AASAS, 2016). Research indicates that disclosures are not always conscious decisions or planned actions with clear objectives (Quadara, 2008). Disclosures are primarily motivated by the need for safety, protection, and support; seeking information to clarify their understanding of the assault; and not wanting to be alone (Quadara, 2008). Furthermore, the process of disclosure is not linear; neat, coherent, and timely disclosure should be regarded as the exception rather than the rule (Staller & Nelson-Gardelle, 2005).

The Saskatchewan study found that the vast majority (71.1%) of primary survivors told someone about their assault. The majority of the disclosures were made to people in their personal lives such as friends (79.3 %) and family members (57.7%). Another 45.7 per cent told counsellors (school counselors and mental health counselors). Less than 10 per cent of survivors disclosed to law enforcement.

We found that more than one-third (37.6%) of these disclosures happened within one to three days following the assault. Another 34.5 % told within the 12 months and another 27.9 % of survivors would take more than two years before disclosing the assault to anyone. More than half of the survivors (62.4 %) in our study suffered in silence for months and years without disclosing their experience to anyone.

In disclosing the assault, many survivors were looking for reassurance that what had occurred was a crime or violation, that there were opportunities for redress or justice, and that they were not judged for the actions of the perpetrator.

For some, our study was the first time they spoke of their experiences. Others were forced to disclose multiple times before being taken seriously or believed. We learned that when the disclosures were minimized, dismissed, or the survivors were blamed for the assault, this negatively impacted the survivors' ability to move forward with their healing journey. The responses to the disclosure influenced their decision to formally report the assault, to seek support services, and whether to disclose other or future instances for sexual assault experiences. However, many more chose not to disclose the assault for a variety of reasons.

> I experienced at least four assaults between the ages of 12 and 17. Regarding the first, I told four friends and one adult. They did and said nothing. This taught me that being assaulted was shameful. I did not tell anyone anything about my sexual history after that.

Case Study: Doug's Story

Doug is an adult Indigenous man who experienced multiple sexual assaults throughout his life. The first assault occurred when he was 9 years old.

> I went out and played, and one of my buddies, same age. He came on top of me and did the sex on top of me and just told me that's what they do in the army when there's gays there; that's what they do to them. I just laid there under the trees crying.

Later on, into his teenage years, his cousin of the same age manipulated him into sex and degraded him by holding him down and spitting in his face. After the second time he was assaulted by this person, it began to feel like a relationship to Doug.

> It started to feel like it was a relationship. Kind of a use and abuse. Sort of like, controlling, kind of like I'm scared to say something to him. Like when he would say come over … the reason why I was terrified, I was like, are those his friends, or? I was kind of a loner back then. If he didn't like me or hated me or anything then maybe he would get them after me.

A couple years after Doug turned 18, the offender told Doug he could not see him anymore because he thought his parents were starting to catch on. Nevertheless, he still experienced more sexual assault.

> My friends sent me out to go and borrow something from him. I didn't know he was with another person, and I got the sugar, and I walked in on them. They got terrified in case I

> said something and the other guy caught me while I was sleeping, drunk and passed out. And he did it and said, "There, now you won't say anything and I don't have to worry about it."

Doug was also assaulted by multiple members in his community. Most of them were one-time events, but two or three of them kept a hold of Doug. He never told anyone for 25 years. He thought about what it would do to the families of his assailants if they found out, and about what may have happened in their lives that could have brought on the abuse Doug suffered. Even when thinking of standing up and telling someone his story, his heart never waivers from thinking of others.

> If I'm gonna let them know, then I'm gonna let them know what you did too. That's not right. I get to heal myself, but you never got to heal yourself. Who knows the why moment? That happened to me; that could've happened to that person too. It's just event after event after event. I didn't want to destruct their families. Some of them like to keep their anger issues in their families, too. I think it's kind of like a survival skill kind of thing. If people don't know, they don't have to deal with it.

By complete spiritual coincidence, one day Doug walked into the local holistic center. He eventually got referred to a sexual assault center and is doing much better on his healing journey. Still, Doug is pained with memories of his assaults. Living on the same reserve, he frequently sees the people who assaulted him when he was younger.

> Their attention is not on me anymore. They have kids and they're paying attention to their families more. Everyone's just slowly moving on with their lives. It seems like it bothers them a bit. It's kind of like that sexual assault teases them and scares them. They want to make sure I haven't said anything or anything like that.

School was a hard time for Doug, but he is now going back to earn an education, feeling more confident that he can finish what his sexual assaults stopped him from finishing in the past. But there is always that thought that someone new, a different stranger, might do this to him again. He is fighting through his addiction to alcohol, something he struggled with his whole life, in an effort to numb out the pain. All of these factors have contributed to lack of stable employment for Doug, making it hard to get back on his feet as well as to pay for medications for his diabetes.

> Sometimes, I just want to turn right into that semi. Then it will just be right over. Everything will be over. People might possibly be happy. It's not right for them to push me around and them to still be happy.

Doug carries pain with him everyday. He feels lonely and isolated but is terrified of relationships because he does not want to be hurt again. He fights through depression and uses marijuana daily to soothe his pain. Even through these lingering ailments, Doug feels strengthened in his healing by sharing his story and seeking help.

> The people that are hurting deeply out there should be brave and have the courage to come out. We're all going through the same. They aren't the only ones out there, but they're going through it alone.
>
> It's good to know that someone out there knows about who you really are, and where you're coming from, and who you are inside. Sometimes when you walk into a room, you can feel all eyes on you … When you feel a little uneasy, just come right out and say stuff. Then it feels like, me and that one person are on the same path. It's kind of like, you made a friend.

Disclosure Experiences for Survivors of Child Sexual Abuse

In cases of young children, survivors and service providers have shared the challenges children face in articulating an assault experience and being believed by adults. Often children were too young to understand or articulate the assault, or they were threatened, shamed, blamed, coerced, and manipulated into fearing for their own or their family's safety. Research shows children and youth also commonly delay, partially disclose, retract, accidentally disclose, recant, and reaffirm disclosures (Alaggia, 2004, 2005; Cotter & Beaupré, 2014; Crisma, Bascelli, Paci, & Romito, 2004). This behaviour often leads to children's disclosures being considered imaginary, confused, or unreliable.

> First molestation happened when I was 14. I told a school counsellor immediately, who suggested I had done something to attract the attention and asked if I had "rape fantasies." I didn't tell anyone else about it, other than one friend, for years.
>
> I was ashamed and people would have said it was my fault. That I was asking for it. I'd be called names and I wouldn't be believed. I wouldn't be able to live with that kind of shame.

Survivors of child sexual abuse shared how adults were slow to believe the disclosures if the perpetrator was well-liked, in a position of trust in the family or community, or if the disclosure would jeopardize relationship dynamics within the family or community.

> I was so young and it happened so fast I had no idea but all I knew was it was wrong and was ashamed of myself so I said nothing. …One person was a teacher and I thought if I said something that my father would kill the man and then he would be in jail so I never told anyone what he did to me after school.
>
> Parents were not supportive because they ran a business and were concerned how it would affect the business.

If there was an-going custody case, children's disclosures were often dismissed as "coaching tactics" of the non-offending parent to gain the child's custody. Furthermore, survivors shared how as youth, they were keen to observe how disclosures by other children or youth were handled by the adults and decided to disclose accordingly. Children and youth who witnessed their peers being blamed, silenced, or admonished were less likely to disclose their own experiences of abuse.

This outcome was particularly likely in situations where the perpetrator was known to assault multiple victims in one family or community. This circumstance created a culture of shaming and silencing survivors, and an environment that facilitated ongoing assault and abuse of minors, underlining a key lesson of the National Inquiry into MM IWG (2019) about "the power and responsibility of relationships" as key to "both understanding and ending violence against Indigenous girls, women, and 2SLGBTQQIA people" (p. 10).

> I never thought anyone would believe me, or that I would be judged as the girl who lied about being assaulted/raped because I wanted attention.
>
> Didn't want to harm family relations. They thought the world of him and I couldn't break their heart. Then years later it became what good would come from telling all these years later.
>
> I was a child assaulted by a family member. No one wanted to deal with the truth and I would have been treated like I was damaged goods.

Disclosure Experiences for Adult Survivors of Sexual Assault

Adults faced similar challenges in disclosing an assault to family and friends. For many of the adults with a history of child sexual abuse, the response they received as a child affected how they reacted to recent adult sexual assault experiences. Many felt shame, fear, humiliation, and judgement and were less likely to disclose or report the assault. Others feared the repercussions the disclosure would have to their employment prospects if the perpetrator was a colleague or an employer. Survivors shared that there was often underlying messaging that sexual violence was to be expected in certain workspaces such as bars, pubs, restaurants etc. and in male-dominated fields such as engineering, trades, and farming.

> When I was under 18, I worried that the police wouldn't believe me, and that the people who assaulted me would kill me. When I was over 18, they were generally work environments or with people I knew, and I worried about the repercussions on my career and friend circles.
>
> A lot of it is feeling like it is my fault, that I did something to ask for it or should have done something to stop it. With work situations I feel there may be consequences to my career if I speak up.
>
> As a child I was not really aware what was happening/ scared.....told I was bad. As an adult I figured people wouldn't believe/care because I worked in a bar environment.

Youth and adults alike were also less likely to disclose an assault if alcohol and drugs were consumed, particularly by the survivor. Similarly, survivors were less likely to disclose assaults that occurred in spaces that are considered "unsafe" or "high risk" by society's standards or by the survivor's family, such as bars, gang environments, dark alleys, or being alone with the opposite sex. Survivors felt that they would be blamed for placing themselves in situations that made them vulnerable to sexual assaults. This shows how much the burden of shame, guilt, and culpability is imposed on survivors and reinforced from a very young age, with devastating repercussions to survivors' healing journeys and access to justice.

> I was drinking—thought it was my fault for getting myself into the situation.
>
> As a youth, I was frightened and shameful. As a grown up I felt responsible for putting myself in the situations and thought others would see it that way too.
>
> I never told anyone about my sexual assault when I was 16 back in 2015 because I was scared of the judgement and backlash that could come of it. At the time my mother had very strict beliefs about anything related to sexual contact. I feared that she would be disappointed in me for putting myself in an unsafe situation. …Overall, at the time, I just felt ashamed and dirty. This also caused me to fall into a deep depression for a few years, which I still struggle with today. I have sought therapy and am slowly regaining my confidence and identity of self-worth.

Formal Reporting of Sexual Assault to Law Enforcement

The 2014 General Social Survey on Victimization found that less than 17% of sexual assault incidents were reported to law enforcement (Perrault, 2015). Underreporting of sexual assault crimes is a consistent trend that has been widely documented in research studies, including regular Statistics Canada GSS on Victimization reports (Brennan and Taylor-Butts 2008; Perrault & Brennan, 2010).

Our Saskatchewan study found that less 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 incidents. One service provider explained that it is not uncommon for survivor disclosures to be dismissed. Certainly, it was in focus groups involving law enforcement personnel where the greatest skepticism about sexual assault reports were expressed. One service provider spoke back against such assumptions:

> I feel like that's sort of the prevalent: let's not wreck this person's [the perpetrator's] life. Rather than making that the go to, let's believe this person that's coming in [to report] sometimes.

Many were afraid of not being believed and facing retaliation from the perpetrator, the perpetrator's family or support network, and the community at large. Others were pressured by family members to keep the assault quiet. Survivors shared how they faced physical violence, financial ruin, loss of reputation, emotional distress, and sustained harassment as a result of reporting an assault. This was particularly true if the perpetrator was well known or influential within the community.

> The first occurrence happened. My mother never pressed charges due to my grandmother's pressure not to as it would destroy his life.

> I didn't think it was worth it. This person was both employing me and a family member. He was extremely manipulative and was spinning it that we were having an affair. Since there was escalation over several months, I didn't think I could prove that he manipulated me.

Others were ashamed, embarrassed, and concerned that their anonymity would not be protected. This was particularly true in small communities where intricate family ties existed among residents. Survivors shared how oftentimes the perpetrator was related to or in close relationship with someone within law enforcement or other community service providers, making it difficult to feel safe in reporting an assault.

> Small community mentality. It happened at a high school party, and everyone found out soon. I was worried that the services in my community were biased because of how everyone knows each other.

> I was afraid to tell the authorities as the man who assaulted me was studying to become an RCMP officer.

Another reason for not reporting was lack of understanding that the violations were, in fact, sexual assaults under the Criminal Code of Canada. In children and youth, this misapprehension was often due to being young and unable to comprehend the assault as such, as well as being manipulated by perpetrator into believing that the assault is not a crime.

> I did not tell police because I had no idea those such assaults were illegal. I thought they were my fault and that I was disgusting for having them happen to me. I was ashamed and embarrassed.

> Over the years, he convinced me that I would not be believed and I had seen other child survivors not be believed so I chose not to take legal action.

For adult survivors of sexual assault, a common issue was the lack of understanding that sexual assaults can happen within the context of intimate partner relationships. The majority of the survivors who declared that their intimate partner was the perpetrator were being violated and manipulated in other ways including psychological, emotional, financial, and physical abuse. This

meant that survivors experiencing intimate partner violence were going through cycles of interpersonal violence and abuse that made it difficult to leave the relationship permanently. Many shared how their abusive partners felt entitled to their bodies at all times, and how other forms of abuse might even take precedence over the sexual assault incidents. Many survivors did not feel that law enforcement would believe the assault allegations against intimate partners, as it was often a "he said/she said" situation.

> I couldn't really believe it happened. One of the people who did the worst assault was my boyfriend at the time who was also manipulative and emotionally abusive, so I thought he didn't mean to do it. It took me a few years to fully realize he actually raped me.
>
> Who would believe me about my husband?
>
> I did not think police, or even friends, would believe that I was assaulted by [my partner] because I had previously consented. Before the final time that my abuser raped me, I had gone back to the relationship after leaving 4/5 times. Because of this, I also thought I would be blamed for what happened to me, because I returned to a bad situation over and over.
>
> I told my family immediately, and a university counsellor within days, who did ask if I wanted to make a police report. I did not, fearing for my safety if I made things worse. I did not see a point in reporting the manipulation of my long-term partner, as I did not realize it was manipulation and lack of consent until after the relationship was over.

Another reason for not reporting was a lack of trust in law enforcement's ability to handle sexual assault cases. Survivors took note of how law enforcement addressed sexual assault reports in the community in order to determine whether to report an assault. Survivors of historical assaults did not believe that reporting the assault would lead to a conviction, and was therefore not worth the trouble in many cases. Others expressed concerns that they would be blamed by law enforcement if there was alcohol and substance use during or prior to the assault, or if the survivor was engaged in high risk behaviours such as sex work. Concerns about sexism and racism by law enforcement were also factors in preventing survivors from reporting a sexual assault.

> I knew that, in all cases, there wasn't enough proof to show that it had been non- consensual and I also know how the RCMP and RPS treat rape victims (i.e., poorly) so I didn't want to subject myself to being revictimized for no reason.
>
> I had previously been physically assaulted by a police officer and had PTSD from it. The thought of talking to a police officer was more frightening than the assault.
>
> I did not trust the police to help me, especially male police. I have seen them perpetuate violence and know they do not always handle sexual assault in a way that helps survivors. Also, the police are part of a broken state that perpetuates patriarchy and rape culture.
>
> One underscored her answer: Fear of police incompetence in handling sexual assault cases.
>
> I tried reporting an abuser as a teenager and was misguided by a female officer. I lost faith in our police department as her advice almost cost me my life and caused my abuser to continue to seek revenge.

Not reporting an assault was often a way for survivors to gain a sense of control, following a traumatic violation of their autonomy. Once survivors understood that charges are laid based on the determination of the crown prosecutor with evidence gathered by law enforcement, many chose not to report as they would not have control over when and how charges were laid.

> I wanted to have control over what happened and I was informed that I don't get a choice in whether or not the police take it to court.
>
> My sister was raped when she was 13. She went to the police, the boy was charged, but nothing really happened to him. And she went through hell. I didn't want to go through hell. I had already gone through hell. And my rapist is a prominent member of the business community. . . . I regret not filing a report. I might have saved someone else.

Lastly, many chose not to report simply because of the shock and trauma from the assault experience. Adult survivors shared how they often needed weeks, months, and sometimes years to come to terms with the assault and forge a new path forward.

> I couldn't really believe it happened…
>
> Shock and denial. . .

Accessing Services and Supports

A combined response from primary and secondary survivors indicates that almost half (49%) of primary survivors accessed at least one form of service and support in relation to a sexual assault incident. The majority of the services were accessed through referrals by counsellor (55.8%) and through friends and family (39.8%).

Survivor Responses to Service Provision

One third of respondents had no access to sexual assault services of any kind. That said, it was very clear from our travels around the province that service providers are working hard to meet demands for supports in their communities, although needs are much higher than can be addressed by current resources. As a result, some survivors found the quality of services to which they had access, patchy.

One respondent explained that "more public awareness and special services to support both the victim and caregivers" would make a substantial difference in quality of life for survivors in our province. Another felt that there should be "more publicity for the supports that are available." Given that services are limited, another commented, "Family and friends were the best supporters, which is not to slam any individual professionals. They are unable to surround a person 24/7, as may sometimes be needed."

Participant suggestions were wide ranging:

- Believe and support children.
- Find out why kids are acting out, rather than labeling them as 'bad.'
- Be aware that when children and youth seek help, they can face increased violence at home.
- Educate on what assault is, on consent, and tougher sentences.
- Educate on the basics – like Plan B contraception.
- Teach in every institution about the signs of abuse/control/dominance.
- Recognize how commonplace sexual violence is—have groups in high school, and all places of education.
- Support self-esteem building workshops.
- Change attitudes towards assaults against men and women.
- Ensure more access to affordable and attainable services.

- Add more counsellors with sexual assault training—too few specialists everywhere.
- Train healthcare professionals to ask appropriate questions.
- Allow no harassment by assailants after the fact; protect an employee who identifies an abuser.
- Ask only for voluntary victim contact information—or you could be chasing them away.
- Promote safe services, so that they are worthwhile.
- Provide follow-up services.
- Provide specialized peer groups for 2SLGBTQQIA+, Indigenous, children; groups for supporters.
- Treat sexual assault as a Human Rights issue.
- Do not use medication as the first line of treatment.
- Stop talking about women being raped and start asking why sexual assault is permitted.
- Promote restorative justice: Indigenous communities don't depend on police systems and get the community to hold people accountable.
- Train RCMP in effective ways of interviewing children.
- Show more empathy towards victims, especially in the court process.
- Get over the gender binary.
- Make sure that the victim is not treated like a "witness" to their own assault.
- Reduce delays of hearings and reduce response time to reports of assaults.
- Ensure harsher punishment for rapists and higher conviction rates.
- Recognize families that can be supportive as an important part of the process.
- Train survivors and supporters on how to deal with the courts, judgement, and perhaps add more support groups.
- Track moves online of people accused of child sexual abuse (ICE).
- Ensure frequent checks on people in care-giving positions.
- Implement inclusive services and campaigns to promote them.
- Honour survivor experiences in public spaces.

Survivors also lavished praise on compassionate healthcare and educational professionals:

- They believed her and hugged me.
- The teachers were great offering support and one even did a letter for court.

Service Provider Perspectives

Most service providers do not have specialized sexual assault training. As one provider put it, "No one has the skill set to train anyone." Lack of funding for training and access to affordable and current courses were given as reasons. Of those who do secure training, a variety of avenues were reported. Some took any and all training available. Others had developed wide-ranging on-the-job experience over the course of their careers in a variety of settings. Several took First Responder training, undertook training with their local or regional Sexual Assault Centre, had taken a trauma-informed care course or accessed suicide intervention skills training. Some workers in settlement agencies had taken training sessions on newcomers and family abuse. Much of this skill-building was ad hoc and taken on voluntarily. One responder noted that there is limited training on how to deal with male survivors: "I have encouraged male survivors to contact SASS for direction of how to access services specific for their needs since these services are not available." Another indicated that

"most of us within the agency have experiences in this field; however, a refresher course would be very welcomed!" Others shared these thoughts:

> There is not any specific sexual assault training provided as part of the job, but staff can access training from other agencies. We have a multidisciplinary team of nurses who can test for sexually transmitted diseases, social workers, crisis and addictions support.
>
> As a school division we have certain mandated trainings, including Violence Threat Risk Assessment (VTRA), Applied Suicide Intervention Skills (ASIST), and Traumatic Events Systems model (TES). It is up to the individual whether they would like to seek additional training, but cost and location of training is always a factor since budget concerns have increased over the past few years. Advertisement of training in small communities tends to be an issue, so I am never certain of when 'good quality' training is available.

One overlooked group of de facto service providers is faith-based leaders. Survivors indicated considerable concern over their experiences with faith-based organizations, even though faith leaders are likely to encounter individuals who disclose assaults. One pastoral professional who responded to our survey wrote, "I am a clergy member of a faith group. Specific pastoral care training is available but this is general and very limited. Specific sexual assault training is not available."

In a province with a history of both spiritual and sexual abuse of Indigenous peoples and diverse faith communities operating at the heart of a range of diverse groups, lack of access to relevant training for faith-based leaders is a considerable oversight.

Some settler-descended service providers working with Indigenous clients, particularly in rural settler communities, were unaware of any available culturally appropriate supports, while others did their best to refer clients to Elders, even though children and families would have to travel at least two hours to access these services. One survey respondent had been certified in restorative justice. Some providers consulted regularly with Elders and knowledge keepers, and there were some communities where Restorative Justice Stakeholder meetings were held regularly. On the topic of training, this respondent presented the view of the majority:

> We have had the first responder training which has been valuable for sure, but I would like specific training in sexual assault counselling methods. I believe that anyone helping others through this traumatic time in someone's life needs to be equipped with the proper counselling methods to properly help them.

While access to specialized training has been limited in our province, most service providers are keenly aware that one-size does not fit all in responding to client needs, and that social positioning affects access to and quality of services relative to the particular community context in which an individual has been targeted for assault. There are multiple barriers for people living on the margins:

> Almost all of the survivors I have supported do not report to the police and don't pursue legal charges. I have never supported anyone through the legal process for this reason. Most of the individuals I support have addiction issues, mental health struggles, sex trade and/or gang offences and have poor relationships with the police.

In the case of First Nations Community and Family Services, the victim may know the worker, and it may even be a relative or family member. This is a significant deterrent to seeking supports. At the same time, in remote communities, most health care providers "are on contract from outside the

area…and local victims do not want to go to strangers." The same is true for crown prosecutors, who "fly in or drive in for court days only [with] no time to build relationships with victims of any age."

If drugs are involved, some survivors may seek services elsewhere because "they just want to get out of the city away from the people they use drugs with or get drugs from. Sometimes they specifically want to go to their home community. For First Nations people it is sometimes about where cultural programs are available or where their band will fund." An organization that works with women in prisons makes appropriate referrals throughout the province, but the level of support the woman has often determines the type of services that she requests. One service provider said,

> You're not a female in the justice system unless you've had multi-layers of victimization, in my opinion … You've normally been in in the child welfare system in some regard, you moved onto probably an unhealthy relationship, you lash back because you're in an unhealthy relationship, you might put yourself in an unsafe situation because you don't have boundaries. It's all tied together. People use the addiction piece to cope. It's never one issue. It's hard to get out.

Another service provider commented that "For the most part, our clients appear well-supported because we refer them to services to help them navigate the justice system. I don't know about those who are on their own in the community."

Supporters themselves are often "overwhelmed with trauma."

Like survivors, service providers had multiple helpful suggestions to create better futures for Saskatchewan citizens in relation to sexual assault victimization:

- Educate the public, especially young people, about what sexual assault is. Teach the importance of consent and healthy relationships at a young age.
- Educate Chiefs and Councils to be engaged in their communities, and to address the bootlegging that affects all crime in the north. Invest in community worker training to help victims.
- Educate parents and guardians about how important it is to listen to their children and teach them body safety issues and how important it is to tell an adult. Support parents in finding solutions for issues surrounding joint custody, particularly if a child discloses that one parent is perpetrator.
- Ensure access to online training for lay people such as educators and faith-based individuals.
- Deliver sexual assault specific training for service providers; mandatory trauma-informed care training for law enforcement and health care providers; programs to reduce stigma and discrimination relating to addiction, mental health etc. It is difficult enough to seek service for a sexual assault, but compounding that with stigma makes it even harder. Programs are needed to address root causes such as racism, sexism, power imbalances.
- Make training available to all service providers and make a public record of the training provided. Mental health support through the health authority requires a lengthy screening process and long wait lists, so do not refer people there. Provide specialized sexual assault training for law enforcement and court employees in order to equip them with skills to adequately support survivors of sexual assault.
- Support workshops that have proven to be highly successful in providing information on forms of abuse and reactions to abuse, either when experienced or witnessed. We need to challenge the practice of isolating most services in major cities.

- We need access to affordable public transportation, particularly for low-income families who have no choice but to travel outside of the community for services.
- Increase access to 24-hour specialized crisis lines.
- Have one point of contact in one location for healthcare, police, victim's services, therapy, crown prosecutors.
- Implement confidential reporting options, including online options that track repeat perpetrators.
- Provide realistic expectations about the Justice process. Increase funding for helping organizations who do this work.
- Know that children need their own advocates.
- Ensure more awareness for clients who are newcomers to Canada; they often come from communities that have different ideas on sexual assault, as well as a different understanding as to what constitutes sexual assault.
- Expedite forensic analysis where possible. Some clients know that testing takes a long time and don't want to "bother."
- Devote specialized teams of law enforcement and prosecutors to sexual or domestic violence cases, not simply any responding officer. A police and crown response team that is full time and extensively trained would be a real improvement.
- Ensure safe houses have specially trained healthcare providers.
- Open discussion regarding intergenerational trauma and continue to de-normalize sexual assault as part of the community. More support groups and a crisis centre for men and 2SLGBTQQIA+ peoples. There are currently only primary shelters for women.

The Need for Public Awareness Campaigns

When people in positions of leadership and community support are not always well informed about the impacts of sexual assaults, it is unlikely that victims or perpetrators will be either. One respondent demanded "comprehensive sex education, including education about consent. I'm sure most of the men who assaulted me don't even consider what they did to be assault. Also make reporting easier/to an officer of your chosen gender." Another elaborated on these points, imagining a brighter future with more public awareness about sexual assault:

> If consent is taught in schools at an early age. If parents had a set way of talking with their children about it. Not all parents know what to teach or what to say about it. I think if parents knew the importance they would talk to their kids. More sexual abuse support groups in isolated communities and more dialogue on sexual abuse in terms of media, radio, because the information needs to get out there.

Several participants emphasized the importance of civil society in promoting a more respectful atmosphere. One parent said, "I think that all people need to be taught to respect others. I made sure that my son knew that "No means no." I also wish that the cultural idea that "NO" means "try harder" would no longer be a plot twist in books, movies, and television shows." Another advocated, "More outreach work, advertisement by agencies, de-stigmatization by society, general awareness of trauma and child sexual abuse, increased awareness given to mental and physical health professionals."

Frustration with conviction rates and sentencing was common among survivors. However, because judicial systems are more likely to convict Indigenous, poor, and otherwise marginalized individuals, increased sentences will only exacerbate social categories of privilege and exclusion, unless much more equitable legal outcomes emerge (Balfour & Comack, 2006; Comack, et al., 2006; Findlay & Weir, 2004). Below is a summary of survivor responses to an array of services tasked with responding to sexual assaults.

Medical and Health Services

The healthcare system is often the first point of contact for survivors following a recent sexual assault. Survivors may be seeking forensic examinations, support for acute medical needs including prevention of sexually transmitted infections and unwanted pregnancies, referrals for counselling support, and reassurance and guidance from an informed professional.

Literature shows that in sexual assault trauma, all events immediately before, during, and following the assault are considered by the survivor as part of the sexual assault (Worell & Remer, 1992). Sexual assault is an extreme form of personal violation and survivors often feel vulnerable and exposed afterward. Survivors seeking medical assistance are often at a critical stage, where the treatment they receive from medical personnel impacts the severity of the sexual assault trauma and the likelihood of seeking additional healing services. It is imperative that survivors be treated using trauma- and violence-informed approaches that address both physiological and psychological needs, while recognizing the unique realities that survivors from marginalized communities face when seeking medical care.

Survivors in Saskatchewan primarily attended hospitals for injuries and prevention of sexually transmitted infections. Less than one-third (24.8 %) of survivors accessed medical services for the assault incident and a combined total of 53 primary survivors reported obtaining forensic examinations either through referrals from police officers or by hospital personnel. The most common reasons for not seeking medical attention were shame/humiliation, lack of knowledge of the process, fear of being judged, and anonymity concerns. Our findings indicate that survivors did not experience a consistent level of care when seeking sexual assault health services.

Survivors with positive experiences praised the care given by medical personnel who were compassionate, gentle, and non-judgmental. Many of the doctors and nurses so commended were trained and/or supported by hospital administrations in providing well-informed post-assault medical care and in collecting forensic evidence. Other notable mentions were family doctors who took the time to listen to survivors' concerns, provide follow-up care and referrals as needed.

However, there are currently no provincial care standards for sexual assault survivors presenting in medical facilities, including hospitals. Few hospitals have adequate social work capacity to assist survivors, to provide community referrals, to work through safety issues prior to discharge, or conduct follow-up check ins after a survivor leaves the hospital. Survivors with negative experiences identified key areas of concern including problematic triage and intake protocols, lack of trauma- and violence-informed approaches by medical personnel, which ultimately stigmatized patients, and the lack of referral and follow-up services.

A large proportion of survivors and their families had to wait in emergency rooms for hours, often for more than five hours. Many of the hospitals they attended did not classify patients presenting with sexual assault injuries as "critical" and they were not provided a private room in a timely manner. Survivors in these circumstances were often in a state of shock, were feeling humiliated, sometimes had torn and bloodied clothing; some chose to leave the hospital before being seen by medical personnel. In small communities where there are few medical staff, survivors were asked to come back another day or were discouraged from obtaining a forensic examination because of the

time commitment needed to conduct the exam. One service provider shared how a client of hers was asked to return the next day because a patient with a sprained ankle was considered to be in a more critical condition than she was.

Accompaniment by a law enforcement officer or a sexual assault advocate would often (but not always) assist in ensuring timely care. However, not all survivors had access to advocates who could speak on their behalf when seeking care.

Survivors and service providers alike shared concerns about medical personnel who lacked training and knowledge to support survivors presenting with sexual trauma. Survivors were judged by their physical attributes such as age, race, gender, and even tattoo markings. If they had a previously known history of interpersonal violence, drug and alcohol addiction, mental illness or attending the hospital under the influence (of drugs or alcohol), they also received poor treatment by medical personnel.

> I have depression and anxiety. I got much worse after being assaulted. My mental illness was used against me to suggest I was lying and an unreliable person—like you couldn't trust what I was saying.

A particularly poignant case was shared by a service provider who had accompanied a male adult survivor to have a forensic kit completed in hospital. Upon meeting the patient, the physician laughed and expressed disbelief that a man could be sexually assaulted. The survivor was visibly uncomfortable during the medical examination and was reluctant to seek further services following the encounter.

Lack of understanding of sexual trauma can result in complex and long-term impacts on an individual patient's physical and mental health. Survivors' concerns were often minimized or dismissed and they were routinely blamed for being assaulted. Young, Indigenous women with previous histories of interpersonal violence, in particular, shared experiences of being considered "reckless" or "responsible for endangering oneself."

Survivors with mental health concerns were often dismissed or their concerns minimized. For many, access to appropriate mental health care was obtained only due to continual self-advocacy and sustained efforts in trying different mental health service providers.

> Some professionals, especially doctors and specialists, do not take the time to LISTEN to your concerns. I had a psychiatrist tell me that I was one of 300 patients and she didn't have time to deal with my problems. She was about to go on a vacation, she said, and had no time. I needed to take the medication and shut up. She wasn't there to listen to me. Another psychiatrist gave me medication after medication and left me waiting in his microscopic waiting room (6 chairs, standing room only) for over 2 hours with screaming children and whole families standing or squatting on the floor. I found out later that he wasn't even *in* the office for the first hour I waited!!!

> I was in the psych ward. Even though I talked about what happened, I don't remember any of the nurses being too concerned about it. I think they just thought that this is what happens to "crazy people."

Survivors have also reported a lack of concern for their personal dignity, following a traumatic assault. Often survivors are asked to relinquish their clothing for the forensic kit and are discharged in hospital gowns. Regina was the only community reported as providing clean clothing for survivors to wear prior to being discharged.

Following a medical examination, many survivors shared having to endure an intrusive procedure (forensic examination) and being sent home with no supports from the hospital, no scheduled follow-up calls, and no referrals to the community sexual assault services. In many cases, the survivors were discharged in the middle of the night with no assessment on the safety of the homes or communities they were being sent back to.

A service provider shared the experience of a woman who was discharged in the early hours of the morning with no clothing except a hospital gown and a blanket. Furthermore, there was no attempt to ensure that she had a support person with her, to ensure she had transportation to her home, or to conduct an assessment of her safety prior to the discharge. Her husband (non-offending) found her in the hospital parking lot and was in disbelief that she was discharged alone at night following the harrowing assault she had just experienced.

The burden of navigating a complex healthcare system and seeking community supports is thus shifted onto survivors who are already dealing with complex trauma and significant barriers. Sexual assault is an extreme form of personal violation and survivors often feel vulnerable and exposed following an assault. All these practices re-traumatize survivors and place them at risk for further re-victimization within the healthcare system.

Survivors of sexual violence should be able to expect a reasonable standard of post-assault medical care in medical facilities across the province. It is critical to recognize that the treatment survivors receive in medical facilities can directly impact survivors' healing trajectory, including their likelihood of seeking additional healing services to improve long-term health outcomes.

Law Enforcement Services

Of all services utilized by survivors, law enforcement services garnered the lowest satisfaction rate of just 38.5%. Survivors reported having the most difficult and traumatic experiences with law enforcement agencies, which not only re-victimized survivors, but also deterred other survivors from reporting their assault experiences.

Survivors reported difficulties from the moment they stepped into detachments and police stations, many having to do with the lack of trauma and violence-informed approach in delivering services. A sexual assault is often a crime that shames, dehumanizes and takes a person's agency from them. Dominant societal myths about sexual violence reinforce the misconception that survivors are somehow responsible for the crimes committed again them. Therefore, it takes a great deal of courage for survivors to walk into a law enforcement agency and report a sexual assault. Because of the low reporting rates, it is even more imperative that any reports to law enforcement are taken seriously and investigated thoroughly. Not only does this send a message to communities that law enforcement agencies can be trusted with this complex issue, but it also promotes safety and wellbeing particularly for communities where offenders have committed multiple assaults or have ongoing access to vulnerable individuals.

In our study, it was disconcerting to learn that we were more likely to hear references to concerns about "false reporting" from law enforcement professionals and affiliated community volunteers. While law enforcement agencies have a difficult duty of investigating sexual assault allegations, survivors and their families reported that this duty was often conducted without an understanding of the complexity of sexual violence, the power dynamics, the attendant trauma impacting memories and behaviour, biases faced by survivors, lack of sensitivity to the intimate nature of the violation, lack of understanding of the historical contexts in which violence is perpetuated against Indigenous communities, or of the structural oppression faced by various marginalized groups. Therefore, any

`non-stereotypical` behaviours exhibited by survivors that may have been rooted in trauma, fear, memory loss, anxiety, power dynamics were dismissed as lies on the survivor`s part. A consistent warning was that survivors not `ruin someone`s life` by making the sexual assault allegation. In many cases, this took precedence over collecting witness statements or providing the survivor with appropriate community referrals.

One officer commented:

> I've had a couple investigations, well more than a couple, where I had a complainant come in and disclose sexual abuse and it was at a party, after party, blah blah blah blah blah, all this kind of stuff. Then the truth came out; it never happened. She was pressured to come in and make a police report based on her being uncomfortable with something they did mutually [others laugh] and I started a sexual assault investigation and this could've really screwed up this kid's [the alleged perpetrator's] life …. We've got to be so careful with these investigations, because when I called this person back in again, I asked "So, how much do you really remember?" "Well, not really a whole lot; everybody told me I should be coming in." So, I went to the prosecutor and told him "We're not touching it". And I agree with it."

This perpetuates the myth that sexual assaults are rare and that women often lie about being assaulted which leads to high rates of criminal charges and convictions of innocent men (AASAS, 2019). In fact, 39% of Canadian women have experienced assault since age 15 (Cotter & Savage, 2019); however, the vast majority of sexual assault crimes are not reported (Brennan and Taylor-Butts, 2008; Perrault, 2015). Further, research indicates that false reporting of sexual assault ranges between 2-10% (Lisak, Gardinier, Nicksa, & Cote, 2010); a meta-analysis determined a false reporting rate of 5% (Ferguson & Malouff, 2016). A 2017 *Globe and Mail Unfounded Series* article highlighted the difficulty for sexual assaults complaints to be taken seriously by law enforcement agencies with one in five reports being dismissed as baseless or "unfounded" nationwide (Doolittle, 2017). The *Globe and Mail* found that law enforcement agencies in every province and territory dismissed *at least* one-quarter of sexual assault complaints as unfounded. In Saskatchewan, the rates were as high as 41% in Tisdale, 35% in Lloydminster, and 17% in Regina, with an overall provincial rate of 19% (Doolittle, 2017). In addition, allegations that were classified as unfounded were less likely to have evidence of a thorough police investigation including formal interviews with suspects and witnesses (Doolittle, 2017).

Service providers shared that many of their clients are often treated as `lying until proven otherwise` particularly if they are young, Indigenous, female, living a high-risk lifestyle, drugs and alcohol involved, or if the survivor had prior involvement with the accused. Additionally, men assaulted by women and members of the 2SLGBTQQIA+ community reported experiencing poor treatment by law enforcement officers.

> I regret going to the police 100%. Out of the five officers I ended up dealing with, only one treated me with dignity and respect. I was criticized for drinking, I was doubted because I was assaulted twice in one night, I was accused once of maybe just making it all up to hide an affair. I was treated like I was guilty and the station didn't take me seriously because I had not reported it the morning after. Victim services were not much help. She talked to the chief officer, but he was part of the problem. The whole experience was degrading, shaming, and left me feeling even more hopeless. I complained that officers of law should have sexual assault victim training and a better understanding of victim services but that went nowhere.

> I was assaulted twice and I reported the first time to the RPS [Regina Police Service]. They didn't do nothing and told me I have to be more responsible as if it was my fault that it happened. I got assaulted again at my cousin's place and I just went to the hospital but I didn't get the rape kit. I don't want to deal with the police ever again; they always treat native people like shit.

When survivors trust the police and other providers to take them seriously, and find themselves disbelieved, discouraged, or turned away for "lack of evidence" in systems that are not following best practices in obtaining evidence, which contributes to low conviction rates, they begin to lose faith. Then word gets out that official channels turn out to be a waste of time and energy at a time when the survivor is already suffering as someone targeted by violence.

One survey respondent noted that, in her experience, reporting conditions favour perpetrators:

> The reporting process is disgusting. It feels as though the rapist is innocent, and I have to prove myself by giving intimate details. If my car were stolen, I would not have to go into detail. I could say my car was stolen. And I would immediately become a victim of a crime. Instead, I went in and said I was raped. So, I was immediately under suspicion of lying.

Common themes in problematic treatment that survivors identified include:

- Having survivors provide statements and answer questions about intimate details of the assault in the main lobby of the station without any consideration for survivors' need for privacy is unacceptable.
- Survivors being accused of lying and being given repeated warnings with regards to the consequences of making false allegations violates their right to treated with respect and dignity.
- Many reported repeated use of gendered biases and myths about sexual assault by law enforcement officers when investigating the case. Racism, sexism, queer and trans phobia, ageism (against youth), and any history of mental illness has affected investigative approaches.
- Survivors have been judged for the clothing they were wearing during the assault, any previous history of interpersonal violence, poverty, and involvement in sex work, all of which have been used to cast doubt on the validity of the allegation.

Previous literature documents the primary factor driving under enforcement of sexual assault cases as gender-based bias against victims of sex crimes and the ongoing social circulation of myths about sexual assault. In fact recognition of gender bias in police responses to violence against women and girls prompted the U.S. Department of Justice to release guidelines to assist in "Identifying and Preventing Gender Bias in Law Enforcement Response to Sexual Assault and Domestic Violence" (2015).

However, despite this grim reality, we encountered law enforcement agencies that were making strides in their role in addressing sexual violence in Saskatchewan. These agencies have forged partnerships with local sexual violence advocates and community leaders in the form of projects, initiatives, and trainings to assist in supporting individuals that report sexual assaults and provide services from a trauma and violence-informed perspective. Other law enforcement agencies are also making pro-active steps in reinforcing positive community engagement in order to earn the trust of community members. In response to survivor demands for greater accountabilities, the Saskatoon Police Service has reduced its "unfounded" annual cases from 13% to 2% of reported assaults in

2018 (Hill, 2018), and the Regina Police are also reviewing cases classified as "cleared without charge" to improve future processes, and, where possible, past outcomes.

Victim Services

Survivors who reported their assault to law enforcement agencies were often referred to local victim services. These services varied from community to community due in terms of staffing capacity, which affected quality of services received. For many survivors, victim services represents the ability to keep abreast of the development of their cases and compassionate professional support. In many communities, a victim service worker was the only professional service that the survivor would ever access in relation to the trauma of sexual assault.

In many rural communities, the victim services program covers large geographical areas and many victim service workers shared how they often rely on partnerships with other community agencies to support clients. In many cases, a strong network that shares resources with clear lines of communication in supporting survivors has evolved.

However, many survivors also shared disappointment in the lack of adequately trained workers and consistent follow-up, particularly in rural communities; limited advocacy for their needs to law enforcement, and lack of court support when a case went to trial. Many victim service agencies are housed in police stations and RCMP detachments, so survivors did not feel that the victim services worker was able to advocate for them when issues arose with law enforcement officers attached to their case.

> She didn't keep me posted on my case as promised. She did very little to ease my mind or help out when the police were belittling me and my situation. She behaved extremely sympathetic but when it came down to it, she did little more than give me pamphlets on how to not get raped... the worst part is that the lobby is covered in "it's not consensual when..." posters of the very situations I experienced – but they didn't believe me.
>
> We need services available to everyone no matter where they live. Follow ups would be appreciated. I'm still working through the trauma I was faced with and it only happened 3.5 months ago. No one checks on me. I do feel forgotten about.

Other survivors shared disappointment in the compensation funds provided to victims of violent crimes.

> I applied to Victim Services for compensation as a victim of a violent crime and was offered $1000. I was extremely unsatisfied with this, considering in the three years of therapy, the investigation and courts, I had spent more than $20,000.00 out of my own pocket on therapy, travel, healing materials, workshops. Part of this was my husband accompanying me to therapy in Regina numerous times in the three years involved. He lost wages. I was grateful to have a sister and mother who took care of my children each time I had to attend therapy court.

Court Services

Survivors gave an approval rating of 40% to criminal justice system and 47% to other legal services. These are the second and third lowest approval rating, following law enforcement services. The most common complaint was the difficulty in navigating a complex criminal and justice system with very few supports and with little consideration to sexual violence trauma. In many cases, survivors were unable to get adequate orientation and follow-up on their cases and the court process, thus leading to confusion and anxiety. Often this was due to staff shortages, work overload for prosecutors, or court case located in a remote or fly-in community where prosecutors/court staff had limited time in the communities. Because courts treat survivors/victims as witnesses to their own assault, survivors often felt that they had very little agency in a case that involved a very traumatic time in their lives and may not lead to a conviction. This lack of agency compounding the revictimization experience was cited as a key reason that many survivors chose not to proceed with court trials.

There were numerous accounts of lawyers, judges, court staff and police officers lacking understanding of sexual violence trauma, leading to poor treatment and revictimization of the survivor throughout the court proceedings. The defence was at times able to use rape myths, stereotypes, sexist/racist/ageist rhetoric, and the survivors' traumatic responses to the assault as evidence that the assault did not occur.

> I spent many hours educating the prosecuting attorney, the police, the court about what was seriously lacking in their treatment of me. Mostly their lack of understanding of what it is like for a victim to be involved in the justice system

> This system is a disgrace. The time for a case to go through the system and what the 'witness' has to go through is embarrassing. My integrity was questioned throughout when I was raped in my own house in my own bedroom! This vile person got to walk off because I couldn't fight him anymore?! He was 100 lbs more than me. The 'system' is very broken!

Delays and what were deemed as frivolous court date extensions were commonplace, leading to trials extending for years. Survivors often felt that these were tactics used by the accused to wear them down, force them to revisit the trauma repeatedly and hinder their healing journey.

> My court date had been pushed back multiple times without the prosecutor preparing me for what to expect. I understand that a victim court prep position was open for a period of time in Regina between early 2017 and I believe around June of 2017. I was not provided any assistance with preparing for court until after my stress levels had reached such an incredible level of PTSD strain that I left my job. I have gone from a middle manager to unable to even work for the past 8 months. This is because my court date had been pushed back so many times I was going into shock, not doing my job well and was too ashamed to show my boss the letter that would have had the stamp of Victim Services on the paper and would have told him that I was the victim of a sexual assault. I left the job out of stress and shame. I have been unable to find work. I held that past role for 8.5 years, own a house and have been ruined by your court system.

In many rural and remote communities, the court rooms were situated in public town halls or community centres, and were considered public events. Survivors shared that "court day" was

considered as entertainment and was often attended by multiple members of the community. This made the ordeal very difficult because survivors had to recount the assault incident not only in front of the accused but also before the entire community. This has led to retraumatization of the survivors and their families. In other instances, this also led to physical and verbal attacks of the survivors and/or their family members outside the court room or in the community.

These court facilities also lacked adequate spaces for private meetings with prosecutors, with some prosecutors sharing how they could only meet survivors in a broom closet or the corner of a hallway prior to the trial. These make-shift court facilities were not consistently equipped with tools and technology needed to preserve the rights of survivors to safety and emotional well-being during court proceeding. Stories were shared of child abuse survivors having to face the accused because there were no tools to create physical barriers when providing testimonies such as video recordings. In one example, a child had to walk past the accused to sit behind a white board and share his abuse story in front of the whole community.

Two common phrases we have heard from survivors is the fact that "there is no justice, in the justice system" and the "the court trial was worse than the rape itself". Indeed, national statistics indicate that only one in 10 (12%) sexual assault reports reported and substantiated by police led to a criminal conviction (Rotenberg, 2017). A group of lawyers in the study shared how they are keenly aware that the current justice system as it stands is not designed to deliver justice in the manner of a conviction. Therefore, a practice that they are exploring is how to engage with survivors and collectively determine what "justice" or "success" could look like regardless of the outcome of the case. Some communities are exploring a remedial process, particularly in communities were kinship systems are involved. Survivors and service providers alike emphasized the need for sexual violence trauma training for all members of the criminal justice and legal system in Saskatchewan, in order to restore confidence in the ability of survivors to access fair and impartial justice.

Sexual Assault and Counselling Services

Despite the enormity of the sexual violence problem here, large geographic areas of Saskatchewan continue to have limited specialized sexual violence services, particularly crisis counselling services. The experiences of survivors in accessing services vary from community to community due to the large variance in specialized services between urban, rural and remote areas.

Survivors who had accessed services recognized that specially trained sexual assault counsellors and support services as being vital to their healing journey. The research participants demonstrated that access to culturally appropriate, age appropriate, trauma and violence informed counselling and healing services is critical in ensuring that survivors can cope with the effects of trauma and live long, healthy, and productive lives.

> The sexual assault counsellors were the only ones I trusted. They were the only ones that didn't ask what I was wearing, doing or not doing to invite the assault. The only ones that knew how to talk about, or not talk about it.
>
> I went to Envisions in Weyburn for support and counselling and they were absolutely amazing. They gave me the support I needed to journey through recovery and the counselling to recognize that I was still in an extremely abusive relationship. I would recommend them to anyone struggling with abuse or assault.

> My worker was very good and supportive, allowed me to heal in my time through my journey and just held me along the way and educated me as I needed it.

Currently, SASS has thirteen member agencies providing crisis and long-term counselling services to survivors. While they are not the only agencies supporting survivors in the province, they are the only agencies providing specialized, trauma and violence-informed sexual violence services. This has led to significant waiting lists, with some agencies reporting four months or more in waiting period to access therapeutic counselling services. Survivors are thus left without much-needed supports and some are forced to seek expensive alternatives such as private counselling services while many others turn to problematic coping mechanism and are vulnerable to future victimization.

> Private counselling was very helpful to me, but if my parents couldn't afford that I don't know what I would have done. Getting mental health services through the health region felt like it took forever and it was hard to find a good fit for all of my issues.

> Counsellors are expensive and people at Crisis Centers are so overworked...one time I was on a waiting list for so long I just started using alcohol and marijuana to function in society. This has affected my career...my ability to set boundaries...I have paid for 4 years of intensive therapy and am now off work.

Specialized sexual assault services provides survivors with the knowledge, skills and confidence needed to address the violence they experienced and rebuild their lives.

Ad Hoc Support Services

There are many human service agencies in Saskatchewan that are not mandated or funded to provide interpersonal violence services but are forced to do so in some capacity, simply because of the overwhelming need presented at their offices and, in some cases, because not addressing sexual violence can hinder all other aspects of their clients' lives. Some agencies have developed programs to support the needs of clients who have experienced sexual assaults, as best they can, including by building support networks, making home visits, offering community outreach and referral to specialized services where available. These "mini programs" are often funded by a creative patchwork of small grants, with minimal to zero core funding, and often off the side of someone's desk who cannot ignore the violence.

Service providers at a newcomer language testing agency shared how they created a "Women's Program" to support women dealing with complex issues, including interpersonal violence, because they recognized how it impacted their clients' ability to integrate into Saskatchewan society successfully. This service received no funding and ran through volunteers and existing staff members quickly. Over time, the agency could not sustain the program and were forced to cut back home visits that had been critical in building relationships with affected women. It was during these home visits that disclosures of violence were made and women were referred to specialized services. It also built a support network for the women which boosted their capacity to leave abusive relationships.

A taxi driver who was aware that some of his passengers may have experienced violence and would require information on support services in the areas, told us that he provided an informal referral service. This example shows how the burden of addressing interpersonal violence has to be shared beyond specialized services and that sexual violence needs to be addressed in a multi-sectoral, cross-

ministerial, and strategic approach. Doing so, will ensure that no one falls through the gaps and that adequate and appropriate services are available and accessible across the province.

Not in My Back Yard: NIMBY in Small Rural Communities

If Northern communities responding to sexual assaults face unique conditions associated with the colonization of Indigenous peoples and lands, small rural settler communities are negotiating the flipside of the coin: denial arising from investments in regimes of respectability. The assumption is that abuse occurs only elsewhere: Not in My Back Yard. As a result, abuse and assault are minimized or normalized, and the stigma that results in victim-blaming attaches to those whose lives have been harmed by perpetrators who take advantage of the local mindset to obscure their crimes. One survey respondent indicated that an ex-partner had used this tactic, involving their children as well:

> He was also very violent with the children and on occasion would start hurting the kids till I agreed to whatever form of sex he wanted. He also threatened multiple times to restrain me and bring his friends over to have sex with me if I didn't agree to do as he wanted.

Rural participants advised us that in their communities, women matter because they contribute, but they are "not a priority." One participant said that in small town communities, "When you have been raped, you become a burden." This applies to both primary and secondary survivors.

> I didn't want anyone to know that I was a victim and that I had become a part of a statistic. I come from a very small city and many of my peers' parents or family members work for our local police department and the RCMP. I was a good kid, and still am. I had a reputation within my community to uphold, so I kept silent. I was already ashamed. I did not want anyone to judge me because of it.

Others affirmed the sense of concern about the social dynamics of small communities and the effects of widespread ignorance on the possibility for reporting or seeking assistance with sexual assaults. One respondent stated bluntly, "The victim blaming in rural hospitals is out of control...and the racism is also a factor. Saskatchewan crown prosecutors are woefully ignorant." In outlining their attempts to seek healthcare supports, a non-binary respondent described "really weird responses to gender variance." On the flip side of respectability policing is a re-traumatizing lack of privacy for assault victims when they do seek healthcare, which exacerbates the lengthy waits in public emergency rooms.

To provide a sense of what is at stake when social denial is mobilized as a response to sexual violence, one woman became aware that her violent ex-husband, from whom she had endured domestic violence as well as multiple sexual assaults, was molesting her four-year-old during custody visits. Because the police at the time could not secure enough evidence to prosecute, this abusive father continued to enjoy unsupervised visitation rights. As a result, the woman felt forced to return to the relationship, in an effort to protect her child. This is just one of many appalling cases in which barriers in services or poor service responses meant ongoing and extended abuse and violence in the lives of participants.

When a woman develops the momentum to leave an abusive situation, it is profoundly disheartening that she, and possibly her children, should face policy barriers, or social systems that turn a blind eye or remain oblivious. One survey respondent shared this experience:

> At addiction services the person I saw said that maybe if I hadn't been using and fallen asleep on the couch I wouldn't have been assaulted. I walked out.

There are many ways that false logics can be used to justify victim-blaming in what amounts to neglect of public or community accountabilities. Institutional complicity takes many forms and is certainly not confined to small rural towns. It is not uncommon in neoliberal times to hear leaders or constituents claim that, if the public services office in one small city closes, someone in the private sector will pick up affected clients. This, of course, is simply not the case. Many people in Saskatchewan would have difficulty paying for individual or group counselling sessions on their own. Outsourcing to the private sector is not a realistic option for most survivors.

In one case, although Sexual Assault Nursing Examiner (SANE) training had taken place, the local hospital administration was not permitting the formal practice to be launched, owing to various processes involving budget redistributions. In effect, shifting the costs of forensic services to nurses rather than physicians, a method proven to reduce wait times and improve conviction rates, resulted in pushback among healthcare professionals, sacrificing both the well-being of survivors and the public purse in the process.

Sexual assault survivors seeking medical assistance have been turned away from primary care in Saskatchewan and told to return the next day; one male survivor was advised to "toughen up" and let it go. SASS is currently evaluating how many healthcare facilities who claim to offer forensic kits are actually able to deliver the sensitive service in a timely manner. Sadly, little is being done to change gender norms even within service provider organizations. In the course of several focus groups with various organizations around the province, we found that in mixed-gender groups, female community service and agency workers were much more willing to participate in our study than their male counterparts.

Mining, Farming, and Oil: Prairie Masculinities and Sexual Violence

Our preliminary analysis identified both historical and structural factors that shape and enable sexual violence and, more specifically, violent masculinities in Saskatchewan. We would not be able to understand how deep the culture of male sexual violence runs in our province without pondering the roles of colonialism and the persistence of Victorian models of female sexual respectability (MMIWG, 2019). In addition, we need to understand the impact of nation-building processes (Miller, 2004), such as the construction of the railroad and the development of a provincial economy based on resource extraction (Saskatchewan is the second highest producer of oil after Alberta, according to the Canadian Association of Petroleum Producers, 2018), which gave Saskatchewan a sense of identity within Canada.

Mining, farming, and the oil, gas, and uranium energy sectors have long played a symbolic role in shaping masculinities in our province, and a material role in shaping economic structures where white men make money, white women are economically dependent on them, and Indigenous peoples and more recent immigrants are systematically marginalized and/or exploited. There is a very well-established narrative about how only men are fit to work in the energy sector, due to their purported technical skills and strong physiques.

Thus, particular economic processes and storylines contribute to cycles and cultures of sexual violence in affected communities—highlighted in participant testimony about young Indigenous women being trafficked into communities for the purpose of sexual exploitation. The testimony confirms analysis by the National Inquiry into MMIWG (2019) that identifies "man camps" in extractive industries "can exacerbate the problem of violence against Indigenous women and girls" (p. 36).

> When oil was booming here, a lot of the men working in rigs made significantly more money than women and they felt entitled to do whatever they wanted. With the money, the men were also bringing in a van load of women to a different place each night. These women were coming from the cities and they would be high on meth or cocaine amphetamines. This was promoted through the back pages (which are down now) or word of mouth. The managers of the companies knew about it and ignored it or were at times part of it.

Law enforcement officers in rural communities shared how their detachments and many others across the province are significantly under-staffed that their ability for law enforcement to effectively address human trafficking is very limited. In addition, human trafficking, sexual exploitation and are linked to organized crime and require a nuanced and comprehensive strategy that recognizes the complexity of issue. In addition, lack of community services to support police work also limits what officers are able to do for individuals who have been trafficked or trying to leave the sex industry.

> The simple fact is that in this community there is only two officers and one will get called for a drunk driving case and another to a domestic situation. We simply do not have the building blocks to address prostitution and sex trafficking.

> What are we supposed to do? So, we save the girl, get her out of it. We don't have a shelter for her, we have no bus system to get somewhere, we have zero options. We have to contact other agencies f they have someone maybe available who may have money to transport this person. And then she is isolated from all that she knows and has no support systems which puts her at risk to being pimped again.

Survivors and service providers identified intergenerational patterns of gender relations and the persistence of "traditional" forms of masculinity, as shaping sexual violence in the province. This concern was expressed, particularly in smaller, more remote cities and towns in central and southern Saskatchewan. Conversations revealed commonly shared understandings of what it means to be a "real man" and of what women could expect from relationships with them. In communities built around historically male-dominated industries from farming to fracking, participants emphasized the pervasive persistence of unequal gender relations whereby sexual assault and sexual violence are systematically minimized, justified, and normalized. This model of masculinity was seen to reinforce racism, homophobia, trans and xenophobia, and was associated with practices like farming, mining, working the oil rigs, and even popular male-dominated contact sports such as hockey or football.

> It is a very hard-working society and a lack of understanding culturally from anyone different than you. It causes a lot of animosity between different races. You wouldn't like to come out as gay there, and there are very few people who are non-Caucasian.

> I worked for four office oil companies in the office and the comments alone made women not want to go to the rigs. Because you would be alone by yourself in a truck and if something happened you couldn't say anything. They would say "you should expect that if you choose to work around men".

These preliminary findings are consistent with the existing literature on the effects of homo-sociality in male-dominated industries and community cultures, which revolve around the reproduction of masculine values through formal and informal networks that explicitly exclude women, occupational values that centre on masculinity, and a consciousness derived from the persistent symbol of the frontier cowboy. The Ontario Human Rights Commission Statement on Sexual Harassment and Sex

Discrimination at Work (2016), for example, notes, "Although sexual harassment cuts across all work sectors, sexual harassment claims are particularly high in traditionally male-dominated industries (such as policing, firefighting, mining, the military, and construction work)" (p. 1). Similarly, Miller's (2004) research suggests that the history of oil and gas has to be understood as embedded in nation-making processes, where frontier and cowboy myths act as the backdrop for forging Canadian consciousness in the prairies.

Previous research has shown that the masculinities formed in these environments seem to be based on demonstrating risky behaviour, and the consumption of drugs and alcohol as identity-making practices (Lockie, 2011), which may also mask the personal and psychological costs of adhering to such expectations. Survivors who work in these fields described how men felt threatened and "belittled" by the presence of women in traditionally male-dominated fields. Our analysis adds to this literature by suggesting that in contexts where professional roles are masculinized, sexual violence may operate as a mechanism for asserting male authority and for keeping women "in their place."

Post-Traumatic Stress Disorder (PTSD)

Participants shared haunting stories of looking for a safe place to flourish, and never finding one. Faced with abuse in her family of origin, one woman shared in an interview that she thought she might start anew with a caring life-partner. Unfortunately, he became abusive. She then decided to raise her child on her own, and make a living in the trades, working in the national transportation industry. During overnight travel, several of her male co-workers drugged and raped her, as "punishment" for treading on what they perceived to be male labourer's territory. By the time she understood what had happened, she was suffering from tremendous anxiety, confusion and pain. In the context of Saskatchewan's first sexual assault services study, she asked research team members, "What if you don't survive? What if you're still broken?"

Survey respondents shared similar stories from across the province. One of them commented:

> The PTSD settled in and plagued my every day. I stopped leaving the house, had daily panic attacks and unfortunately became extremely codependent with my abusive husband. I left four years later, but I still struggle with PTSD and my daughter has high anxiety and will never really know who her father is. It doesn't matter what you are wearing, if you are sober or how well you know the person—there are predators and entitled creeps around every corner.

Living in a world in which one must anticipate "predators and entitled creeps around every corner" requires that many women endure not only the double shift of home and work, but the additional work of constantly strategizing for their own safety, and the safety of their children, friends, and family members at levels that are not indicative of a free society or gender democracy.

Violation from people in positions of trust is a primary factor in developing PTSD. Two survey respondents reported that they were assaulted by an RCMP officer in training. There is no way to confirm whether this was a single individual committing serial assaults or, rather, two separate assailants. Either way, the fact that two reports of assaults by a police officer in training surfaced in our survey raises the point that predators may seek out positions of trust. Screening processes that weed out applicants who are prone to sexual violence need to be developed for military, police, and other personnel in positions of public accountability. While it might be impossible to identify all potential offenders, it is irresponsible not to make the effort.

One person noted that "I have never been able to report the policeman who had zero respect or professionalism since I did not think to ask his name at the time." She was not the only respondent who noted encounters where police officers refused to disclose their names when questioned about discriminatory behaviour.

Abuse of positions of trust is not limited to the public sector. Families are also often sites of sexual coercion and assaults. One survey respondent indicated that her family did not want her to disclose that her brother had sexually assaulted her, and service professionals were clearly not well trained in age-appropriate questioning and counselling.

> My family was not particularly supportive, although they "tried" to be. They seemed to be hinting that I was making it up or remembering it wrong or exaggerating it. The police seemed concerned, especially because of the age difference, but they asked me if I wanted my brother charged. Why would they ask a kid? I was maybe 12 when I told. I felt like I had to say no, with my mom sitting right there. I don't remember anything else happening. I only told because a social worker asked me, and I was always told to tell the truth. So, I did. And nothing really happened. That's when I learned that people don't really want you to always tell the truth.

Many of our respondents have been assaulted more than once. One survey participant indicated that a well-known sports team member continually made inappropriate passes when she was a postsecondary student, until finally slipping into the women's dorm and assaulting her. A doctor she had met through friends forced himself upon her during a date, while another medical professional was finally persuaded to stop stalking her because she drove directly to the police station when she recognized his car behind her, yet again, on her way home from work. Although she made a formal complaint, this individual was permitted to continue preying on women for many years after, while another known abuser in the same profession is still practicing in the healthcare field in Saskatchewan.

Although many healthcare professionals make every effort to work compassionately with patients from all walks of life, some are clearly not trained to provide information or ask questions that would help survivors access the supports they need, while still others may take advantage of vulnerable patients. One survey respondent indicated her own experience in this regard:

> I went in for STI testing on several occasions. Not once did a doctor ask me or talk to me about consent for sex or sexual activity while I was intoxicated or passed out, despite me saying that was the reason why I was there for testing. I then also had a doctor touch me in a sexual manner during one of my appointments.

Another felt that she had been over-medicated, rather than helped to heal:

> There is not enough mental health help available. When you are referred to a psychiatrist, all they do is medicate you until you can't move. I have been on over 15 different drugs for anxiety/depression over the years and all they did was make me sick, fat, and crazy. The drugs are very expensive, take up to 2 months to kick in, and all the while you feel suicidal and sick. The wait to see a counsellor is too long, and it is never guaranteed to be a good fit. It is also VERY expensive, even if you have insurance ($110 a session!). The government needs to fund mental health more, so innocent victims can heal and move forward. It was only after I quit all medication and found a good counsellor that things started to change for me. Medication was not the answer!

In order to provide meaningful responses to survivors navigating social systems, response services need to be adequately resourced and court processes as efficient as possible. Service provision also needs to meet the need of *all* victims. One woman with a mobility disability made the following comment about her experience with accessing sexual assault service supports:

> The people working there are wonderful. However, I have a physical disability which makes me unable to drive. I was assaulted by a taxi driver and now feel unsafe in taxis where my assault happened. The location for the Sexual Assault Center is inaccessible for people with disabilities like me and I expect a challenge for a lot of low-income individuals. If you've cried in a room for an hour it is hard to get onto public transit, and to get to the suburb I live in; it takes 1.5 hours to ride there.

One survey respondent noted the stresses she faced when an experienced staff member at her local Victims Services office was no longer available and her case got pushed back, a fairly typical occurrence. She notes the understaffing of the support office she used:

> Far too understaffed. The person was very helpful but when my contact with Victim Services unexpectedly passed away, I had the extreme stress of having to speak with a new person. This department needs to be better supported with more than one staff in charge, because I thought I was done with the stress of testifying a couple months ago, but since the defendant got to push the case back another 6 months, I had to live through the preparation process again, even though I should be done with court! The people working there are and were valuable and doing a great job, but the province is failing to provide enough support staff to properly manage such a delicate department and this is re-victimizing victims by being unprepared and inadequately funded. Shame on the province.

A service provider put it this way:

> Um, you own all the books we were going to recommend. your dream therapy, body memory, and visualisation work is innovative and clinically interesting (but ultimately the system is overburdened so there is not time to listen and learn—just grind out sausage).

Although not often treated with the care, courtesy, dignity, and respect they deserve, a large majority of respondents were compassionate toward others. One woman, who has access to private supports, wrote:

> I pay $130.00/hour to see a licensed psychologist. It's worth every penny. My benefits cover up to $300.00/year for it, so I pay thousands of dollars out of pocket. I've come to terms with this, but I know this is a luxury most sex assault survivors can't afford, and that makes me sad for them.

Another expressed care and concern for her perpetrator:

> I was appx 6 - 8 years old when it occurred. I spoke about the situation in hypothetic terms with my parents at that age to ensure I did nothing wrong. The other person (female) was also a child, maybe 10 - 13 years of age. I have spoken about it to my spouse and wrote a letter regarding what I remembered about it to my parents. I was supported. I suspect it may have changed some aspects of my life but it is not something I hold on to or grieve about. I sympathize with the assailant/neighbour/child and suspect she too may have been sexually assaulted and perhaps that is why she made me do what we did. No sex, just fondling, touching, and groping.

Finally, it is important to recognize that eating disorders and other forms of addictions can result from unresolved experiences of sexual violence (Thomas, 2015), which only increases the toll on victims, their families, the healthcare and judicial systems.

Thoughts on #Me Too

It was inevitable that conversations would turn to the #Me Too movement, an ongoing story that continued to unfold during data-collection. Although there was a shared sense among many participants that the media attention had precipitated more conversations about sexual assault and provided permission to come forward, survivor responses were mixed. One service provider noted that there had been a limited effect in her community, but the story "has created more attention and understanding of the issues." She went on to add that "I still feel that racism continues to marginalize certain victims and this has only seemed to increase in the years I have worked in the field." Another service worker noted a "significant increase in reporting sexual assaults since the #Me Too Movement started." One survivor was tired of hearing about the movement and concerned that some people could be triggered by the constant reminders. She argues that "the only way to stop rape is to change our system—the one that feeds men lies about consent and entitlement."

A Word on Cyber-sexualization

Service providers across the province were consistent in their identification of social media as a new ground for sexual harassment and abuse. Not only are there online predators lurking in the shadows of the web, porn is also easily accessible for youth, often without their parents' knowledge, and can skew their sense of what relationships and sexuality are all about. Abuses on social media are hard to investigate and evidence is difficult to obtain. As normalization of abusive behaviors advances among youth via social media, they may not even realize that something is wrong, because "everybody is taking dick pics." They may also not realize that age of consent is a factor in whether they can be charged with abuse.

Social isolation is a potential factor in social media victimization. It is hard for parents to keep up with changing technology and easy for young people to access online sexual content. One worker commented, "I think a lot of parents are fearful that their kids are almost too young to learn some of those things, so then they say 'Well, I'll wait for it to almost become an issue' but as soon as your kids are able to talk, they need to know the proper names for body parts so they can let you know what is happening."

The Costs of Sexual Assault Victimization

Whatever the income of a survivor or their supporter, the effects on life course and income can be devastating (Russell, 2017). Respondents outlined some of the financial impacts they have endured.

- My financial situation was affected greatly during the worst times in and out of hospital and treatment centres.
- I quit school and jobs due to their lack of flexibility and my inability to meet deadlines or workloads because I might have to drop everything to go with her/their needs. This drastically reduced both my income and potential income.
- I covered the cost of therapy and lost time at work.

- Losing my job, selling our home, and becoming a stay-at-home mom, plus the cost of raising a child I had not planned on has cost me my retirement.
- Spent $28,000 in court to get custody.
- I was very fortunate to have an excellent private therapist who I could not have done without. All of my costs were out of my pocket. I travelled a hundred miles to Regina to attend sessions, in the beginning twice and three times a week but steadily over two and a half years.
- I have spent over $150,000 going through a divorce, negotiating custody, child support, and property matters. If this had not happened, I would never have divorced him.
- The burden of taking on out-of-town appointments financially was very hard.
- He doesn't help me financially with our son at all.
- I have taken a lower paying job that accommodates better hours for my son's counselling as well as counselling for myself.

Case Study: Samantha's Story

Samantha has lived in Canada for over 13 years, moving from overseas to escape the sexual abuse perpetrated by her father her whole life. Moving to Canada has had severe social and financial consequences for Samantha, having to leave her country and whole support system at a very young age. Yet, Samantha knew that she had to go through any depth of challenge necessary to get away from her abuser.

> As a child … I did not know how to label it and I was very disassociated. I knew that my dad treated me like my mom. That was how I understood it. I did not want to hurt my dad and also because I knew he needed me to keep him alive by doing that.

In her home country, Samantha also endured sexual abuse from a family friend. She told Child and Family Services about this, but was told she was wasting their time and had not been abused because she was not penetrated by the man. She did not disclose about her father, but she is sure if they had just spent more time addressing her needs, they would have unpacked what was going on at home and potentially prevented more abuse. Samantha was also sexually abused in Canada at a laser hair removal clinic, leaving her with severe laser burns. When she reported this to the police, she was once again not believed.

> Being a woman brings rape myths and victim blaming from the police station … They just told me it was a misunderstanding and when they questioned me, they just did it right at the front desk, they didn't take me to a side room."

Samantha has spent her entire life with mental health and emotional complications as a result of the abuse, including Insomnia, self-harming, Bi-polar Disorder, Post-Traumatic Stress Disorder, Major Depressive Disorder, eating disorders, and bed wetting, to name only a few. She has had experiences of not been heard by her healthcare providers, causing her to be misdiagnosed and overmedicated, and the doctor involved disappearing without a trace. She had to travel over two hours outside of her community several times a month for four years in order to receive proper mental health services. Because she was alone in the country, without caring supports, Samantha frequently needed to access the Food Bank, and was unable to work due to her mental health symptoms and Fibromyalgia, so she applied for S.A.I.D (Saskatchewan Assured Income for Disability). This process was humiliating and traumatizing for Samantha, because she immediately noticed the uneven power dynamic and limitations that the program placed on her efforts to move forward in

life. One of these was the refusal of financial support because she wanted to attend University and could not work at the same time.

> The lack of adequate supports in Saskatchewan makes me very angry … People are over worked and services are cut. I feel devalued and hopeless when these things happen because I can't access the things I need to be supported. When I do, it's like you're taking too much resources because there's too little resources. I hate society's views on sexual assault. There's no justice in the legal system and it is re-traumatizing. I feel exhausted constantly having to advocate for myself just to get what I need from service resources.

Samantha's immigration status made her ability to access services much worse. She was not eligible for income assistance programs or coverage for mental health services. It also limited her employment options, contributing to poverty and, by extension, food and housing insecurity. Samantha also had to be careful to not seem like an under-valued citizen, solely because of mental health complications stemming from sexual assaults.

> When applying for my landed immigrant status, I had to be careful what I disclosed and what was documented to my psychiatrist because I had to prove I wasn't a burden on society, and mental health challenges are seen as one of those burdens. There were times where I would have been admitted to the hospital for mental health if it hadn't been for the fact that it would look bad in my documents. My psychiatrist agreed that it would make things worse for me if I was admitted, so he supported me so I did not have to be admitted.

Samantha lost all social, financial, and personal connections to her home country, feeling like she lost her sense of identity as a person from her specific culture. She turned to the church for spiritual support, but she could never find a safe space without reliving her trauma.

> I was in some spiritually abusive situations that took on the control aspects of my dad. Hearing expressions of God being only male or referred to as Father, or the idea of being "touched" by God – this would create images in my head about God raping me.

Most of the sexual assaults Samantha endured happened thousands of miles away from Canada, yet no matter where she went, new experiences of sexual assault in Saskatchewan and debilitating lifelong trauma followed.

> I have trouble trusting people and deal with fear of rejection and abandonment and struggle to manage relationships in a healthy way. I want to be invisible. I don't want to go to social events, especially large ones. I have had lots of toxic relationships with friends. I have never even had consensual sex because I am terrified of men.

Variable Regional Distribution of Diverse Targeted Populations

The conditions informing sexual assaults vary by region and context, from rural to urban, from North to South, from remote to public and private workplaces and learning environments. Service providers were asked to identify groups and communities targeted for sexual assaults within their experiences as field professionals. The results are summarized in the graphic provided below. Province-wide, Indigenous communities are enduring the highest rates of sexual assaults. People with disabilities and 2SLGBTQQIA+ communities are also disproportionately affected. Sexual

exploitation in the form of survival sex, (trading sexual favours in order to meet basic needs) and trafficking are common in Saskatchewan. New Canadians, religious and cultural groups, and incarcerated and institutionalized individuals are all living in contexts where sexual violence is occurring regularly, although often hidden from public view. One third of respondents had no services in their communities.

Regional Distribution of Targeted Populations

As the previous sections make clear, the conditions informing sexual assaults vary by region and context, from rural to urban, from North to South, from remote to public and private workplaces and learning environments. Service providers were asked to identify groups and communities targeted for sexual assaults within their experiences as field professionals. The results are summarized in the graphics provided below. Province-wide, Indigenous communities are enduring the highest rates of sexual assaults (Figure 56). People with disabilities and 2SLGBTQQIA+ communities are also disproportionately affected. Sexual exploitation in the form of survival sex, (trading sexual favours in order to meet basic needs) and trafficking are common in Saskatchewan. New Canadians, religious and cultural groups, and incarcerated and institutionalized individuals are all living in contexts where sexual violence is occurring regularly, although often hidden from public view. One third of respondents had no services in their communities.

Our findings indicated that women, children, and youth are the most frequent targets of sexual assault in Saskatchewan across all groups (see Figure 55). However, it is vital to note that there is considerable variation by region and that men, particularly boys, and seniors are also frequent targets, as are non-binary individuals. See Figures 56-60.

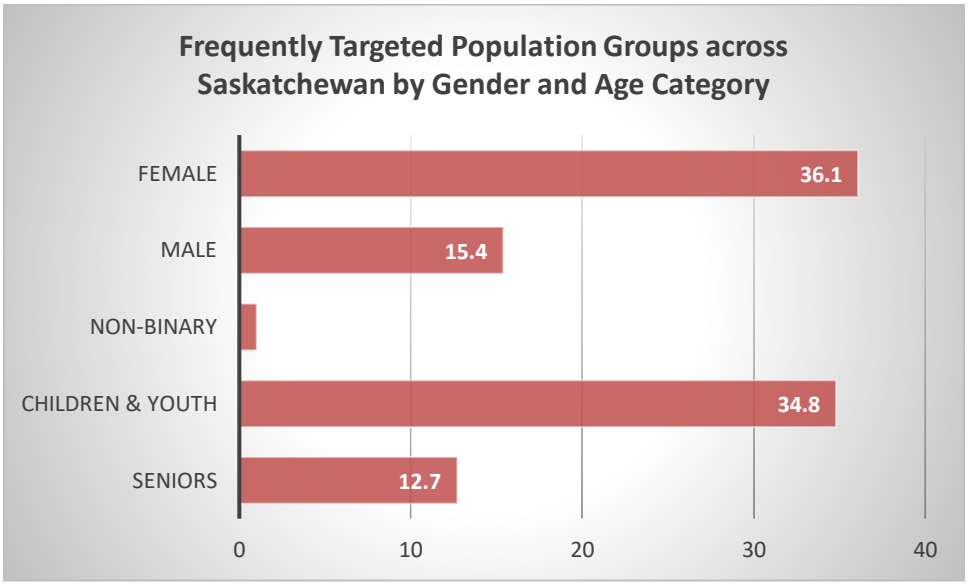


Figure 55. Frequency Targeted Population Groups across Saskatchewan by Gender and Age

It is important to note that survivors can be members of multiple population groups and this can create added layers of vulnerability as well as barriers in accessing supports

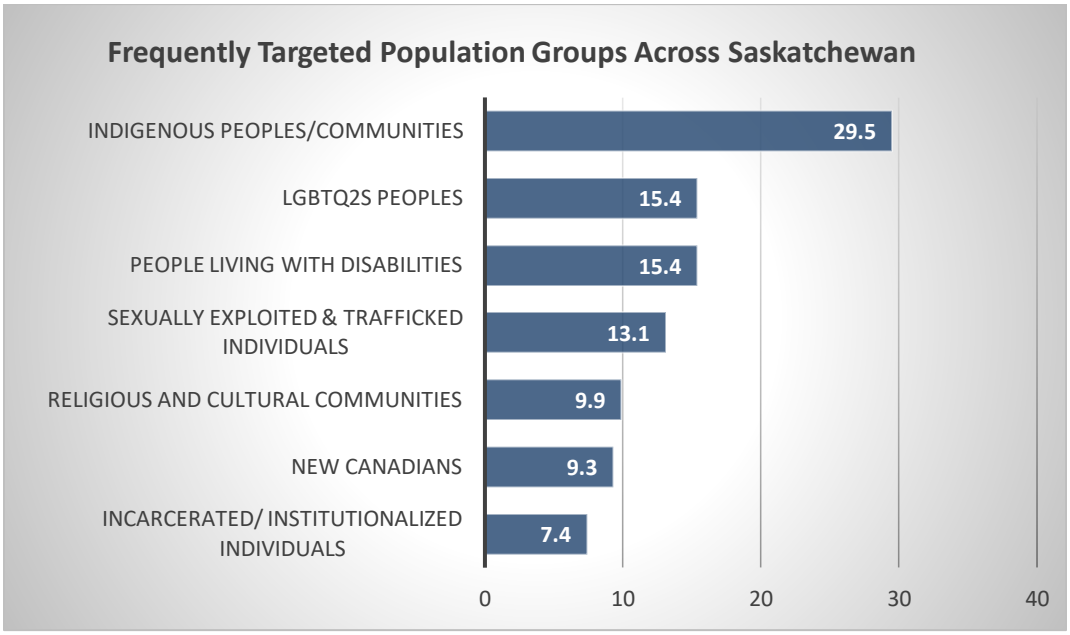


Figure 56. Frequently Targeted Population Groups Across Saskatchewan

Participants in remote northern communities identified the unique challenges faced by their communities due to the legacy of residential schools experienced by their seniors, high apprehension rates of children into care and lack of culturally-appropriate re-integration programs for individuals who have been incarcerated. This places these population groups at risk for victimization and poor supports following an assault. Interestingly, northern remote communities also noted the increase of newcomers migrating into northern Saskatchewan and a lack of cultural awareness in prevention and service delivery has also contributed to the vulnerability of new Canadians in these areas.

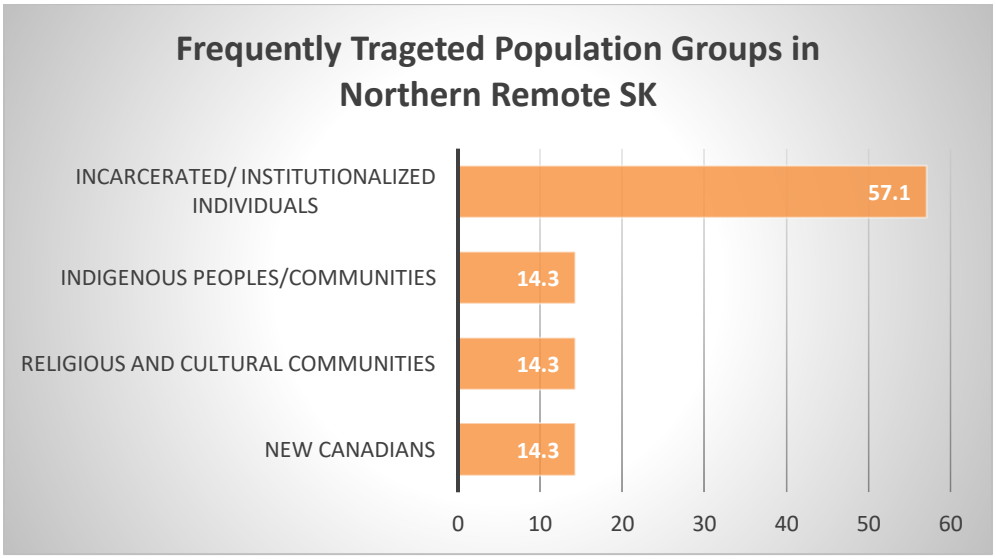


Figure 57. Frequently Targeted Population Groups in Northern Remote Saskatchewan

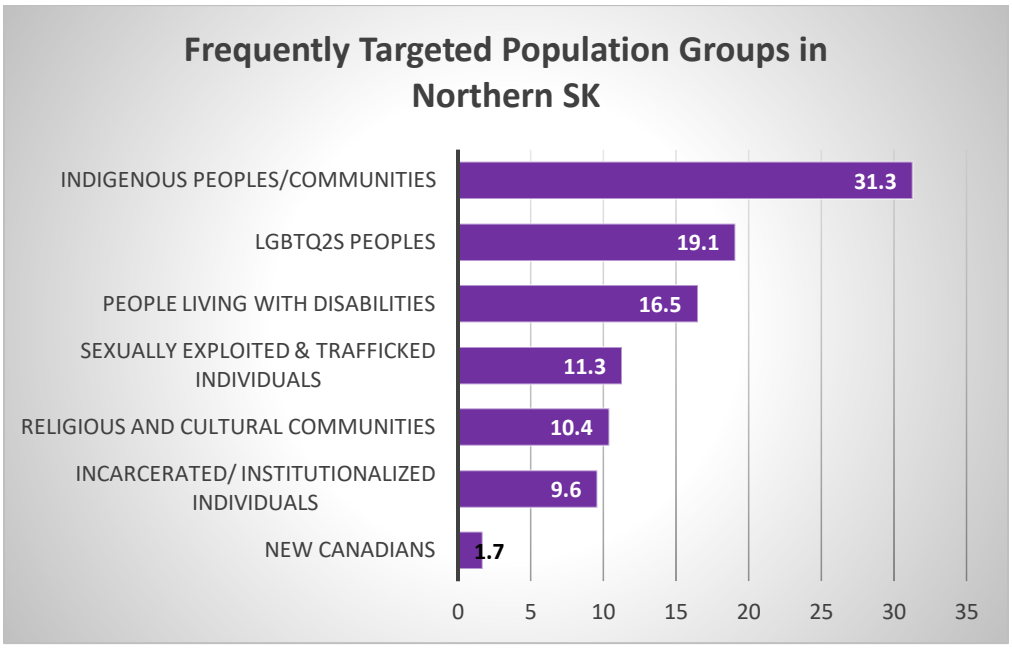


Figure 58 Frequently Targeted Population Groups in Northern Saskatchewan

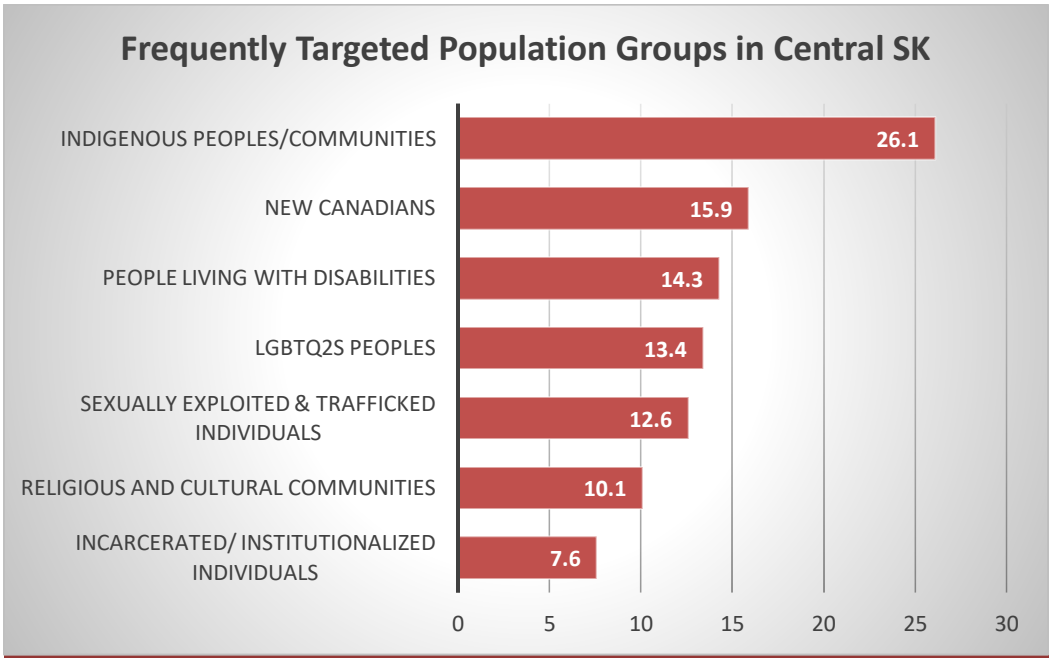


Figure 59. Frequently Targeted Population Groups in Central Saskatchewan

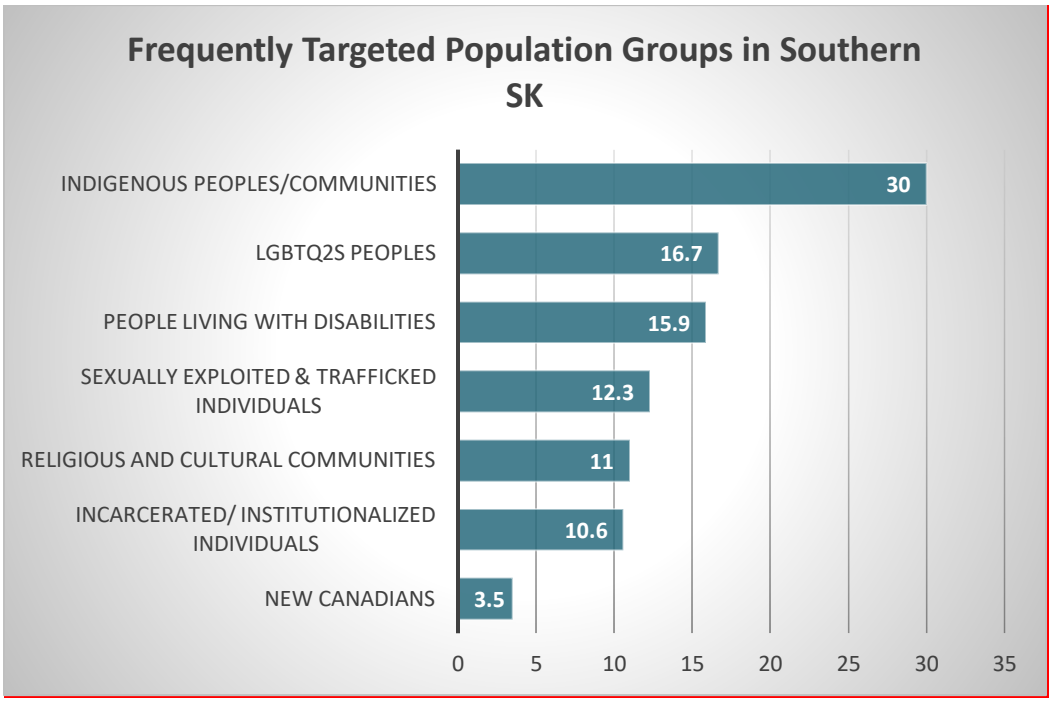


Figure 60. Frequently Targeted Population Groups in Southern SK

Sites and Contexts of Known Sexual Assaults

Regional results (Figures 61-65) reflect local and contexts influencing the social contexts of sexual assaults. For example, more newcomer professionals are working in remote northern communities than may have occurred in the past. Indigenous people are being targeted for sexual violence throughout the province. The distributions of targeted groups in different regions is an important factor in creating recommendations for a provincial sexual assault action plan—as are the particular sites and contexts of sexual assaults.

Province-wide totals suggest that rural communities, youth in government care and custody, and those engaged in cyber-communities are particular sites of sexual assault. Regional totals indicate that there are unique factors influencing the sites of known assaults, ranging from the presence of postsecondary institutions and related sexualized violence to the potential for treatment programs to become sites for victimization.

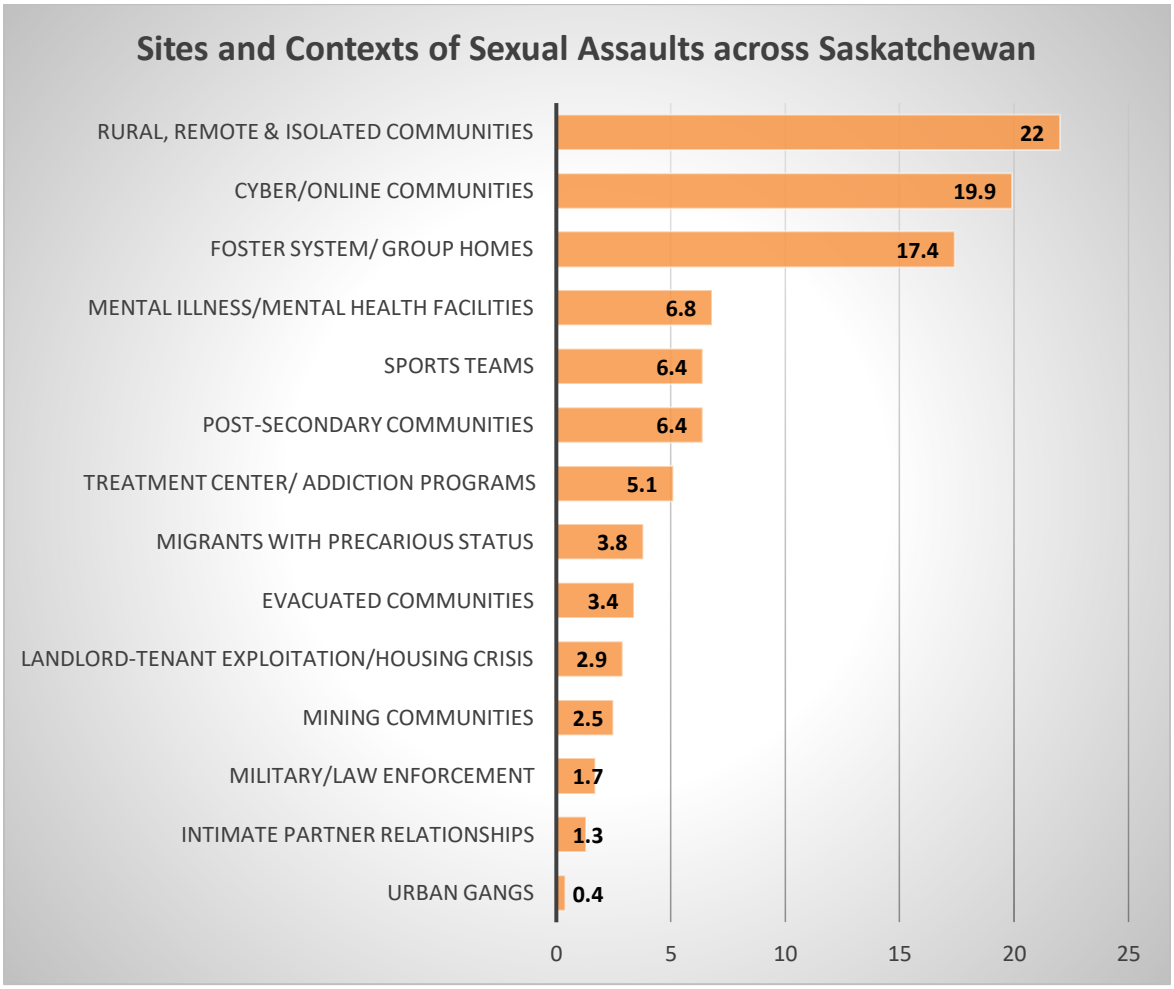


Figure 61. Sites and Contexts of Sexual Assaults Across Saskatchewan

Participants in northern remote Saskatchewan noted the unique impact that isolation had on regional youth and how this increased their vulnerability to violence. The isolation of remote communities makes it difficult for youth to grapple with the differences between remote and non-remote communities, in accessing much-needed support with addictions and mental illness, and coping with the effects of institutionalization such as foster homes.

As one participant said:

> Young people now, they don't feel like they have much life to live for…. We have issues of unemployment because of low education, high cost of living, mental illness and intergenerational trauma. Children and youth are experiencing violence and there is no investment in services for children and youth from the leadership.

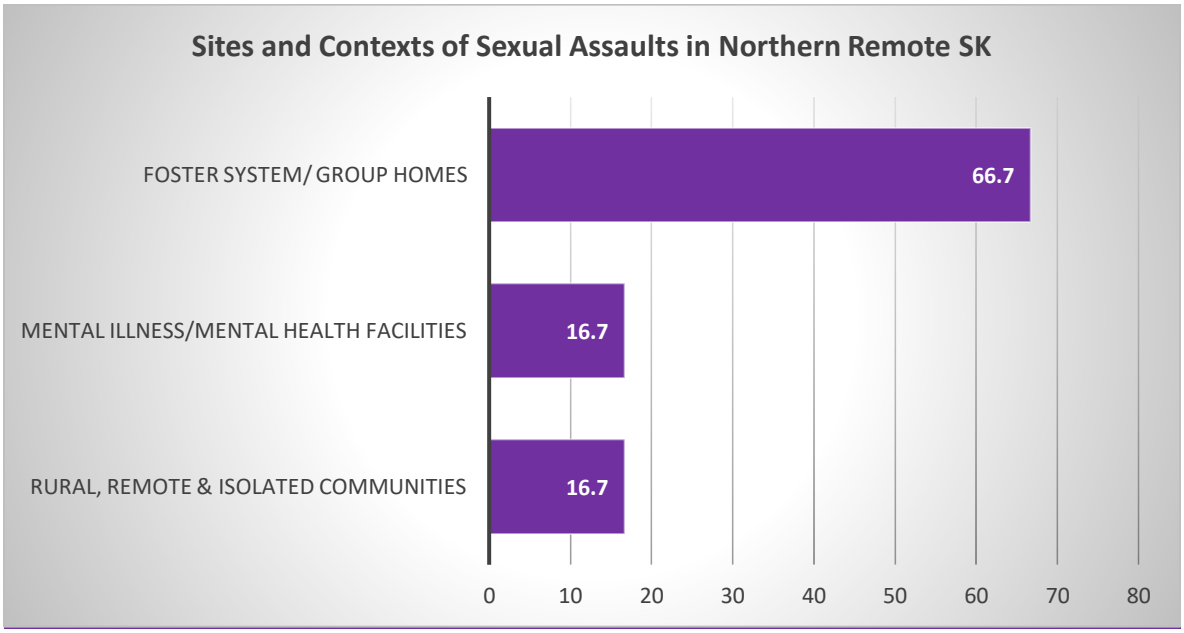


Figure 62 Sites and Contexts of Sexual Assaults in Northern Remote Saskatchewan

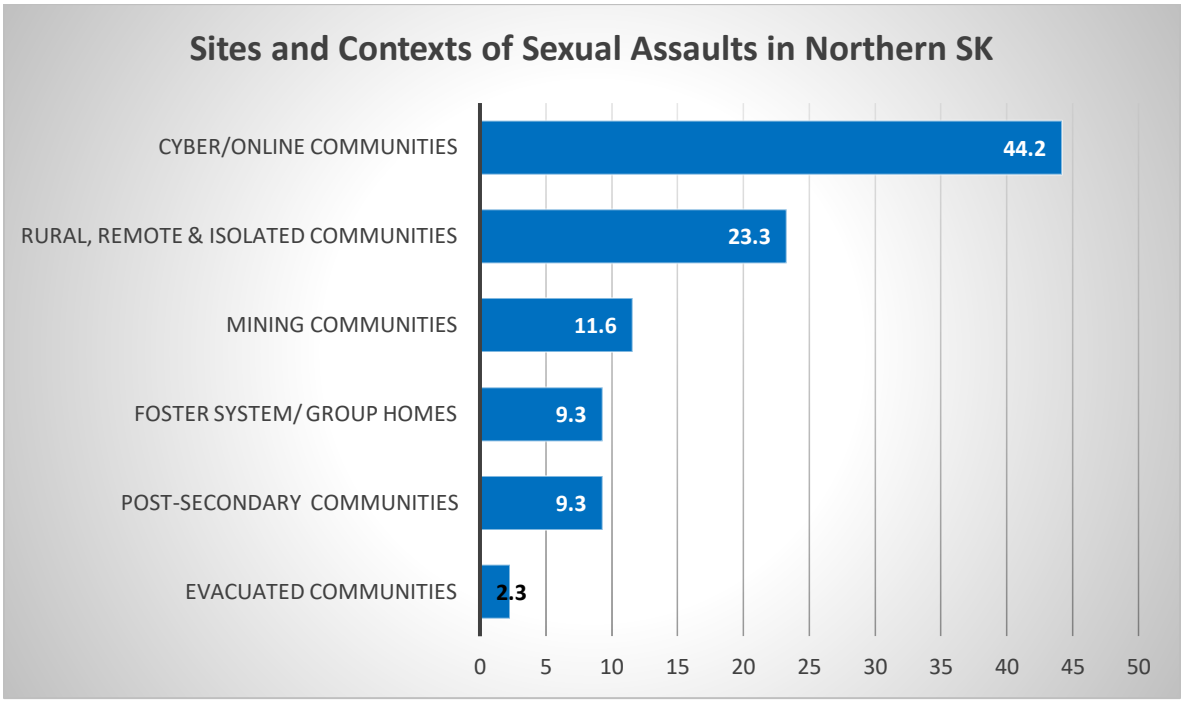


Figure 63. Sites and Contexts of Sexual Assaults in Northern Saskatchewa

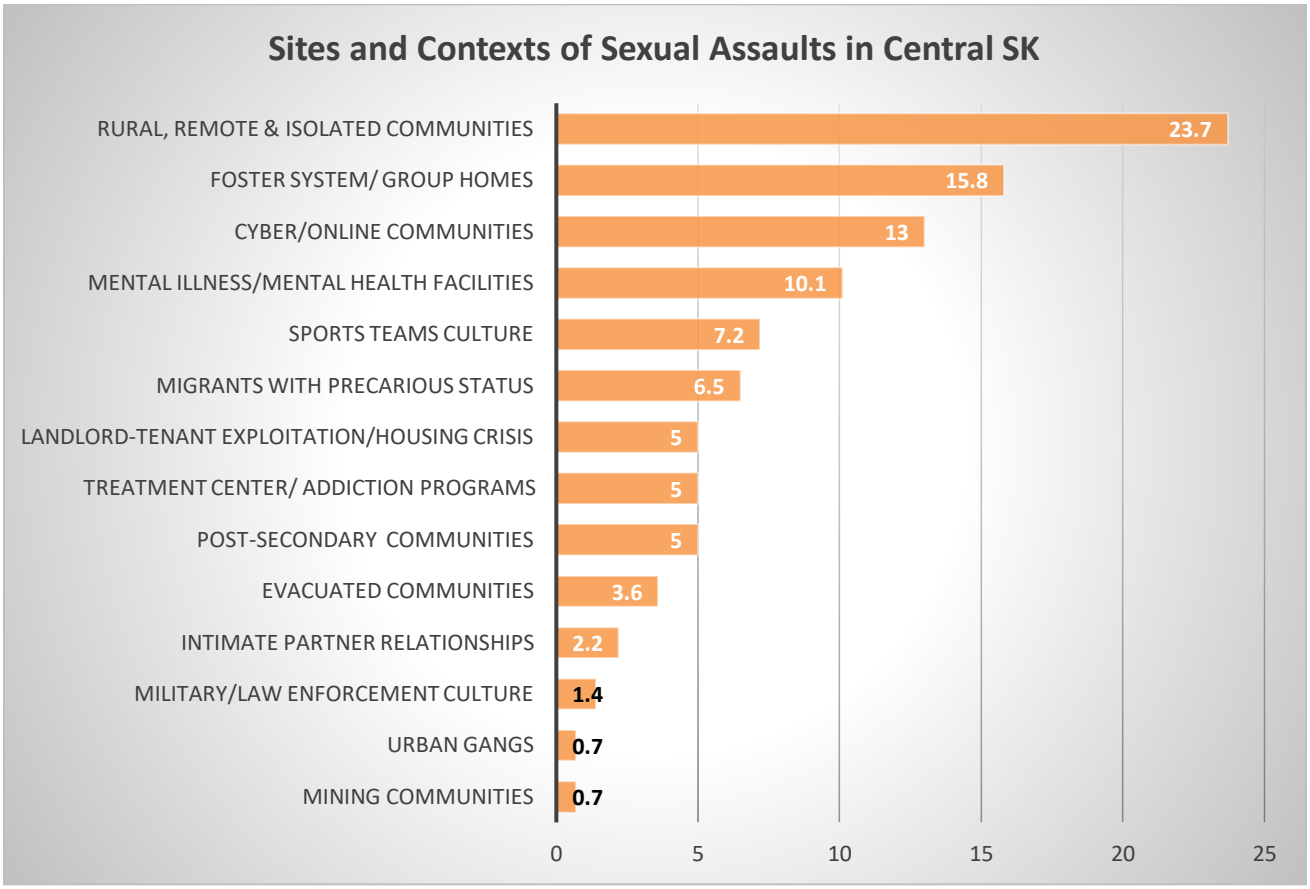


Figure 64. Sites and Contexts of Sexual Assaults in Central Saskatchewan

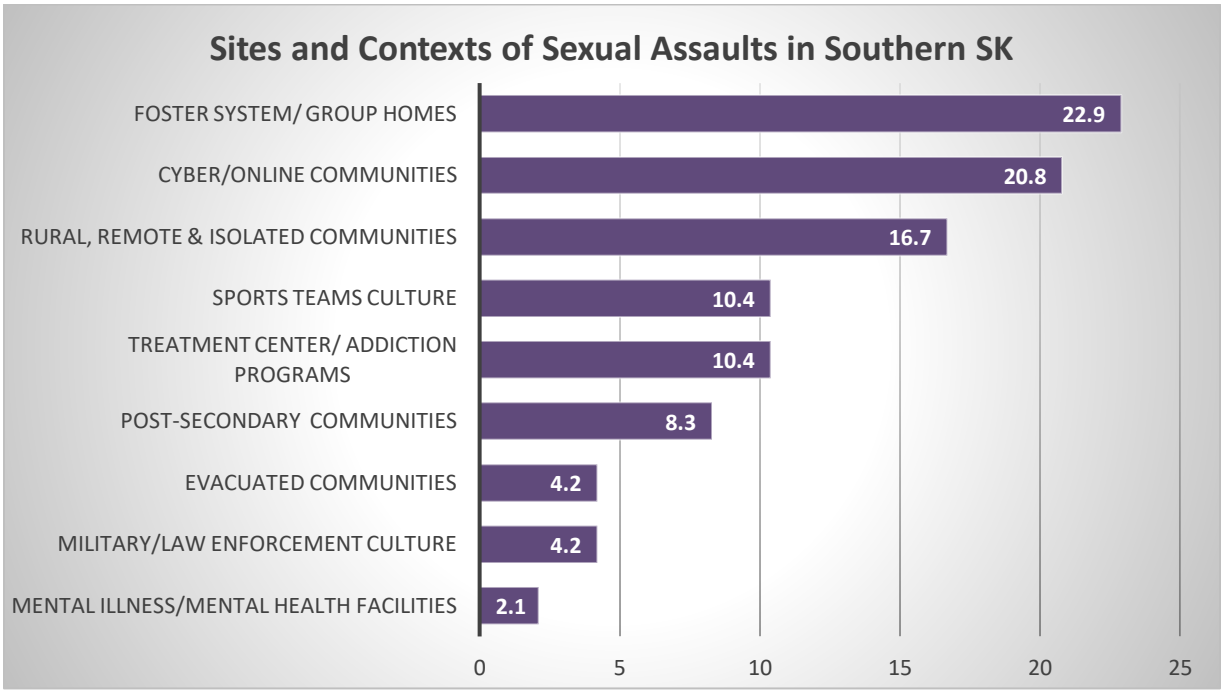


Figure 65. Sites and Contexts of Sexual Assaults in Southern Saskatchewan

We heard numerous accounts of victims, including children, being forced to wait for medical attention in Northern communities, in part due to racism, classism, lack of public transportation, and in part due to a shortage of professionals trained to deal with such cases with age appropriate and cultural sensitivity. Sexual violence has many physical, emotional, and mental impacts on victims (Ullman, 2010). As such, it is imperative that meaningful solutions be developed that take seriously the effects of socially imposed violence and oppression.

The Healing Journey

A number of respondents indicated that culturally appropriate trauma-informed maps of the healing journey—which is only extended by difficult experiences in seeking support—should be provided for everyone healing from or responding to sexual violence. One secondary survivor, a parent, insisted that sexual assault services need to operate with the enduring legacy in mind:

> a recognition that an assault is not easy to get over. It can last a lifetime. I know other parents with daughters of a similar age at the time of assault, who it appears, they will be supporting for life as their daughters still cannot live independently because of the mental health impacts on them.

A primary survivor pointed out that responders need to be aware of the long-term legacy:

> Consider the amount of time that's passed since the assault. It's both important for understanding the journey, even though I know it's not linear; I've healed a lot in the six years since my assault, but I still think about it every day. I still worry whenever I go somewhere new that I might run into my rapist. My needs and supports have changed a lot over that time.

Charting the healing course is helpful not only to survivors, but also to community leaders reckoning the effects of systemically exacerbated setbacks. The social costs of sexual violence in terms of lost well-being and prosperity to individuals, families, supporters, and the larger society is substantial.

Support Groups

Survivors were clearly aware that resources are limited, and suggested the benefits that could arise from access to well-facilitated support groups responding to the pervasive presence of sexual violence in the lives of Saskatchewan residents: "a place for women to talk about marriage life and be free to talk about the bad stuff with support and anonymity." This particular survivor had experienced sexual violence in her marriage and felt there was nowhere to go to receive meaningful support, given the prevailing notion that marriage is the foundation of a "story-book" happy-ending to young adulthood.

To be effective, ongoing support groups need to be led by pairs of well-trained facilitators. To ensure anonymity for members of smaller communities, facilitated, online real-time forums could engage with survivors at different stages of the healing journey. In any counselling or group support format, participants emphasized the importance of "working with the survivors at their own pace, based on their needs, [and recognizing that] sometimes schedules have to take a back seat to anxiety, panic attacks, fear and other issues [the] survivors are going through."

Survey Feedback

Responses received from study participants made clear the importance of bringing an intersectional lens to processes of ongoing data collection in order to assess the impact of Saskatchewan's strategic sexual assault action plan. They stressed the importance of ongoing training for service providers. To illustrate, one respondent shared her story of being stalked by someone she considered a friend who acted as a voyeur outside her home, going on to describe the minimization she faced when she reported her concerns.

> I also experienced a really bad situation where a friend was chronically peering into my bedroom window at night and touching himself. My neighbour phoned the police and he was detained. I was so shocked that night that I told them I didn't want to press charges (at 3 a.m.). Three days later, I went into the station in Saskatoon to try to press charges and the front desk intake officer tried to dissuade me and told me there was nothing he or anyone could/would do. I left the office in tears. A friend advocated for me and he was eventually charged, but it was only considered a "prowl by night" charge. This severely impacted my sense of safety and self-worth. I had to move twice after this in attempts to feel safe. While I have not been in contact with him since this happened a year ago, I constantly am dealing with the aftermath. It affects me everyday, severely. I hope one day, this feeling lessens. It's very hard to function to the degree I would like in my current state.

Minimization of sexual violence is not only practiced by misinformed service providers. Family members, who may feel divided loyalties when sexual assault occurs at home, are susceptible to the wider social climate of denial and misogyny. One respondent commented:

> I have been hurt in the past when the sexual assault and incest are downplayed because my one brother was only 16 months older than me and the other one was four years older. I have been asked if we weren't just kids "playing doctor" and why I did not tell anyone then. These questions imply that I was at least somewhat at fault.

The effects of target-blaming, minimization, and fear of social reprisals and perpetrator retaliation are pervasive. One parent reported that her daughter did not disclose a peer assault until much later, nor did she attempt to seek services because she was responding to the local culture of ignorance, minimization, and slut-shaming:

> The assault occurred at a party when the survivor was passed out. Factors involved in the choice to not seek services: Not understanding "date rape." Not wanting to cause trouble or get in trouble. Shame. Accepting the social concept that inappropriate choices regarding her substance use, activities that evening made it "her fault." Scared of punishment. Just wanting to put it behind her and forget about it.

This situation is heart-breaking. Poorly informed survivors who are trapped at the nexus of victim-blaming and fear of social repercussions are not seeking the services to which they are entitled, which provides a clear indication of the need for public awareness campaigns as carried out via action plans in other provinces and countries.

Unfortunately, survivors may also endure multiple sexual assaults in the course of a lifetime. As one respondent indicated in responding to our survey, "Some questions were hard to answer since I was raped twice. I tried to answer for each time. Another made the poignant plea, "I want to talk to someone who knows what they are talking about, please." SASS has since reached out to that individual.

CONCLUSION

The purpose of this study has been to enhance understanding of 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.

The most common assault experiences, as reported by primary 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 both 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%).

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.

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.

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, so public information campaigns do help.

THE WAY FORWARD

All research participants were asked to share their perspectives on key practices, procedures, partnerships, and programming that had been beneficial to them, and could be potential solutions to address sexual violence in communities across the province. We have themed the responses based on the Core Services Framework (see Figure 1) to provide context and clarity for readers. Each theme will list *Identified Success* to outline what is working, and *Recommended Actions* to outline how improvements can be made.

A limitation to note is that participants could not speak to services and supports that they did not have access to, often due to a variety of reasons. Therefore, this is not an exhaustive list of what is working, what current services are available, and what improvements can be made. Rather, what follows is a summary of identified successes and recommended actions that participants have shared through the surveys, interviews, and focus groups, based on their personal experiences.

An in-depth environmental scan of services and supports will have to be conducted in the future to provide a comprehensive picture of existing supports, barriers to accessing supports, and solutions for the future.

Reconciliation as First Principle

The study identifies child sexual abuse and sexual assault as among the everyday weapons of colonialism, racism, hetero-patriarchy, ableism, ageism, classism, and xenophobia, more broadly. Many of the research participants shared the viewpoint that the project of responding constructively to a long history of unresolved sexual assaults in Saskatchewan is part of a rigorous process of reconciliation within and across Indigenous and settler cultures.

Focus group respondents often called upon local institutions, government systems, and faith-based organizations to undertake and continue the of work of reconciliation, demanding accountability for their historic and current roles in perpetuating cultures of violence. It is vital that initiatives be coordinated among all levels of governments, sectors and communities, both Indigenous and non-Indigenous, to address the unique effects of colonialism, institutional and intergenerational abuses.

Prevention and Awareness

Research participants overwhelmingly identified the need for prevention and awareness-raising efforts across all ages and communities as a major factor in eliminating sexual violence across Saskatchewan.

Identified Successes

- Communities shared successes of campaigns such as Sexual Assault Awareness Week, Bullying Awareness Week, the #MeToo Movement, WhoWillYouHelpSk and #IBelieveYou in raising the profile of interpersonal violence in Saskatchewan, using accessible media formats and events to engage communities. Public campaigns like these send powerful messages that survivors ought to be believed, sexual violence should not be tolerated, and adequate supports must be available to those affected by violence. These initiatives have begun to open critical dialogues in both public and private spheres. Survivors also indicated

that informal and formal networks that support survivors and educate family members on the healing process are being formed through various platforms across the province.

- Research participants shared the growing interest and demand for professional development training on how to disrupt interpersonal violence in public spaces. Focus group participants shared the increase in online and conference workshops for bystander training, first responder training, trauma- and violence-informed practice etc. Interest and participation in such training has moved beyond human service sectors to include post-secondary education, trades, the sports industry, and other health sectors such as dentistry, as well as faith-based organizations.

Recommended Actions

- Develop and implement province-wide campaigns that raise public awareness on the issue of sexual violence and challenge attitudes and norms that perpetuate sexual violence. Evidence shows that increases in public support for survivors leads to significant increases in sexual assault reporting, and survivors accessing services and supports (Kitzinger, 2004). The following are considerations in developing effective awareness, education, and outreach campaigns:
    - It is important to use language that articulates how sexual violence is facilitated by social structures, institutions, and local cultures that enable gendered violence, and to acknowledge that sexual violence hurts people of all genders, whether survivors or perpetrators. In particular, it is important to acknowledge that damaging models of masculinity transmitted through intergenerational violence need to be interrupted and replaced with models of masculinity based on care, respect, and responsibility.
    - Campaigns initiated by government or service providers should not focus exclusively on creating awareness for women as potential victims, but also address potential victimizers as well. It is vital to promote and foster environments in which mutual respect and consent are at the centre of all relationships.

- Promote and expand Indigenous cultural programs and initiatives that engage and support traditional teachings, healthy relationships, identity formation and self-worth.

- Support the expansion of first responder and bystander training to include all human service sectors, educational institutions, community leaders and employers, to ensure that individuals in responsible positions have the knowledge and skills required to identify and respond appropriately to sexual violence.

- Develop a province-wide media advisory model that advocates for responsible media coverage on sexual violence including:
    - Developing and delivering media training programs that use non-victim blaming frameworks to ensure accurate reporting in news stories on sexual violence, in ways that disrupt the perpetuation of rape myths

Service Coordination: First Responder Coordination across the Entire Province

Participants reported how the responses of the justice, health, and social service systems have often been inadequate and uncoordinated. Research shows that sexual assault survivors have historically carried the burden of identifying available resources and seeking help from each individual system while dealing with complex trauma and multiple barriers (Campbell,1998; Ullman, 2010). The stress that survivors face in navigating government and community-based services can be re-traumatizing

and dehumanizing. Survivors are frustrated at having to relive their trauma by repeating their stories to various professionals due to lack of coordination and information-sharing among services. A coordinated multidisciplinary approach is essential to ensuring that every survivor is able to access a full continuum of supports and services across their lifespan.

Identified Successes

- Participants in rural communities recognized the successful use of the government-led Hub Models (Nilson, 2016) in supporting collaboration across public service offices that pay critical attention to the social determinants of vulnerabilities among marginalized groups. Hub Models mobilize integrated resources that support individuals or families with elevated exposure to violence, including survivors of sexual abuse and assaults.

- Participants praised the Sexual Assault Response Team (SART) in Regina. This multi-disciplinary team was developed to support survivors in navigating medical, legal, and emotional issues along with associated procedures. SARTs are community-level interventions that foster collaboration among sexual assault responders, improving case processes through the criminal justice system. Regina's SART includes representatives from the local Sexual Assault Centre, sexual assault nurse examiners, victim services, law enforcement, public prosecutions office, domestic violence advocates, and the child justice centre.

Recommended Actions

- Continue to promote improved systems coordination through multidisciplinary and cross-sectional approaches to sexual violence service delivery.

- Support the development of community-led Sexual Assault Response Teams across the province.

- Promote the adoption of trauma- and violence-informed principles in all practices and protocols that pertain to sexual violence service provision across the province.

- Implement a "no wrong door policy" by which anyone in need of sexual violence care is able to access appropriate services via inter-agency referrals. Poor referral programs, lack of follow-up protocols, and re-traumatization have led many to fall through the cracks. A standardized set of interagency protocols on how to provide and receive referrals appropriately, while supporting survivors on waiting lists would ensure more timely service delivery.

- Develop specialized mobile sexual assault programs in rural and remote communities, employing sexual assault workers specializing in the areas of public education, crisis intervention, and counselling supports during and beyond crisis phases. Adequate funding to travel among nearby communities and to provide education and support to survivors and their families is required for this initiative to be successful.

- Update province-wide systems documents to provide options for people who are Trans, Non-Binary, Two-Spirit and for those who do not wish to identify by gender. This measure will reduce the risk of individuals facing harassment or discrimination because their identification forms are not consistent with their gender identities of record.

Crisis Intervention

Major barriers to critical intervention services exist across the lifespan and in all communities across the province. The long-term effects of these barriers are devastating to survivors and their families, ultimately impacting Saskatchewan's prosperity. Comprehensive crisis intervention is needed in Saskatchewan to provide sexual assault survivors with support, stabilization, risk assessment, appropriate referrals, and trauma-informed care by well-informed service providers.

Identified Successes

- Mobile Crisis Units have been identified as an important resource in supporting vulnerable individuals. Best practice models provide integrated and comprehensive social and health crisis intervention services on a 24-hour, seven-days-a-week basis. Necessary services include temporary shelters, child protection services, emergency financial assistance, mental health supports, domestic violence response, crisis counselling services, senior abuse and neglect interventions, and much more.

- Participants who live in urban areas have conveyed the vital support they received through 24-hour crisis lines. Trained advocates on crisis lines have provided them with crisis counselling and accompaniment to the police station or hospital, as needed.

Recommended Actions

- Provide a standardized multidisciplinary crisis response protocol for recent sexual assault survivors tailored appropriately for adults, youth, and children, respectively, in cooperation with affiliated professional workers who routinely provide supports and resources to survivors. Crisis intervention services may include the following:
    - A province-wide 24-hour sexual assault crisis line for survivors seeking anonymous intervention counselling, with an advocate program that arranges accompaniment to hospitals or police stations.
    - 24-hour access to drivers for appointments and emergency trips in rural and remote communities.
    - Increased safe houses/shelters or bed spaces for sexual violence survivors in crisis.
    - Sexual Assault Response Teams stationed within communities or hub regions that are well-informed on local conditions, cultures, and needs.
    - Increase access to emergency intervention services through Mobile Crisis Units in communities across the province

Counselling and Healing Services

There are significant shortages in specialized counselling and healing services for all ages and genders. Access to culturally appropriate counselling and healing services ensures that most survivors can learn to cope with the effects of trauma and live long, healthy, and productive lives.

Identified Successes

- Praise for specially trained sexual assault counsellors and services was almost unanimous among survivors. At the time of this study, Sexual Assault Services of Saskatchewan (SASS) had ten member agencies providing trauma- and violence-informed sexual assault counseling services across the province from La Ronge to Estevan. Survivors were also able to access counselling services through other federal and provincial government-based Mental Health Service programs. Still others received counselling from community-based social service agencies such as Family Services Saskatchewan. Many indicated that access to counselling was a direct result of collaborations among crisis intervention agencies such as law enforcement victim services units and counselling agencies.

Recommended Actions

- Expand trauma- and violence-informed specialized counselling services fully familiar with the distinct circumstances of diverse populations across the province. It is important to consider the following factors when providing comprehensive counselling services.
    - Short- and long-term counselling supports are needed to ensure individuals and families can find options appropriate to their needs.
    - Expand culturally-affirming, holistic healing practices to support the needs of Indigenous and newcomer communities.
    - There is a growing need for residential treatment facilities for people of all genders who require intensive sexual violence-based healing programming. Healing is often impossible when a survivor lives within an unhealthy home environment.
    - Age-appropriate play therapy programs for children and youth, and other forms of therapy such as art, music, and animal/pet therapy are effective resources in supporting individuals struggling with the effects of sexual assault trauma.
    - Where appropriate, family-based therapy programs support whole families in accessing healing.
    - Strategic expansion of services and partnerships between mental health services, addictions services, and sexual assault services ensures that survivors with complex needs are able to access resources in a holistic manner.
    - Employing technological tools can support ready access to online counselling for clients with transportation or mobility barriers are adequately supported.
    - Community-based resources such as faith-based, seniors', women-, men- or queer-only support groups, can provide vital alternative forms of healing for survivors of sexual violence who need to rebuild trust.

- Ensure comprehensive outreach and follow-up services are provided in a timely manner to all primary and secondary survivors. Healing is not a linear process due to unexpected setbacks throughout the process, so service barriers to that healing journey must be eliminated.

Child Welfare

At the heart of child abuse lies a social failure to promote love, care, and respect for all children, whatever their culture of origin, their abilities, their sexual orientation, their gender identity, their social class, or family structure. A robust child welfare system ensures that children in Saskatchewan can grow up without the fear, threat, or experience of sexual violence.

Identified Successes

- Rural communities value youth mentorship programs that build self-esteem, promote Indigenous culture, and facilitate healthy intergenerational relationships. In many communities, informal service providers such as Elders have taken leadership roles in developing summer programming or camp events for youth. These programs not only build self-esteem but also create a sense of belonging and identity for young people.

- We have observed improved outcomes in particular cases where victimized youth are supported by collaborations among law enforcement, child welfare services, and sexual violence advocates.

Recommended Actions

- Our survey research indicates that for survivors under the age of 18, the overwhelming majority of perpetrators are family members. This painful truth disrupts nostalgic constructions of families as universal sites of safety. Because grandfathers, uncles, fathers, step-fathers, and brothers are common offenders, not only should they be the ones removed or forbidden to re-enter the home, but until an accusation has been clarified, supervised visits should be required in any ongoing relationships.

- Because child welfare systems both respond to and provide opportunities for child sexual abuse (e.g. problematic foster homes), they must be adequately funded to undertake regular unscheduled inspections of care conditions, to address the over-representation of Indigenous youth in care and custody, and to ensure high quality personnel, adequately trained to respond to the needs of child victims.

- Continue to educate social workers on the effects of colonialism, the use of sexual assault as a method of imperialist, patriarchal, and religious domination, and the intergenerational trauma that Indigenous and other abused children face. Indigenous children in care must have access to culturally-appropriate healing practices and remain with extended Indigenous families and communities, wherever possible.

- Promote frequent, mandatory self-reporting and in-person checks on people in care-giving positions throughout the province to ensure the safety of vulnerable children and youth. Our research shows that when children and youth seek help, they may face increased violence at home.

- Increase funding and training for personnel specializing in services for child victims across the entire province including the recruitment of culturally sensitive and appropriate law enforcement officers conducting pediatric forensic interviews and nurses/doctors conducting sexual assault pediatric forensic examinations.

- Provide training for professionals working with children in any capacity to recognize signs of physical and sexual abuse and to function as first responders. In-school counseling or referrals to nearby resources must be readily available in every school. All professionals

working with children should be trained in the sexualization of cyber-space as it affects child and youth victims and perpetrators.

- Ongoing access to formal and informal healing practices, counselling, and support groups are key to the healing of youth and adults who have suffered sexual violence. Similar supports are needed for non-offending family members.

Education: Pre-Kindergarten – Grade 12

Throughout this research project, educational institutions have been recognized as spaces that have the unique potential to nurture, educate, and intervene on behalf of children facing abuse in their homes. However, no discussion of systemic issues contributing to cultures of sexual violence in Saskatchewan would be complete without acknowledging the legacy of colonialism, residential schools, and inequitable funding of education for Indigenous youth on and off reserves, or the potential for cultures of abuse to emerge in educational settings.

Identified Successes

- Research participants acknowledged the success of community agencies and school/board partnerships in delivering awareness and prevention education, thereby reducing the risk of victimization for children and youth. The following are examples of programs that operate successfully in schools across the province.
    - Puppet-based educational programs that provide age appropriate conversations about violence prevention. These programs are organized by non-profit, violence prevention organizations and delivered in and tailored to classes from Pre-Kindergarten to Grade 8 across the province. They cover topics such as safety, bullying, abuse prevention, healthy relationships, legal age of consent, gender roles, etc. Examples include *Kids on the Block* in Regina and area, *I am the Boss of Me* in Saskatoon, and *Kids Matter* in communities across the province. Through these presentations, many children disclose ongoing or historical abuse, and are able to access school-based and child welfare services.
    - The Canadian Red Cross, in partnership with the Saskatchewan Roughriders, deliver a violence and abuse prevention program called *RespectED* to schools across the province. The Riders also deliver the *Beyond the Hurt* program, which explores all aspects of bullying and harassment in schools. The partnership has reached over 84 schools in 54 communities across the province, and has been praised by teachers, particularly in rural schools with limited access to resources.
    - Workshops and presentations provided by local sexual health agencies such as Planned Parenthood Regina and Saskatoon Sexual Health in schools and other public spaces support educators in promoting informed decision-making and healthy sexuality among youth in Saskatchewan.

Recommended Actions

- Support adequate educational funding for Indigenous children and youth, in keeping with the TRC (2015a) Calls to Action # 62-65.

- Ensure ongoing training on sexual violence for all employees working in educational institutions (particularly teachers, guidance counsellors, early childhood educators), on how to foster a culture of gender equality, consent, and respect. The following are some components for consideration when developing employee training in educational settings:
    - Ensure up-to-date instruction on the developmental stages of healthy learning about sexuality and recognizing problematic behaviours.
    - Offer guidance on the issues faced by young people with developmental, learning or anxiety challenges.
    - Recognize the signs of child sexual abuse, prevalence of sexual assault across the life-span, how to accept disclosures appropriately, and understand legal reporting structures and protocols as outlined in *The Child and Family Services Act* (Government of SK, 2014), *The Emergency Protection for Victims of Child Sexual Abuse and Exploitation Act* (Government of SK, 2006), and the *Saskatchewan Child Abuse Protocol* (Government of SK, 2017).
    - Equip Guidance Counsellors with current information on referral programs and local community resources to support students as needed.

- Ensure the Saskatchewan Sexual Health Education Curriculum is current and in line with the *Canadian Guidelines for Sexual Health Education* (Government of Canada, 2008) and *The United Nations Convention on the Rights of the Child* (UNICEF, 1989).
    - Support educators with tools and training as they deliver the Sexual Health Education curriculum to students in classrooms. Promote partnerships among community organizations, education systems and school boards to supplement/enhance teachers' course materials.

- Review protocols and practices in schools to ensure that gender-biased school dress codes are eliminated. These codes contribute to a culture of sexualization, over-surveillance of girls, victim blaming, and the normalization of sexual violence.

Advanced Education – Post-Secondary

As many as one in four women will be sexually assaulted while obtaining a post-secondary education (Hayes-Smith & Levette, 2010) and students are most at risk during the first year of studies, particularly within the first eight weeks of the academic year (Senn et al., 2015, 2017). The vast majority of survivors of campus sexual assault know their perpetrator, with 60-70% of on-campus assaults occurring in campus residences (Fisher, Cullen, & Turner, 2000). Research also shows that the majority of undetected perpetrators of campus sexual assaults are repeat offenders, perpetrating an average of 5.8 assaults (Lisak, 2011; Lisak & Miller 2002).

These findings were confirmed by participants who shared experiences of being targeted and assaulted during their early years on campus. Alcohol and drugs were often but not always used to facilitate the assault in settings such as residence parties. A culture of victim-blaming, victim-shaming, poor understanding of consent, and obscure and inaccessible campus protocols have made it difficult for survivors to report assaults and secure much-needed academic accommodations.

Identified Successes

- The Ministry of Advanced Education has encouraged post-secondary institutions to establish stand-alone policies responding to and preventing sexual violence. A stand-alone sexual violence policy outlines the institution's positions, intentions, guiding principles, and response protocols, and is one of several components of a comprehensive response to campus sexual violence. Over the last three years, post-secondary institutions across the province have developed and/or updated internal sexual assault policies and protocols. In 2016, policies from nine out ten college and technical institutes were submitted to the Ministry of Advanced Education and reviewed by SASS using the *Campus Sexual Violence: Guidelines for a Comprehensive Response* document, developed specifically for Canadian post-secondary institutions (Ending Violence Association of BC, 2016). These stand-alone policies acknowledge that sexual violence is a crime with distinct characteristics and consequences and that post-secondary students in Saskatchewan are particularly at high-risk of violence. They signal to campus communities that the institution takes the issue seriously and will continue to address and prevent campus sexual violence.

- Post-secondary institutions (and administrations) in Saskatchewan are engaging in efforts to examine the current state of gender-based violence on campuses and implement necessary changes. Various offices, positions, and units have emerged over the last few years to provide gender-based violence prevention and responses, including Campus Security, Student Affairs (Counselling Services), Teaching and Learning, and Student Experience offices, and many more, including peer support centres managed by student unions, part of an ongoing process in enhancing prevention and effective response strategies on diverse campuses across the province.

- The vital role of student-led movements and initiatives cannot be emphasized enough when discussing recent advancements in sexual violence prevention and response efforts. Many necessary changes occur as a direct response to student-led protests and demands for safer learning environments and experiences. On campuses across the province, we have met student groups, clubs, and unions working tirelessly to disrupt a culture of silence that enables students to become prey to assault and harassment with little recourse for support or justice. Many groups have challenged administrators regarding problematic practices, developed personal safety programs for students, conducted institutional needs assessments, developed grading systems to review sexual assault policies, launched peer-based first responder programs and counselling referral systems, lobbied campus-based clinics to provide Plan B medication for recent sexual assault victims, and advocated for anonymous reporting options and more. Student-led movements across North America are challenging gender-based violence, persistent victim-blaming narratives, and demanding comprehensive institutional engagement (Chiose, 2018). We commend these efforts and recognize that meaningful participation of the diverse student body is a vital component in developing comprehensive prevention and response strategies for campuses across Canada.

Recommended Actions

- The research team recommends that post-secondary institutions utilize the Ending Violence Association of BC (2016), *Campus Sexual Violence: Guidelines for a Comprehensive Response* as a resource in developing and enhancing responses to campus sexual violence. This document was developed for the Western Canada Sexual Assault Initiative, with support from Status of Women Canada.

The following recommendations were provided by research participants and are compatible and consistent with the *Campus Sexual Violence: Guidelines for a Comprehensive Response* document.

- Ensure access to ongoing first responder and bystander training on sexual violence for all employees working in educational institutions, focusing on how to foster a culture of gender equity, consent, and respect.

- Support post-secondary institutions in developing, expanding, and revising internal policies and protocols for trauma- and violence-informed responses to campus sexual violence incidents.

- Explore ways to provide academic and non-academic supports and accommodations to students who have experienced sexual violence. A clearly defined guideline of supports and accommodations will ensure that students are supported even if a formal report has not been made to authorities, no charges were laid, or the investigation are ongoing.

- Enhance coordination between post-secondary review processes, campus security, and local law enforcement investigations.

    - The policies and protocols should clearly outline institutional and law enforcement roles and obligations in responding to complaints of sexual assaults
    - Expand reporting options to include Anonymous Reporting and Third-Party reporting to Campus Security.

- Support pro-active student-led, anti-sexual violence efforts aimed at changing campus culture to be more respectful and to curb the atmosphere of sexual violence that informs higher education.

- Where possible, expand health services on campus to include post-assault care for students including referrals to mental health services, healing support groups, access to Plan B medication, and regular follow-up by a general physician or nurse practitioner.

Healthcare System

The healthcare system is often the first point of contact for survivors following a recent sexual assault. Survivors may be seeking forensic examinations, support for acute medical needs including prevention of sexually transmitted infections and unwanted pregnancies, referrals for counselling support, and reassurance and guidance from an informed professional. Inadequate healthcare supports have direct impacts on the long-term health outcomes of survivors and their families. Mental illness, chronic medical problems, addictions, self-harm, suicide, personality disorders and

social isolation have been linked to untreated sexual assault trauma (DiLillo, Giuffre, & Peterson, 2001; Briere & Elliot, 2003; Maniglio, 2009; Schachter, Stalker, Teram, & Danilkewich, 2009). Trauma- and violence-informed approaches that recognize the unique realities faced by survivors from marginalized communities are imperative to meeting their physiological and psychological needs.

There are currently no provincial care standards for sexual assault survivors presenting in medical facilities, including hospitals, across the province. Few hospitals have adequate social work capacity to assist survivors, provide community referrals, work through safety issues prior to discharge, or conduct follow-up check ins after a survivor leaves the hospital. Survivors expect a reasonable standard of post-assault medical care in all provincial medical facilities.

Identified Successes

- Survivors and service providers are satisfied with the consistent standard of care and expertise provided by doctors at City Hospital, Royal University and the Pediatrics Emergency Hospital in Saskatoon. They provide post-assault care to Saskatoon residents, and to adults and pediatric patients within a 450-kilometre radius. Sexual violence advocates also praised the willingness of the hospitals to work with local advocates in ensuring that survivors receive appropriate community referrals prior to discharge.

- Survivors praised the medical care received through the Sexual Assault Nurse Examiner (SANE) program at the Regina General and Pasqua Hospitals. SANE nurses are registered nurses (RNs) with advanced education and clinical preparation in forensic examination of sexual assault victims. The program provides specialized post-sexual assault services that include medical evaluation, treatment of injuries, protection against sexually transmitted infections and diseases, unplanned pregnancy, and evidence collection. Survivors indicated that the care provided was compassionate, respectful, and thorough.

- SANEs speed up the evidentiary examination process by reducing wait times in hospitals' emergency departments with adequate time to complete the examination. The quality of the examination is usually improved as SANEs are adept at identifying physical trauma and psychological needs, ensuring that victims receive appropriate medical care. They know what evidence to look for, and how to document injuries and other forensic evidence and are well-informed in providing necessary referrals (Ledray & Simmelink, 1997; Littel, 2001; Stermac, Dunlap, & Bainbridge, 2005). SANE programs have been identified as the "gold standard" in offering care for victims of sexual assault, bridging knowledge, power, and practice gaps between law and medicine (Hammer, Moynihan, & Pagliaro, 2005). Following an examination by SANE-trained nurses, survivors are provided community referrals, safety assessments and risk management plans, as well as a follow-up call to clarify overall wellbeing.

Recommended Actions

- Support the development of community-led Sexual Assault Response Teams across the province, and their efforts to help survivors navigate the healthcare system.

- Ensure ongoing training on sexual violence for all employees working in health facilities and institutions. First responder and bystander training provides all employees with the knowledge and skills needed to identify and respond appropriately to sexual violence.
    - Ensure all medical personnel receive training on how to deliver services to individuals of all genders and sexual orientations, as well as individuals living in long-term assisted-living care facilities.
    - Ensure all medical professionals (family physicians, ER physicians, nurses, specialist etc.) are trained to assess whether injuries or conditions (pregnancies, illnesses) indicate the possibility of sexual violence. Cases of pregnant minors under the age of 16 should always be assessed for the possibility of sexual assault, regardless of whether that is the presenting issue when visiting a medical office. These points of intervention enable physicians to become advocates in preventing further victimization and providing referrals to appropriate services as soon as possible.

- Explore ways to promote and expand the Sexual Assault Nurse Examiner (SANE) program across the province as a best-practice model for supporting survivors accessing emergency rooms, post assault. The use of SANEs is particularly useful in rural communities facing physician shortages. SANEs free physicians to attend to emergency room patients while the survivor receives private, compassionate, and specialized care that may take up to four hours. Meeting this best-practice standard of care requires designated healthcare funding for hiring and assigning sexual assault cases to SANEs at all hospital facilities across Saskatchewan, with adequate staffing to meet the needs of adults, youth, and pediatric patients. Limit the role of physicians in sexual assault cases to addressing needs that cannot be met by SANEs and Nurse Practitioners.

- Review all hospital protocols to ensure consistency with a trauma- and violence-informed care framework/approach. Based on personal experiences, research participants provided detailed recommendations for post-assault medical care:
    - Standardize the triage-system in provincial hospitals to recognize sexual assaults as Level 2 Trauma (critical) to ensure that medical personnel follow appropriate protocols.
    - Designate a private room for sexual assault patients, away from public visibility, within 30-60 minutes of registration with an emergency room (ER) nurse. Ensure that the private room can be closed (with a door or curtain) and that all attending medical personnel announce themselves prior to entry. In any case where an assault victim attends the hospital with a law enforcement officer, ensure that a chair is provided outside the room for the officer, in order to ensure that the survivor has complete privacy. Provide the survivor blankets or other garments to keep warm or cover themselves in the case of torn clothing, while waiting to be attended.
    - Provide survivors the opportunity to call for personal support (friends or family) prior to any medical examination.
    - Ensure that all survivors are seen for treatment by medical personnel within 60-90 minutes of registering with an ER nurse. Where possible, ensure that sexual

assault patients are also seen by a hospital social worker for support and community referrals.
    - Ensure that all pediatric patients are seen by medical personnel trained to provide pediatric forensic examinations. A parent or guardian should be present during any medical examination of a minor.
    - Offer all patients presenting with sexual assault a forensic examination and support for acute medical needs. Patients who refuse a forensic examination (or to file a formal police report) should not be discharged without examination of other medical needs such as STI testing and provision of emergency contraception. All survivors should receive a mental health/suicide risk assessment and appropriate medical referrals, prior to leaving the hospital.
    - Conduct a risk assessment and risk management plan with the survivor prior to discharge. Arrange for a social worker to assess the safety of the patient's home, the support network available, and to provide interventions as needed. Conduct a follow up interview within the first three days of a survivor leaving the hospital. Survivors must not be discharged at night without a risk management plan.
    - Provide survivors with a room to shower and clean clothing before discharge.
    - Survivors' sense of safety is often compromised following an attack and they are often forced to receive services from a provider whose gender coincides with that of their assailant. Survivors should be able to request female, male, or gender-variant healthcare workers as needed

As outlined in the Final Report of the Truth and Reconciliation Commission (2015a), the current state of Indigenous healthcare in Canada and Saskatchewan is a direct result of previous federal and provincial government policies (p.322). Indigenous peoples, particularly women, are overrepresented in all forms of sexual violence (Brownridge, 2008; Dylan et al., 2008). The impacts of trauma such as mental illness, addictions, homelessness, and domestic violence are exacerbated by the socio-economic gaps between Indigenous and non-Indigenous populations. Health services provided to Indigenous survivors of violence must therefore address the distinct needs of Indigenous communities. The following recommendations were noted by participants as necessary for improving overall access to healthcare for Indigenous persons.

- Provide resources to support Indigenous youth seeking sexual assault services in healthcare facilities, including for male and two-spirit, queer-identified patients.
- Adequately fund healthcare centres and hospitals in Indigenous communities to provide outreach services for seniors who may have experienced recent or historic sexual trauma, as well as for individuals with disabilities who need support services in their homes.
- Increase access to consistent, culturally informed and appropriate mental health services and workers in rural and remote communities, including connections with well-respected Elders.
- Increase the number of specialized medical personnel in northern communities, particularly pediatricians, psychiatrists, and SANEs.

Social Welfare

Social determinants of health are defined as "the conditions in which people are born, grow, live, work and age—conditions that together provide the freedom people need to live lives they value

(World Health Organization, 2008). A social determinants of health lens considers both the causes of disparities and their underlying causes (Morris, 2016; Reading, 2009). They provide a framework to address the socially as well as environmentally produced roots of illness and disease, as well as life expectancy, and include health prevention and promotion (Raphael, 2006).

Sexual violence is now recognized as a "root cause" for multiple social issues such as addictions, mental and physical illnesses, self-harm, suicide, poverty, homelessness and domestic violence (DiLillo et al., 2001). Research indicates that childhood sexual abuse is a "powerful predictor of health problems in adulthood" as it disrupts children's "sense of self, leading to difficulty in relating to others, inability to regulate reactions to stressful events, and other interpersonal and emotional challenges" (Schachter et al., 2009, Ch. 2, n.p.). Unaddressed child sexual abuse is related to increased risk for re-victimization later in life (Messman-Moore et al., 2000).

The alarmingly high rates of spousal, sexual, and other forms of violence against Indigenous women means that intersections involving gender, racialization, and the neo-colonial state are a primary determinant of health for Indigenous women across Canada (Native Women's Association of Canada, 2010). Overall, sexual violence diminishes quality of life and leads to poorer health outcomes for survivors, their families, and communities, and for all Canadians. A wellness-based approach focuses on prevention by addressing social and economic conditions that target the health of individuals and groups, based on their social locations (Gill & Theriault, 2005).

Recommended Actions

Survivors have reported significant and ongoing challenges in meeting basic needs such as shelter, food, and clothing for their families.

- Address the extensive poverty, food insecurity, and housing crises in Saskatchewan.
    - Raise social assistance rates and provide adequate income to assist individuals and families to move beyond poverty toward a living wage.
    - Increase employment opportunities for marginalized populations, particularly for people living with disabilities, newcomers, and Indigenous peoples.
    - Close the gender wage gap across all social groups.
    - Fund affordable or free higher education.

- Explore ways to increase safe and affordable housing options in both rural and urban communities.
    - Increase availability of sustained shelter for vulnerable and homeless youth
    - Increase short-term second stage housing across the province for families fleeing violence as they transition into independent living.
    - Increase social housing for low-income families, particularly in rural and remote communities.
    - Explore ways to ensure safety for vulnerable populations such as single mothers, seniors, and individuals with disabilities living in social housing, with the understanding that sexual predators can include caregivers, landlords, maintenance crew members, and other individuals who have housing access.

- Support early childhood development and healthy families
    - Adequately fund the child welfare system as recommended in the Truth and Reconciliation report (2015a) to address the over-representation of Indigenous youth

in care and custody by providing supports to reduce and eliminate removals from families and communities, wherever possible.
    - Provide culturally appropriate parenting classes and family-based programming to help foster healthy inter-familial relationships.
    - Adequately resource agencies supporting newcomer families to Saskatchewan by providing holistic services and supports, and sufficient and timely language translation services.
    - Provide affordable, universal childcare.
    - Provide child-minding support for survivors seeking services.

- Ensure public transportation access between towns (via the Saskatchewan Transportation Company or similar organization) and within rural communities. Survivors and service providers across the province have identified lack of safe and reliable transportation as both a barrier to accessing services and also a risk factor for re-victimization.

Law Enforcement

Saskatchewan residents are advised to report all criminal activity including sexual assault, abuse, and harassment to local law enforcement. Law enforcement may be the first point of contact following a traumatic assault. However, sexual violence remains the most underreported crime in Saskatchewan, at an estimated 9% reporting rate (Boyce, Cotter, & Perreault, 2013). Sexual crimes reporting is often influenced by societal attitudes and treatment by law enforcement, based on the measurable biases that characterize legal systems, particularly impacting Indigenous, 2SLGBTQQIA+ and immigrant people, women, the elderly and isolated, and people with disabilities.

By and large, survivors reported having the most difficult and traumatic experiences with law enforcement (and the justice system) in comparison with all other service providers or government systems. Unpleasant treatment at the hands of the RCMP or at city police stations compounded the traumatic effects assault experience itself. Survivors who did not report or had negative experiences with law enforcement were less likely to seek medical care and counselling services, as well..

Targeted funding, education, and program restructuring are all needed to reduce barriers to reporting and improve survivor experiences with law enforcement and the judiciary.

Identified Successes

- A partnership between the Regina Sexual Assault Centre (RSAC), Regina Hospitals, and Regina Police Service (RPS) has resulted in the development of two new reporting options for recent survivors of sexual assault: *Anonymous Reporting* and *Third Option* evidence decisions. Conventionally, forensic examination following a recent sexual assault triggers a police investigation, even though survivors may not be prepared to report the traumatic event. These two options empower survivors in the Regina area to make decisions that best suit their needs and evolving emotional capacities and healing. Both options also provide survivors with immediate access to clinical counselling services at the Regina Sexual Assault Centre.
    - *Anonymous Reporting* allows survivors to complete statements with a counsellor at RSAC. Details of the assault are passed on to the Regina Police Service without providing the survivor's identifying information. Key facts are added to the

police database, allowing them to identify criminal patterns concerning sexual violence crimes and trends.
    - *Third Option* evidence use is designed for survivors who are unsure about reporting to law enforcement within the first 120 hours following an assault. This option allows SANE nurses to collect forensic evidence and store it safely for up to six months within the hospital facility. Survivors then have six months to decide whether or not to report. Evidence is destroyed after the allotted six months if no report to Regina Police Service is made.
- The Regina Police Service is a member of Regina's *Sexual Assault Response Team (SART),* which meets periodically to discuss client needs and recent trends. This promotes a community-wide approach in assisting victims of sexual assault to navigate complex medical, emotional, and legal issues and associated procedures.

Recommended Actions

- Ensure law enforcement personnel have access to ongoing, specialized sexual violence skill-based training to ensure that services are provided from a compassionate, trauma- and violence-informed best-practices framework.

- Review and update internal protocols and practices in policing, judicial practices, and corrections to reflect a trauma- and violence-informed framework. Participants made the following suggestions to improve services:

    - Provide a private interview room for individuals who wish to report a sexual assault.

    - Provide survivors the option of having a local sexual assault advocate (where possible) or police-based social worker to sit in during the reporting/interview process. A trained sexual assault advocate not only provides emotional support during the often strenuous reporting process; they are also trained to conduct risk assessment and management plans, and can offer community services referrals and accompany survivors to the hospital, if needed.

    - The majority of sexual assaults are perpetrated by men against women. As a result, female survivors may feel uneasy or unsafe around male officers. Where possible, provide access to a female or non-binary officer. Indigenous and immigrant victims may also feel more comfortable with officers who reflect their communities. Providing this choice empowers survivors and allows them to build a trusting relationship with law enforcement.

    - Ensure the presence of a guardian or child social worker in cases of youth under the age of 16 being interviewed about sexual abuse or being transported by law enforcement officers to access medical care etc.

- Increase capacity of police stations to handle investigations, including funding for specialized sexual assault and abuse units with specially trained investigators. Law enforcement officers trained to conduct forensic interviewing for sexual abuse with children and youth are needed

in communities across the province. Where possible, encourage law enforcement to partner with local sexual assault/crisis centres to conduct interviews in child-friendly spaces.

- Increase support for Victim Services Offices across the province to ensure timely and consistent support for survivors and their families.

- Fund and support Indigenous communities in efforts to seek alternative methods of law enforcement involving tribal police, responsible restorative justice processes that respect survivor's needs, and access to well-informed Elders.

- Partner with local sexual assault advocates to expand *Anonymous Reporting* and *Third Option* forensic evidence decisions in communities across the province.

- Support the development of community-led Sexual Assault Response Teams across the province.

- Encourage all RCMP and police stations to participate in Advocate Case Reviews to reduce the rates of "unfounded" cases and ensure that sexual assault cases are thoroughly and properly classified, based on best practices. Stronger evidence-based files can lead to higher conviction/resolution rates, while reducing the over-incarceration of Indigenous and other minoritized groups in Saskatchewan.

Justice System

Survivors of sexual violence across Saskatchewan face numerous barriers in navigating complex criminal and justice systems. This deters legal redress and accessing related support services. Legal services must be expanded and improved to support efficient navigation, ensuring trauma recovery as soon as possible. Re-traumatization through policing, justice and healthcare systems is unacceptable.

Recommended Actions

- Develop wrap-around, integrated services in order to support survivors and their families, by working collaboratively with law enforcement, victim services, public and advanced education, social services and health ministries to ensure survivors' needs are met in a timely manner.

- Establish a Sexual Violence Court with specialized staff to address sexual assault cases.

    - Develop a cohort of diverse judges representing all social groups in Saskatchewan, specializing in sexual violence cases and the effects of trauma on brain function.
    - Ensure Jordan's Principle (a needs-based, child-centred principle to ensure First Nations on- and off-reserve children receive equitable access to government services) is used when addressing the needs of Indigenous children and youth. Particularly, although not exclusively, in rural and remote communities, Indigenous

children and youth are often underserved and their needs are routinely neglected, based on excuses related to geographical and jurisdictional barriers.
    - Ensure that the justice process is conducted as efficiently as possible by limiting the numbers of adjournments on cases. All frivolous extensions should be treated as contempt of court and/or indictable offenses, where an additional charge or more time is added to the sentence for manipulating legal systems to further traumatize or discourage survivors from pursuing cases.

- Build a team of prosecutors who are subject-matter experts in the area of interpersonal and sexual violence with an in-depth understanding of the effects of colonialism influencing highly disproportionate rates of Indigenous victimization and incarceration.

- Ensure court rooms are equipped with tools and technology to preserve the rights of survivors to safety and emotional well-being during court proceedings.
    - Fund the establishment of proper court rooms and facilities for Northern and remote communities.
    - Ensure every court room in Northern Saskatchewan has a stationary or portable soft room in which survivors and prosecutors can meet.
    - Provide access to technology and tools for survivors who would like to testify without seeing their perpetrators. These can range from physical barriers such as court room screens to providing video testimonies, etc.
    - Provide court vicinity protection to ensure that survivors and their families are not attacked by the perpetrator or their family on their way to and from court.

- Provide comprehensive victim services supports throughout the court process.
    - Provide an option for survivors to appoint community support workers or victim services staff to represent them in preliminary court hearings.
    - Ensure that survivors who are under age are provided culturally and socially appropriate supports including a children's advocate, and that court engagements with the child are trauma- and violence-informed, in keeping with the universal rights of the child and as appropriate to the child's age and emotional capacity.
    - Employ technology and culturally appropriate resources and tools that allow for ready access to counselling supports, especially where transportation is an issue.

- Support small and remote communities in developing alternative justice systems for sexual assault cases. Expert mediators who understand community and traditional norms and can ensure that survivors are not coerced into mediated or restorative justice processes. Alternative justice protocols can also be used in tandem with the mainstream justice system as a way to re-integrate the perpetrator back into the community.
    - Implement a remedial process for individuals to engage in safe and boundaried dialogue, if they wish, when kinship systems are involved, for example, providing family services in tandem with justice systems and the courts.
    - Develop rehabilitation centres when entire families affected by the crime of sexual abuse and assault can access community healing.

Correctional Services

Service providers who support primarily women and youth during and after incarceration note that incarcerated individuals are also likely to be victims of interpersonal violence. Incarcerated women in Canada make up one quarter of all incarcerated individuals (Hotton Mahony, Jacob, & Hobson,

2011). Women in the criminal justice system report high rates of traumatic experiences including childhood sexual abuse, sexual assault, and domestic violence (Tam & Derkzen, 2014).

Service providers indicated that clients were often incarcerated for crimes committed in retaliation for repeated abuse by intimate partners, family, or gang members. Other crimes were often associated with high-risk survival activities such as prostitution and drug trafficking. However, correctional institutions are not structured to support women with prior histories of trauma and, in fact, supervision procedures for incarcerated women are often dehumanizing and re-traumatizing (Office of Correctional Investigator, 2018). Thus, these structures permit further exploitation of vulnerable women by inmates or correctional staff. Many incarcerated women, therefore, experience compounded trauma that has a direct impact on their reintegration success and on rates of recidivism.

Recommended Actions

- The research team recommends the Correctional Service Canada (2017), *Gender Responsive Corrections for Women in Canada: The Road to Successful Reintegration* as a resource for provincial correctional service operations. This strategy aims to assist jurisdictions in developing interventions, programs, and services that are evidence-based, gender-responsive, and trauma-informed in order to supervise incarcerated women effectively with a view to ensuring successful social reintegration.

Research participants provided the following recommendations:

- Ensure that correctional personnel receive ongoing and specialized sexual violence skill-based training to ensure that services are provided from a compassionate, trauma- and violence-informed and best-practices framework.

- Review and update internal protocols and practices are consistent with that framework. In addition:
    - Explore alternative practices that address the requirements of correctional facilities (such as ensuring no contraband is smuggled in), while honouring and respecting the dignity of each individual. The practice of strip-searching can be degrading and re-traumatizing for survivors of sexual violence.
    - Increase the ratio of female physicians, Sexual Assault Nurse Examiners, and correctional staff (guards in particular) in women's correctional facilities. The power dynamic between incarcerated women and male staff can lead to the abuse.

- Provide regular access to medical and dental care.

    - Incarcerated individuals, particularly women would benefit from regular access to psychologists, psychiatrists, and other mental health practitioners. Appropriate mental health supports could aid women in addressing previous trauma and in planning for social reintegration. Most correctional facilities require women to secure a report from a psychologist or psychiatrist as part of their release plan. However, Saskatchewan correctional facilities have been left without a staff psychologist or psychiatrist for months at a time, jeopardizing women's releases at the appointed

time, due to failure to comply with regulations, through no fault of their own. This places an undue burden on incarcerated individuals who have no control over hiring procedures but suffer the effects, nonetheless.
    - Provide dental care for incarcerated individuals at least once every calendar year to prevent individuals living with painful cavities and/or mouth abscesses with very little or no dental support. Incarcerated individuals have been asked to wait until the tooth is no longer salvageable and has to be pulled altogether in order to avoid root canals or crown molding procedures/costs. Aside from the excruciating pain, individuals struggle with low self-esteem from loss of adult teeth, which can affect future employment.

- Make corrections facilities meaningfully rehabilitative as a place for healing. Service providers have spoken of the difficulty in encouraging women to address their trauma, knowing they cannot guarantee safety, let alone regular counselling appointments or a supportive environment that promotes healing. Service providers are often forced to address only basic and immediate needs. However, for many women, the key to their success is addressing trauma and developing tools to cope with future threats of victimization in order to reduce recidivism.
    - Provide holistic programming that supports the physical, emotional, spiritual, and mental wellbeing of incarcerated individuals. These programs should aim to empowering individuals through constructive learning and healing while they serve their time and as they reintegrate in society.

Indigenous people are over-represented in correctional facilities in Saskatchewan. However, most facilities do not have sustained Indigenous cultural and spiritual programming. Studies conducted in correctional facilities indicate that appropriate programming can contribute to healing, increased self-esteem, and positive changes in lifestyle practices that promote successful social reintegration (Heckbert & Turkington, 2001). Research suggests that recidivism rates are lower for Indigenous individuals who participate in cultural and spiritual programming than for those who do not (Truth and Reconciliation Commission of Canada, 2015a).

- Support the expansion of programs such as the *Inspired Minds: All Nations Creative Writing Program at* the Saskatoon Correctional Centre in all correctional facilities across the province.

- Promote collaboration between the provincial government and Indigenous communities to provide culturally relevant services to inmates on issues such as substance abuse, family and domestic violence, and overcoming histories of sexual abuse.

- Provide specialized comprehensive outreach and support services to women during and after incarceration. A comprehensive outreach program reduces recidivism by ensuring that trusting relationships are developed with women while incarcerated and maintained after they are released, by anticipating women's predictable needs and connecting them with appropriate community resources.

- Fund programs and services that address the social determinants of health for incarcerated women to ensure successful outcomes.

    - Ensure that more social agencies provide specialized services to support incarcerated women reintegrating into society across the province. Most of the available agencies

are concentrated in urban areas and women living in remote, rural or Northern communities are often left without adequate supports.
    - Provide incarcerated women with access to higher education and Prior Learning and Recognition Programs through post-secondary institutions.
    - Fund specific bed spaces in 2nd stage and 3rd stage shelters for women leaving correctional facilities. Safe shelter is a major barrier to successful reintegration.
    - Create partnerships with employment programs and make arrangements with designated employers to assist newly released women in accessing gainful employment to improve their economic status
    - Provide guaranteed income to all families living below the poverty line.

Offender Services

Transgenerational patterns of violent behaviour contribute to the "making of an offender." Public education campaigns that draw attention to these patterns and services that provide meaningful access to healing are vital to prevention, improving rehabilitation practices, and in reducing and preventing both sexual assaults and recidivism.

Identified Successes

- A successful program called *Inspired Minds: All Nations Creative Writing* was hosted at the Saskatoon Correctional Centre for Men on the topic of *Indigenous Masculinities (*Piché, 2016*).* It is a participant-led, creative writing program that supports literacy by providing students with education in various genres of literature including poetry, short stories, autobiography, songs, comics, and Indigenous storytelling. Participants complete weekly homework and have ample opportunity to share their writing in class each week. The program empowers participants with communication, writing, and critical thinking skills. It also provides an opportunity for those who have experienced race and class oppression to develop their voices, articulate their experiences, and share their knowledge. Participants are provided with a Certificate of Completion from the University of Saskatchewan which validates the skills developed and can be used to gain future employment

Recommended Actions

- Provide safe and secure environments (residential facilities) for offenders where they can experience meaningful rehabilitation processes, including access to traditional cultural healing practices, as appropriate, such as Indigenous Elders and other relevant spiritual practices.
- Fund professional treatment by trained specialists and rehabilitation programs that respect the humanity and dignity of offenders.
- Provide community-based rehabilitation for perpetrators
    - Develop culturally appropriate treatment resources for offenders during and after incarceration.
    - Account for the effects of social inequities, including those produced by histories of colonialism and exploitation.

- Support Indigenous communities in developing alternative models for addressing violations, using mediation and restorative justice models that do not resort to socially intimidating victims into silence.

Culture and Language Issues Affecting Indigenous Peoples

A number of key participant groups are navigating the experience of sexual assault from minoritized cultures and in some cases, non-dominant languages, as well. Indigenous people are among those groups. As the 21st century has evolved, public health care has developed into a highly specialized and sometimes exclusive field. With many different governing bodies, scientific and technological advances in diagnostics and treatments, and a distinct language of its own, western medicine lays claim to a great deal of social and political power and prestige (Thachuk, 2007). However, medical systems rooted in colonialism and patriarchy, have been critiqued for its under-commitment to cost-effective prevention and over-commitment to costly interventions. Some of that critique is embodied in Indigenous health research and healing. Much of the new qualitative research that examines health disparities has taken an Indigenous approach to understanding health issues affecting Indigenous communities (Hart, 2002; Howell, Auger, Gomes, Brown, & Leon, 2016). One aspect of Indigenous health literature examines the self-determination movement as a pathway to reclamation and resurgence of traditional healing and medicines among Indigenous populations. Indigenous healing practices, languages, knowledges, and a contemporary concept of complementary care all demand reliance on Indigenous, feminist, and decolonizing lenses.

Indigenous Traditional Knowledges in Resurgence

Indigenous women in Canada are experiencing violence at three times the national average, an indicator that is seven times higher in Inuit communities (Native Women's Association, 2010) with significant impact on the wellbeing of Indigenous families and communities (Public Health Agency of Canada, 2016). In addition, the Truth and Reconciliation Commission Report has stated that culture loss has played a significant role in related health disparities (2015a). The prevailing bio-medical foundation of the Canadian health care system, does not yet fully recognize the benefits of Indigenous knowledges, languages, and spiritualities in serving Indigenous peoples.

The health of Indigenous peoples is dependent upon accessing and reconnecting back to lands, culture, and traditional healing practices (Truth and Reconciliation Commission, 2015a; Schultz, Walters, Beltran, Stroud, & Michelle-Jennings, 2016). The positive impacts of Indigenous healing practices are gaining momentum and producing positive changes in relation to other determinants of health. An important aspect of self-determination situates traditional healing within a range of practices that aim to restore balance in body, mind, spirit and relationships, not only through pharmaceutical prescriptions but as a holistic way of living, of approaching life. Self-determination includes the freedom to choose how to heal from colonialism, trauma, illnesses, grief or depression. Indigenous kêhtê-ayak (old people) embody ancient knowledge and can help provide connections to traditional teachings and stories germane to healing from sexual trauma.

Recommended Actions

- Adequately fund and support culturally appropriate healing models as determined by communities seeking services. Indigenous communities have repeatedly indicated the ineffectiveness of western linear models of programming, particularly with respect to offender rehabilitation and survivor healing services. Indigenous communities have shared that Tipi Teachings, Land-based education, ceremonies, and many other Indigenous healing

models have been more effective, empowering and community-building strategies for healing. These models are reasonable in cost and provide sustainable and long-term results for communities.

- Promote safe sharing methods and techniques, particularly in small interwoven communities. Support groups for survivors often require participants to share the nature of the assaults committed against them. Survivors have indicated that support groups can be unsafe environments for individuals to share intimate details of their lives when confidentiality is not guaranteed. Survivors have been threatened by family members of the perpetrator following a disclosure in support groups. Communities need to develop safe sharing methods in order to ensure that support groups for survivors are spaces for healing and recovery, not re-traumatization.

- Designate safe and accessible spaces that honour survivors' experiences. These spaces can take many forms including a designated community space that promotes the empowerment of survivors and is open for public use, a museum that honors survivors' experiences, public library spaces meant to promote healthy relationship building and honoring survivors' experiences.

- Ensure Indigenous leaders are included in the development of services in order to ensure that they are tailored to meet the needs of Indigenous communities. Ensure that the First Nations University of Canada Elder Councils in Prince Albert, Saskatoon, and Regina are included in the development of services in the corresponding cities.

- Indigenous women are disproportionately represented in all forms of interpersonal violence in Saskatchewan (National Inquiry into MMI WG, 2019). The development of services to address sexual violence in the province must include the active and intentional participation of Indigenous female leaders drawn from such representative groups as the Federation of Sovereign Indigenous Nations' Women's Commission and the Prince Albert Grand Council Women's Commission, and the faculty of higher educational institutions.

- Provide access to Indigenous ceremonies for all genders and support the right to name one's own sexuality and gender in accessing services. Over the years, members of the 2SLGBTQQIA+ community have been excluded from programming and services due to gender-specific methods of service delivery. Indigenous ceremonies can be a powerful source of holistic healing and re-centering for all survivors of violence regardless of gender and sexual orientation.

- We recommend that all church leaders be provided training on how to support culturally diverse and Indigenous congregations. The role of the Christian churches in Canada's legacy of colonialism and residential schools has been well documented (Truth and Reconciliation Commission, 2015a, 2015b). Centuries of European colonialism have led to a common theme of Christian supremacism and the disregard of cultures and practices that do not adhere to Euro-western notions of religion and cultural practices. Indigenous Christians often struggle with the lack of cultural sensitivity demonstrated by church leadership which can create a disempowering environment for church members. Any environment that

operates with the underlying values of supremacism, racism, colonialism, sexism etc. not only hinders healing for survivors but also create spaces for violence to flourish.

- Ensure access to interpreters for Northern Indigenous communities. Many Indigenous communities in Saskatchewan use traditional languages such as Dene and Cree as primary language of communication, especially for the senior population group. Interpretations are needed to bridge the gaps in accessing services delivered in English in Indigenous communities. Furthermore, we recommend the development of services in Cree and Dene to promote inclusion of all members of the community and to promote the continued use of Indigenous languages for younger generations.

Culture and Language Issues Affecting Newcomers

In 1971, Pierre Trudeau announced that the Government of Canada would adopt a multicultural policy to ensure that every Canadian receives equal treatment by the government with respect to culture, religion, language, and racial diversity. It recognized multiculturalism as a fundamental characteristic of Canadian heritage and identity and recognized resource in shaping of Canada's future (Brosseau & Dewing, 2009).

The Canadian Multiculturalism Act was passed in 1988 and has since become the foundation for programs and services delivered to newcomers across Saskatchewan. In Saskatchewan, newcomers have filled labour gaps in healthcare, the food industry, agriculture, and trades. Newcomers across Canada often have health, social, and economic needs that differ from mainstream Canadians, as a result of their unique histories and challenges. Some barriers include language differences, finding adequate employment, accessing affordable housing, adapting to extreme weather, loss of social connections, adapting to new cultures, discrimination, etc. (Jiwani, 2006; Mulholland & Biles, 2004; Raj & Silverman, 2002). These challenges can become significant barriers for newcomers who experience sexual violence and need support services. Health and social services must be informed of the unique challenges faced by newcomers and provide culturally appropriate services to ensure healing and successful integration.

Recommended Actions

- Adequately engage newcomer families in Saskatchewan by providing services and supports without restrictive timelines. Many newcomer services are often limited 12-24 months without taking waiting periods into account. Newcomers, particularly refugees, are often delayed in obtaining vital language and employment training. Women with young children often defer accessing these services until children are weaned, by which time they are no longer eligible. Newcomer agencies have to provide services that adapting to new a country cannot always be accomplished in a span of 24 months or less.

- Promote cultural sensitivity training for all public service professionals and mainstream organizations. Newcomer survivors have shared chilling stories about the lack of sensitivity they faced when seeking services, particularly from mainstream organizations. This re-victimization deters seeking further services. Substantive, up-to-date cultural sensitivity training provides professionals with the skills necessary to adequately support an increasingly diverse population in Saskatchewan.

- Provide training and outreach services to families to promote healthy gender relations and deconstruct binary gender norms. Newcomers may come to Canada with an understanding

of gender relations that are not aligned with Canadian laws. Violence against women is present around the world; therefore, training to promote healthy masculinity for newcomer men and healthy gender relations across all groups is vital. This training and related services will help promote gender equality and instill awareness of every resident's rights and responsibilities under Canadian law.

- Promote inter-agency collaboration in supporting survivors of sexual violence who are navigating unfamiliar legal and justice systems. Newcomers without supports are less likely to report sexual assaults. Targeted supports are needed to educate newcomers on their rights and to support them through the legal process.

- Create a designated safe space in each community with Newcomer Welcome Centres where survivors of interpersonal violence can share their experiences and access supports. Newcomers often arrive without social networks and informal supports that they can lean on. This safe space would help them access well-informed, culturally aware support workers to whom they can report an assault. Agencies should also address prior histories of victimization for newcomers who wish to seek healing services. Support groups for survivors to meet, share and create connections are recommended

- Fund and promote healing models specific to victims of war and displacement. Every year Saskatchewan welcomes asylum seekers and refugees who have fled persecution, war, or natural disasters. They are suffering from the effects of witnessing and/or enduring traumatic event(s). In order for them to successfully integrate, access to holistic, trauma-informed, and culturally appropriate healing is needed. This service has to be available the across lifespan to ensure that children and adults alike are able to address any emotional and psychological trauma, whether direct or intergenerational.

- Ensure that English and French curricula for newcomers (ESL, LINK, TEF) include decolonizing, 2SLGBTQQIA+ information, and interactive ways of learning Canada's official languages. The current curricula narratives and contexts are centred in Eurocentrism and promote the division of cultural groups by tokenizing Indigenous and other cultural communities. Language learning should be based in a context of inclusivity that represents Canada's diversity and promotes harmony among Canadians.

RESEARCHER REFLECTIONS

Patience Umereweneza, Project Coordinator

As the Project Coordinator of the Saskatchewan Sexual Violence Action Plan project, I have been deeply honoured to oversee the development and implementation of a core services framework in sexual violence service delivery. Over the last year, I have travelled extensively across the province and have had the privilege to hear stories of both trauma and resilience from survivors, their families and service providers. I realize that in hearing all these stories, I was reflecting on my own story and how violence has shaped the trajectory of my life. I am a refugee from the 1994 Rwandan genocide, and a bearer of the Belgian legacy of colonization in my native lands. I was forced to move across three continents without anywhere to call home. As a newcomer and a resident of Treaty 4

Territory, I am grateful for the benevolence of the Indigenous ancestors of this land whose graciousness to early settlers has paved the path for me to be able to make Saskatchewan my home, today. As a sponsored immigrant, I am grateful for humanitarian-based organizations who work tirelessly to clean up the horrors left in the wake of colonization, globalization, and warfare. As a treaty person, I am reminded daily of my responsibilities to the ancestors of this land and to future generations to come. I came to Canada hoping to find a utopia from violence and while it has been a sanctuary in many ways, I am keenly aware of the widespread systemic violence that riddles this province, particularly among the most vulnerable in our society.

Prior to accepting this position, I had to reflect carefully on how my skills would contribute to this work, knowing that this project was a milestone in the gender equality movement in Saskatchewan. I have a professional responsibility to ensure that the survivors and their families are honoured through the implementation of an Action Plan that reflects their needs and is instrumental in addressing gender-based violence in the province. I also had to reflect on whether I had the emotional capacity to endure working on this difficult topic. And so, to accept this role and do this work daily is not merely an occupation. It is a deeply personal form of activism and resistance against the violence that permeates the fibre of our societies and is passed down generation to generation. In the words of all the feminist sisters that came before me, "the personal is political." I realized that in writing this report, we will not be simply reporting statistics on violence, but rather we will be reckoning with our province's history, which is rooted in violence and stretches through family trees, threatening to bear the never-ending fruits of trauma and pain.

My colleagues and I were amazed by the numbers of people who were eager to share their stories, all the while recognizing that many more were unable to do so, due to the personal nature of sexual violence. I was struck with how communities found ways to support each other with very few resources and how our visits became not only knowledge-gathering exercises, but also capacity-building sessions where we acknowledged community strengths and explored partnership opportunities. In many of these sessions, tears were shed, prayers were made, and hopes for the future were shared. We remembered all of those who came before us and did not survive. We named the truths that were called "shameful"; we named the perpetrators that lurked within our communities, along with the complicit systems and institutions. We named the war that is being waged against women and children in particular and acknowledged how men and seniors have been affected as well. We vowed to stay silent no more, knowing that above all this research floats a ceremony of prayer and hope for the future generations of Saskatchewan.

Jaqueline Anaquod, Indigenous Researcher

Whenever called upon to do so, it is important for me to introduce my self, my parents, where I come from, and my intentions in my nêhiyaw (Cree) language. When I do this, it is a reminder that I have cultural responsibilities and spiritual laws; it grounds me emotionally and connects me to my ancestors who came before and the future generations who will come after me.

> "*tânisi! nîkân peta ,ninanâskomon mâmaw-ôhtâwîmâw anohc ka-kîsikâk. Jaqueline Anaquod nitisiyihkâsyân. nêhiyawi-wîhowin osâwi-piyêsîs iskwew. niya nêhiyaw ekwa nakawe iskwew. ê-ohciyân Treaty 4 territory ekwa mêkwâc ni-wîkiwin oskana kâ-asastêki. nikâwiy Angeline Anaquod isiyihkâsow. nôhtâwiy Ken Sinclair ki-isiyihkâsow. niya okâwîmâw. ni-ayawâw pêyak nitânis. nitânis Chanai isiyihkâsow. ni-kî-ohpikin ôtênâhk. ni-kî-wîkiwin asici nôhkum ekwa nikâwiy. niya okiskinwahamawâkan University of Victoria kihci-kiskinwahamâtowikamikohk. ni-nôhtê-nêhiyawân. ni-nisitohtân nehiyawewin apisîs poko. kêhtê-āyak, kâkêsimowin, kihc-isîhcikêwin êkwa kipîkiswêwininaw kiwîcihikonaw katawa ka-pimâtisiyahk. kipimâcihikonaw okâkisowiniwâwa kitataniskô-*

wâhkômâkaninawak pêyakwan kitaniskô-wâhkômâkaninawak ôtê nîkân kâwî-pimâcihikocik kikâkîsowininawa. êkosi. kinanaskomitin."

Hello! Firstly, I give thanks to Creator for this day. My name is Jaqueline Anaquod. My Cree Indian name is Yellow Bird Woman. A Cree and Saulteaux woman from Treaty 4 territory, I currently live in Regina (literal translation is: Pile of Bones). My mother's name is Angeline Anaquod. My late father's name is Ken Sinclair. I am a mother. I have one daughter. My daughter's name is Chanai. I grew up with my grandmother and my mother, in the city. Currently, I am a graduate student at the University of Victoria. As a Cree person, it is important to me to learn our Cree language. I want to speak Cree but sometimes it is difficult. I understand and can speak a little bit. Elders, prayers, ceremony and our language help us learn. We're living on the prayers of our ancestors just as the generations after us will live on ours.

As a *nêhiyaw* women growing up in Canada I have felt the impact of colonization, as legislated through policies and practices of sexism, racism, and gender violence, all while living sometimes in urban and sometimes in rural settings. Growing up in the city of Regina and on the reserve, I was raised with strong cultural connections and teachings through my *nêhiyaw* grandmother. As a teen, I became more aware of the federal government's terms for my people, Aboriginal, Status, Non-Status, and Treaty. As an adult, I felt a disconnect from the term 'Aboriginal' and every time I identified as one, a little piece of me on the inside would cringe with regret. I always felt like I was lying when I identified as an Aboriginal. The term Aboriginal, for me, is an attempt to discredit our distinct nations and to push us to assimilate into the larger Canadian society. I am a *nêhiyaw* and *nakawe* (Saulteaux) *iskwew* (woman). When I say this, I feel connected and am reminded of the teachings I carry. This has power for me.

I applied for this Research Assistant position because I felt a connection to the project as soon as I heard the description of the scope and rationale. Sexual violence and assault have permeated my life since I was a young child. I have memories of the older brothers of my friends sexually violating my body at such a young age. One memory in particular, I was sleeping at a friend's house and playing hide and seek; her older brother found me hiding in a closet where he proceeded to come in and sexually assault me as his family sat nearby watching TV in the living room and kids ran around the house playing. I was paralyzed into silence and fear.

As I learned more about consent around our bodies, I realized that I was raped of my virginity and sexually assaulted many times after that by different men in my life who were either friends, men in power positions, or boyfriends. It became normalized as many Indigenous friends and relatives told me their own stories of sexual assault. I do not want my pain and trauma to be normalized. My hope for this project is that all the secrets we have hidden for so long can come to light; that the ones, like myself, who have been violated, may have access to safe spaces to heal, to share our stories of pain, and have culturally appropriate healing options.

There have been many stories shared with out study team since beginning this project and I carry each one with honour. I know how hard it is to share and to remember painful memories of sexual violence. I have carried my own for so long and now I carry the stories of others with me in my heart. My hope is that our stories will be heard and listened to by our people, that these stories will echo in the ears of our Nations, and that our stories will stir the spirits of the ancestors; change will manifest as stories are powerful.

The health of our Indigenous people is dependent upon reconnecting back to lands, culture, traditional healing practices and, most importantly, having access to these aspects of our heritage.

One important aspect of self-determination and resurgence is understanding what it means to be Indigenous. We need to have faith in the land and in our traditional plants and medicine. Traditional healing methods offer freedom. Traditional healing aims to restore balance in our lives and within ourselves. It is not a doctor's prescription taken for a week, three times daily. Traditional healing is a way of living, a way of approaching life. Self-determination is having the freedom to choose how to heal from colonialism, sexual violence, trauma, illnesses, grief, depression; the list is endless. Our kêhtê-ayak (old people) carry with them thousands of years of knowledge, and answers in our traditional teachings and stories. The medication we need is found on our lands, in our ceremonies; it is found within us. We are medicine, we are freedom, and we are sovereign from head to toe. *êkosi*!

Dr. Marie Lovrod, Faculty Researcher

One of the lessons, among hundreds, that I take away from this project is a renewed and deepened awareness of and respect for the amount of emotional and material labour that most women and thoughtful people of all genders do and must undertake in efforts to ensure sustained healthy relations in a world that still uses the capacity to do harm as a benchmark of power. Of course, the need to harm others in order to prove one's existence to oneself or some imagined or established community of co-bullies is actually a sign of deep weakness, sometimes of character and sometimes of connection. In a world that counts the capital flowing through prisons and hospitals, schools and the sex trade as the abstract same in regional and national measures of gross domestic product, the rejuvenating power of mutual care is too easily dismissed, because harm is often more dramatic, appears to have more immediate impact, and is too often facilitated by abstractions. The ways communities do or do not manifest mutual care affects all of the people recovering from and supporting those who have endured sexual assaults, often as part of larger forms of imperial violence; the ebbs and flows of mutual care have also been salient in the experiences of our research team.

Because this is the first time a province-wide study has been undertaken in Saskatchewan to trace the operations of sexual assault as a conditioning force in our social order, all research team members have brought our whole hearts and lives to this project. When we have exchanged our reflections on the difficult experiences participants have shared with us, we have all been moved both by what diversely positioned people in our province are enduring in terms of sexual violence at all ages and in all walks of life, and the creative solutions that many have offered to help us all do better. During the course of this study, research team members have lost elderly family members and witnessed the birth of new ones. Some of us have been profiled by police, have worked on graduate degrees, hosted family members and friends from abroad, cared for aging parents, started or ended partner relationships, all while carrying the stories and aspirations of the survivors who have met with us, or shared their stories on line, in our hearts. No one comes to a study of sexual assault in Saskatchewan without having some direct experience, as survivor or witness, ourselves. Anyone who thinks their life has not been touched by this crime against the dignity of all of us has simply not yet learned how its tentacles reach across communities, families, and friendships.

Recently, and indeed for a very long time now, news reports have been filled with stories of people in positions of trust and leadership who have abused their roles in families, in faith communities, in factories, on farms, and in formal institutions, in order to victimize targets or support those who have targeted others. Until we all grapple with the ways our institutional systems reward aggression and undermine connection, we will remain complicit, individually and collectively. As one of our team members noted when we checked in with one another in preparing for our work together recently, so many of the recommendations in this report seem so basic. Some of them can be implemented immediately at limited cost. Others will take thoughtful planning for educational and

culturally appropriate pathways that will support, in substantive ways, both the individual healing that is needed, but also the social change and inter-cultural processes of meaningful reconciliation that would render the often opportunistic crime of sexual assault, untenable.

As I reflect back on this study, I have so much respect for the people who came forward to share their stories with us, for team members who have done our best to hold those stories in sacred trust, for those who have made corrective suggestions, and for those who have supported our work with their own. Ensuring that none of these people have laboured in vain, both by honouring their recommendations and by committing to follow-up evaluation and improvement of services and supports over time, is the very least that Saskatchewan can do to provide more promising futures for everyone who lives here.

Dr. Manuela Valle-Castro, Post-doctoral Research Assistant

I approached this research through the multiple positions I occupy: a feminist academic and researcher; a community-based advocate for social, gender and racial justice; a middle-class Chilean with *mestiza* privilege; a racialized immigrant woman in Canada who is also a survivor of sexual violence, and a mother of two children who are female: one a girl, the other non-binary. I acknowledge the historic nature and relevance of this project and feel honoured to have the opportunity to use my voice as a researcher to expose the intersecting power structures that cause sexual assault in our province.

Being a newcomer to Treaty 6 Territory has given me the opportunity to learn about what it means to be Treaty people, our accountabilities to each other and our responsibilities to the land, to our ancestors and to future generations. My responsibilities are first to my own ancestors, to my grandmothers who suffered and endured the normalized violence of patriarchy, to my parents who survived political violence in Chile, and to my Canadian daughters and their children, who will go into a world that still does not value women and non-binary people as equals. As an immigrant, I have learned through this research much about the core of settler culture in the prairies, and how deep sexism, racism, and homophobia run in mainstream Canadian society. I also learned that the distinction between an offender and a victim is not always useful, since we are looking at cycles of violence that are perpetuated by normalized narratives around race, gender, class, ability, and sexuality. I learned how men are also deeply affected and hurt by the pressure to conform to models of violent masculinity introduced by colonialism.

Personally, travelling across Saskatchewan to meet the frontline workers who are dealing daily with the effects of (male) structural violence against women has humbled me in ways that are hard to articulate. In every city, town, and community that we visited, we found ourselves surrounded by an overwhelming majority of women who are going out of their way, stretching their personal, professional, and financial resources in order to help other women and men escape and heal from sexual violence. Agencies offering services to survivors of sexual violence are surviving themselves and struggling amidst ongoing provincial cuts to services that are vital for communities, such as the interruption of the publicly-owned transit company.

It cannot get lost in this report that while we know it is mostly men who are perpetrating the violence against women, it is a majority of women who are working in the crisis centres dealing with its consequences precariously. These cuts to social services inflict even more violence on women, children, and seniors who are in an extremely vulnerable position already. My responsibilities towards them are to make sure that the efforts of these agencies are recognized, valued, and

supported. My responsibilities to the survivors who bravely and generously shared their stories is to convey the pain and trauma they have experienced, their resilience amidst institutions that try to silence them, their frustration with police enforcement and the judicial system, and their hopes for a society that teaches men to respect women and girls, and for all genders to flourish in mutual support. My own hopes as a survivor are that this report can propel significant policy changes to prevent sexual assault by intervening in a culture that systematically equates entitlement and violence to masculinity and submission and dependence with femininity, and that we can foster a culture of consent and mutual respect.

Dr. Isobel M. Findlay, Faculty Researcher

The #MeToo movement has done much to amplify women's voices and enhance their self-determination as they expose systemic barriers that dictated what generations could see or say, and when to avert the gaze and remain silent—maintaining the status quo by protecting perpetrators while dismissing and demonizing their victims.

Despite the exposure of so many "open secrets" about violence done to women and children, to the 2SLGBTQQIA+ community, to racialized and marginalized peoples, to all who dare to be different, I remain concerned about a culture of reprisal against those already under-protected and over-policed, about ongoing blame games that find reason not to act and make changes in systems. I remain concerned too about mainstream abilities to exceptionalize and individualize—and not to learn about the root causes of sexual violence –about the deep links between sexual violence and the state violence that has been its breeding ground.

But I also know from personal experience how invisible those links remain to so many. When I once spoke in a national meeting of leading academics, government, and policy people about the role of state violence, I was asked if I could share my publications on the topic. I responded that I hadn't published my thinking on the topic—only to discover to my great embarrassment that the topic is everywhere in my work! Whether writing on justice reform in Saskatchewan, on prison co-operatives, on Indigenous women's community economic development, on the Indigenous humanities, or on Indigenous education success, making the links between different forms of violence was at the heart of my arguments. But the experience taught me about the stubborn persistence of the unsayable and unspeakable despite intersectionality's insistence on connection to end patterns of evasion and denial—and despite the courage, candour, and clarity of survivors, such as those documented in our study,

That is why this study is so important and why we are so invested in ensuring the report on findings and recommendations does not languish on a shelf. As a non-Indigenous scholar and ethical ally, I am privileged to live and work on Treaty Six territory and the homelands of the Métis. With that privilege comes the responsibility to demystify and displace colonial residues, to act on the TRC Calls to Action, while respecting and learning from those who share their experiences, so that together we can advance the project of justice and reconciliation.

Erin Pillipow, Research Assistant

Sexual violence has been a part of my daily consciousness since I was thirteen years old. By the time I was nineteen, I realized that most of the women in my life had experienced some form of sexual violence. However, I continued to believe in the myth of 'not in my back yard,' especially in regards to small town Saskatchewan. Hearing about the state of sexual violence during my first trip to a

small town was quite a shock. Being a part of this research project cured my cognitive dissonance between knowing so many women who have experienced sexual violence and not viewing it as a systemic problem across Saskatchewan.

Hearing about the sexual violence that is occurring in Saskatchewan through the focus groups and interviews for this research project has been very emotionally difficult at times. Regardless of the difficulty of this research topic, working on this project has been incredibly rewarding. I think the amazing thing about this project is that it not only asks what is the state of sexual violence in Saskatchewan, but also what can we do to mitigate it. For me, this inspired hope for the future, rather than becoming disheartened by the current climate.

As a graduate student in Women's, Gender, and Sexualities Studies, it has been incredibly motivating to see the positive impacts that research in this area can make. Getting to be a part of this project has been an invaluable experience for me and has made me even more passionate about this area of scholarship.

Natalya Mason, Research Assistant

I work as a Sexual Health Educator in Saskatoon, a role I've held for four years. I work primarily in schools: elementary, secondary, and occasionally postsecondary. I took an interest in sexual health as a student when I was working at a postsecondary institution. I was involved in organizing Sexual Assault Awareness Week on campus and coordinated services with university executives to ensure that students had access to much-needed services. Sexual assault on university campuses is an epidemic, but I knew these weren't behaviours that manifested spontaneously when young people arrive at university. They were learned behaviours, the symptoms of larger social issues, like misogyny, rape culture, and toxic masculinities.

I am deeply interested in humans, in what connects us, in what makes us different. As an undergrad I studied psychology. What I learned was interesting, but I felt like there was more information missing. What good is it to know that it is our limbic system that controls emotional responses, if we don't think about the cause of those responses? I found the answer to these questions in Women's and Gender Studies. I learned about oppression, about systematic inequalities, about the social structures that serve to elevate the quality of life for a select few, while holding the majority captive in discriminatory systems and institutions. Wanting to actively dismantle these systems, I returned to school to become a social worker. I felt overwhelmed by the profound inequalities in our communities, and at the seemingly never-ending number of cases, each more difficult, or devastating, or tragic as the one before. I was introduced to a public health parable, which spoke to me deeply.

> You're standing at the edge of a river, when you notice a drowning baby caught in the current. You jump in to rescue it. A moment later another baby goes floating by. And then another. You call for help and as more people arrive, so do more babies. At what point do you ask yourself "who is throwing all these babies in the water?"

Sexual assault in Saskatchewan has reached unprecedented levels. The statistics speak for themselves. But these are not isolated incidents, and they don't happen in a vacuum; they are the product of systems that marginalize people, that create unimaginable living conditions, and, worst of all, that continue to reproduce these cycles time and time again.

As a social worker, I chose to continue my role as a sexual health educator because I saw it as an opportunity to interrupt some of the cycles. If children are taught about their bodies, about healthy relationships, about bodily autonomy, about respect, and pleasure, and boundaries, then they will be better able to advocate for themselves and the people they care about. Comprehensive sexual health and sexuality education is protective and preventive. Saskatchewan has the highest teen pregnancy rates in the country. These issues are not isolated. They are interconnected.

My time working on this project has been incredibly challenging. As a social worker I am used to hearing about trauma and tragedy, but this was different. It was immeasurable suffering in nearly every community we visited. But there was also strength, and resilience, and determination, an overwhelming desire to improve the health and spirit of their community. It was an absolute privilege to be able to travel through Northern Saskatchewan, to hear people's stories, and to talk about community, and connection, and spirit. My favorite question to ask was: "What IS working to address sexual violence in your community?" As outsiders we were sometimes perceived to be experts, or authorities on the issue. But service providers know what their communities need, and they are already there doing the hard work. As a researcher, I believe it is my responsibility to use my privilege to amplify the voices in these communities, and to advocate for change at every level. This will not be a quick fix; band-aid solutions have been failing us for too long. It is my hope that this research is the push that our system needs to change. I have lived in Saskatchewan my entire life. It is a beautiful place to call home, and I know that we can do better. We must do better.

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Appendix A: Key Results

Descriptive variable	Sexual Assault Survivors *n* (%)	Secondary Survivors[1] *n* (%)
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		

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

Before Age 18		
Unwanted sexual touching	369 (75.2)	–
Unwanted foundling	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 18[2]		
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)
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)	–

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

Co-worker/Boss	34 (6.9)	–
Spouse/Long-term partner	31 (6.3)	–
Caregiver	25 (5.1)	–
After Age 18[3]		
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)

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

Victim Services	58 (28.2)	18 (29.0)
Police	56 (27.2)	22 (35.5)
Doctor/Nurse	51 (24.8)	17 (27.4)
High Satisfaction with Services[4]		
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)	–

[4] High Satisfaction Scores include "moderately satisfied" to "extremely satisfied"

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)

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COMMUNITY-UNIVERSITY INSTITUTE FOR SOCIAL RESEARCH
432 - 221 Cumberland Avenue
Saskatoon, SK S7N 1M3
Phone: 306.966.2121
Fax: 306.966.2122
https://cuisr.usask.ca/