

# SEXUAL VIOLENCE IN SASKATCHEWAN A SURVEY RESEARCH REPORT (2019)

## SUMMARY OF FINDINGS

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

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

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

1

### WHO IS BEING ASSAULTED?

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



2

### CHILD SEXUAL ABUSE

Children and youth survivors (under 18 years old) 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.



3

### ADULT SEXUAL ASSAULT

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



## DISCLOSURE OF SEXUAL ASSAULT EXPERIENCES

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

## FORMAL REPORTING OF SEXUAL ASSAULT TO LAW ENFORCEMENT

Fewer than one third of primary survivors (23.7%) made a formal report to municipal police or to the Royal Canadian Mounted Police (RCMP). Survivors and services providers shared multiple reasons that survivors often chose not to formally report sexual assault. The main reasons were fear of not being believed, fear of being blamed for the assault, shame and embarrassment, fear of retaliation from perpetrator or perpetrator's network, anonymity concerns, lack of understanding that the violations were crimes, lack of trust of law enforcement's ability to handle sexual assault cases, and fear of the criminal court process.

## ACCESSING SERVICES AND SUPPORTS

Almost half (49%) of primary survivors accessed at least one form of services and supports in relation to a sexual assault incident. The most commonly used services by primary survivors 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 AND SUPPORTS

Primary survivors were asked to rate their satisfaction with the services they used. Of the most commonly used services, survivors were most satisfied with:

### SEXUAL ASSAULT CENTRE/COUNSELLOR

78.9%

### MENTAL HEALTH/COUNSELLING

77.9%

### AND FAMILY MEMBERS

74.5%

Primary survivors were least satisfied with:

### POLICE

38.5%

### CRIMINAL JUSTICE SYSTEM

40%

### AND LEGAL SERVICES

47%

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## BARRIERS TO ACCESSING SERVICES AND SUPPORTS

Primary survivors reported the following as barriers they faced in accessing services:

### ANONYMITY CONCERNS



### PREVIOUS NEGATIVE EXPERIENCES WITH SERVICE PROVIDERS



### LACK OF TRANSPORTATION



### POVERTY



### LACK OF STABLE EMPLOYMENT



### LACK OF STABLE HOUSING



### ADDICTION



### UNEMPLOYMENT



### DISABILITY



### CHILDCARE



### IMMIGRATION STATUS



### LANGUAGE BARRIER



### OR OTHER ISSUES



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.

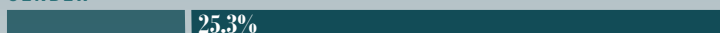
## 1 TREATMENT BY SERVICE PROVIDERS

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:

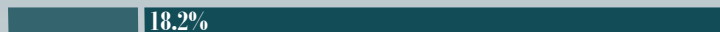
### AGE



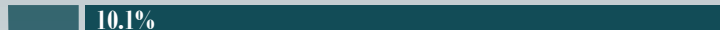
### GENDER



### MENTAL HEALTH STATUS



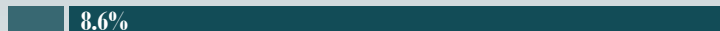
### SEXUALITY



### RACE



### DISABILITY



### RESEARCH CONDUCTED BY

Sexual Assault Services of Saskatchewan  
Community-University Institute for Social Research University of Saskatchewan

### SURVEY DATA AMALGAMATION

Social Science Research Laboratories  
University of Saskatchewan

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## 2 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



### ANXIETY/PANIC ATTACKS



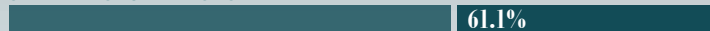
### DEPRESSIVE SYMPTOMS



### INTRUSIVE THOUGHTS



### SLEEP DISTURBANCES



### CHANGE IN SEXUAL BEHAVIOUR



### LOSS OF A FEELING OF CONTROL



### FEAR OF MEN/WOMEN



### HYPERVIGILANCE



### LOSS OF CONCENTRATION



### ISOLATION



### INCREASED USE OF ALCOHOL, DRUGS, OR MEDICATIONS



### CHANGES IN LIFESTYLE



### INCREASE IN DISTRACTIBILITY



### SUICIDAL THINKING

