

Community-University Institute for Social Research

Building healthy, sustainable communities

Since 1999, the Community-University Institute for Social Research (CUISR)—formally established as a university-wide interdisciplinary research centre in 2000—has remained true to its mission of facilitating “partnerships between the university and the larger community in order to engage in relevant social research that supports a deeper understanding of our communities and that reveals opportunities for improving our quality of life.”

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2. Social Economy and Social Relations
3. Rural-Urban Community Links
4. Indigenous Community Development
5. Community-university partnerships

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Student training: CUISR provides training and guidance to undergraduate and graduate students and community researchers and encourages community agencies to provide community orientation in order to promote reciprocal benefits.

**Learning is Healing
“When we know better,
we do better”**

Saskatchewan Sexual Violence Education Initiative

Somiya Tabassum, Marie Lovrod, Isobel M. Findlay,
Shaylyn White, Emilia Gillies, and Haleh Mir Miri



**UNIVERSITY OF
SASKATCHEWAN**

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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, Chipewyan and Métis peoples; and Treaty 10, traditional homelands of the Dene, Ojibwe, Woodland Cree, Chipewyan and Métis peoples. Participants and service providers from across these territories provided data for our educational framework development project. Community Services Division, for their mapping expertise and support.

In making this territorial acknowledgement, we also acknowledge the harms and mistakes that frame our now shared colonialist past, and the ways that imperialist and sexualized violence and coercive control are mutually constituting and foundational to those ongoing harms. We remain committed to moving forward in respectful partnership with First Nations, Métis, and Inuit Nations and with all our relations in a learning spirit (Battiste, 2009) that is invested in reconciliation and collaboration. The statement that *'Violence on our lands is violence on our bodies'* is reflected profoundly in the stories we gathered for the previous baseline report (Umereweneza et al., 2020)

and the strategies we have developed for the educational framework developed through this research project.

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 and in developing the educational strategies we have co-constructed with your guidance. We offer our sincerest gratitude for your willingness to share your experiences and your living insights. Your contributions are invaluable to this work.

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advancement of gender equity in Saskatchewan through the development of a comprehensive sexual assault education framework, designed to support the principles of equity, diversity, inclusion, and decolonization, across the life course of individuals and communities, as mutual care is mobilized through collaborative approaches to addressing sexual violence in Saskatchewan. We also acknowledge with gratitude funding from the Department of Justice Canada and the South Saskatchewan Community Foundation.

She Had Some Horses by Joy Harjo

She had horses who were bodies of sand.

She had horses who were maps drawn of blood.

She had horses who were skins of ocean water.

She had horses who were the blue air of sky.

She had horses who were fur and teeth.

She had horses who were clay and would break.

She had horses who were splintered red cliff.

She had some horses.

She had horses with long, pointed breasts.

She had horses with full, brown thighs.

She had horses who laughed too much.

She had horses who threw rocks at glass houses.

She had horses who licked razor blades.

She had some horses.

She had horses who danced in their mothers' arms.

She had horses who thought they were the sun and their bodies shone and burned like stars.

She had horses who waltzed nightly on the moon.

She had horses who were much too shy, and kept quiet in stalls of their own making.

She had some horses.

She had horses who liked Creek Stomp Dance songs.

She had horses who cried in their beer.

She had horses who spit at male queens who made them afraid of themselves.

She had horses who said they weren't afraid.

She had horses who lied.

She had horses who told the truth, who were stripped bare of their tongues.

She had some horses.

She had horses who called themselves, "horse."

She had horses who called themselves, "spirit." and kept their voices secret and to themselves.

She had horses who had no names.

She had horses who had books of names.

She had some horses.

She had horses who whispered in the dark, who were afraid to speak.

She had horses who screamed out of fear of the silence, who carried knives to protect themselves from ghosts.

She had horses who waited for destruction.

She had horses who waited for resurrection.

She had some horses.

She had horses who got down on their knees for any savior.

She had horses who thought their high price had saved them.

She had horses who tried to save her, who climbed in her bed at night and prayed
as they raped her.

She had some horses.

She had some horses she loved.

She had some horses she hated.

These were the same horses.

From *SHE HAD SOME HORSES* (Thunder's Mouth Press, 1983)

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EXECUTIVE SUMMARY

Extensive research and reports developed by Sexual Assault Services of Saskatchewan (SASS) and the Community-University Institute for Social Research (CUISR), University of Saskatchewan, have identified a significant need for educational programming that addresses the intersectional forms of sexual violence experienced in Saskatchewan by Indigenous peoples, newcomers, 2SLGBTQIA+ community members, seniors, and those living with disabilities in rural, urban, and remote contexts. These studies have demonstrated that the complex historical and social dynamics contributing to the continued and disproportionate victimization of targeted groups need to be better understood—and that evidence-based and trauma-informed educational programming (age-friendly and culturally-appropriate) needs to be developed to address the pervasive gaps in knowledge. COVID-19 has exposed and exacerbated the conditions that produce vulnerabilities to sexual violence and has verified the need for the educational development and training at the heart of this initiative. COVID-19 has also added barriers to education and training initiatives. Restrictions, isolation orders, and reduced safe shelter capacities have added to victimization of adults and children, intensifying systemic barriers and the inequities that reinforce biases targeting gender, ability, race, income, immigrants, citizenship status, critical education, and those facing precarious employment.

Training and resources that reflect the realities of violence perpetration in Saskatchewan require ongoing evaluation to ensure the best deployments of sexual violence educational program(s). These recognized needs have led to a partnership involving SASS, the Federation of Sovereign Indigenous Nations, and the Community University Institution for Social Research on the Saskatchewan Sexual Violence Education Initiative (SSVE).

A literature review and environmental scan helped to identify the content and context of existing sexual violence education programming, outline present inequities, as well as the extent of current efforts to address the forms of ignorance that maintain them.

Violent Colonial Legacies

A 2017 Human Rights Watch report documented 64 cases of violent abuse against Indigenous

women by police in Saskatchewan, mirroring similar reported cases in BC and Quebec, indicative of how the legacy of colonialism impacts the relationship between Indigenous communities and police services. That structural feature of current conditions becomes particularly damaging when Indigenous girls comprise over half of all those enduring sexual exploitation in Western Canada—and a compounding source of mistrust, resulting in ingrained reluctance to report or seek assistance. The 2015 final report of the Truth and Reconciliation Commission of Canada similarly identifies colonial legacies as a social determinant of health for Indigenous people.

Diverse Targets of Disproportionate Sexual Violence

A 2020 study found that 20.9% of primary survivors of sexual assault within Saskatchewan were living with a disability, while national research has found that members of 2SLGBTQIA+ communities report assaults at rates six times higher than their heterosexual counterparts. Many have difficulties accessing services in rural or remote communities with disproportionately high rates of sexual violence. This prevailing condition produces rural and remote environments as underserved spaces, isolated from centralizing service models. When marginalized people experience discrimination, they learn not to seek support, which in turn, keeps documented assaults and related costs low, while unresolved traumas add other kinds of social costs.

The Need for a Common Comprehensive Sexual Health Education Curriculum

The literature review confirmed that comprehensive curricula in school-based sexual health education programs are associated with both the promotion of healthy relationships and the prevention of sexual and intimate partner violence. Canada, however, lacks a common comprehensive sexual health education curriculum. While sexual health in education is a component of the national health curriculum, curricular decisions fall under provincial/territorial jurisdictions, frequently leaving them up to individual school boards and even teachers to determine. For example, in Saskatchewan, sexual health education in schools often emphasizes abstinence, long since proven to be ineffective in failing to address consent, a topic crucial to building healthy sexual identities and preventing gender-based violence (GBV). Colonialism itself is based on disregard for consent among those most affected, so the structural links between sexual ignorance, violence, and assimilationist colonialist coercions are easily traced in a province with the second highest provincial rate of sexual violence.

Understanding Risk Factors

Studies find common cross-provincial risk factors for sexual violence. These include being an Indigenous woman, a woman with a disability, a gender and/or sexually diverse individual, and a

worker in the sex trade. Additional risk factors for both victimization and perpetration include early initiation to sexual intercourse, substance use, poverty, and poor education. Those “risk factors” focus on targeted identities without engaging the structures that produce them, indicating complicity of such constructions with the prevailing colonialist order. Because the co-occurring nature of many of these “risk” factors reflect prevailing inequities, sexual violence education programming could benefit from adopting an approach that recognizes the specificity of their target audiences’ needs and social realities.

Lessons from the COVID-19 Pandemic

The COVID-19 pandemic has exposed both existing inequities and the asymmetric effects of the pandemic itself on marginalized communities with increased GBV rates and increasing recognition of “shadow pandemics” such as violence against women predicated upon contributing forms of isolation, technology deficits, and food insecurity (Alhassan et al., 2021; Doll et al., 2022). As early as April 2020, Phumzile Mlambo-Ngcuka, Executive Director of UN Women, was warning that the protective measures in place, including lockdowns and sheltering at home, were bringing “another deadly danger” in the form of violence against women that costs globally an estimated \$1.5 trillion USD. A 2020 UN Women rapid assessment found data deficits underestimating the scale of the GBV problem but found helplines and hotlines to be important resources: 80% of reporting countries noted increased calls and particular discrimination targeting older women and those with disabilities. There was also decreased access to services (legal, health, and social) with providers over-extended and under-resourced to provide “essential services.” While one in two women were reporting direct experience or knowing someone who had experienced violence since COVID-19, a 2021 UN Women report underlined asymmetric effects impacting younger women (48% of those between 18 and 49); 50% of women living with children; 52% of unemployed women; 43% employed women; 44% of women living in rural areas. In the face of the shadow pandemic, the Canadian Women’s Foundation called for shockproofing communities by filling gaps in essential GBV services and ensuring adequate tools to address intersectional forms of GBV.

Sexual Assault Myths

A common myth about sexual assault is that in instances of ‘real rape’ the victim will disclose immediately, with delays in disclosure often leading to survivors being perceived as perpetrators of false allegations. Indeed, the #MeToo movement saw backlash in the form of public concern about men being falsely accused of rape despite the statistical rarity (likely only 3%) of fabricated assaults. While social media may have amplified the voices of those calling survivors liars, it did not create the circumstances in which survivors are forced to decide whether and when to disclose; it

is simply a vehicle for old ideas about worthy and unworthy victims. The persistence of these ideas makes it all the more vital that educators provide more accurate and accountable frameworks for understanding sexual violence.

Intersectional Lens and Programming

At present, there is minimal literature using a consciously intersectional lens to evaluate existing educational interventions, as well as an unfortunate dearth of consciously intersectional programming to address sexual violence. Current responses to sexual violence tend to assume equivalence across demographics, leading to both blind spots and discrimination. First Responder to Sexual Assault and Abuse Training™, for example, while increasing professional sensitivities to the lived impacts of sexual assaults and their disclosures, may fail to recognize how widely sexual violence permeates all demographics, thereby drawing upon triggering scenarios or missing opportunities to engage the ways specific communities experience sexual violence. Because standardization excludes, distinguishing factors and features of participant learners need to be considered prior to the delivery of sexual violence education in diverse settings.

Survey Findings

A total of 143 diverse respondents completed the survey portion of this study. When asked to disclose which supported language they would prefer when accessing educational tools, 78.2% indicated English, 3.5% preferred Cree, while others indicated French, Spanish, Urdu, Michif, Dene, Arabic, German, Polish, or Tagalog. Providing materials in preferred languages is a substantive move toward decolonization. Respondents felt programming was difficult to find or access, limited in rural areas of Saskatchewan, and not readily available for youth. As far as time commitment was concerned, 39.44% of respondents favoured programming segments of about four hours.

A majority (89.2%) of participants felt that they would be comfortable with learning on virtual platforms. Many participants liked the anonymity of an online platform, especially for people in smaller communities. Online formats could also help protect from COVID or other infectious diseases, while allowing access for those without the capacity to travel. Older adults are among those who may not be as comfortable using online platforms; in-person formats may be better able to hold participants accountable for their engagements with the materials and each other.

Participants were also asked to describe any addition to current programming they would value. Some common themes requested were: education (about consent, the meaning or continuum of sexual assault experiences, trauma-informed care, targeted education for women, for men, for children, or specific subcultures); work (workplace harassment, safe workplaces, emotional labour);

consent (teaching ongoing consent as a decolonizing practice); violence (sexual violence, intimate partner violence—the differences and links); safety (dating safety, internet safety, financial safety); setting boundaries (including safety in interpersonal and group settings); healthy relationships; communities (specific resources for Indigenous and other minoritized communities); survivor-specific education (safer disclosures, survivor training, PTSD responses, bystander intervention, sexual assault first aid); and age-appropriate education through the school system.

Interview Findings

A total of 21 interviews (at least one from each geographical sub region representing professionals from education, victim services, community supports, and crisis intervention) were prompted with 10 questions. Participants indicated that selective programming was available, but not accessible to every community (none were reported in some rural and remote communities), while specific programming on grooming and/or sexual assault, abuse, and violence was typically offered off the sides of people’s desks. Some interviewees noted that their organizations acted primarily as a liaison between clients and service organizations, but that often, these referrals bounced back to them as “boomerang referrals.”

Asked about any other sexual violence educational programs they would like to access, participants listed McGill University’s programming as a model that could be adapted to the Prairie context. Programming specifically for men, for youth, perpetrators/offenders, bystanders, children in foster care, children in schools, people who are incarcerated, people with disabilities, 2SLGBTQIA+ individuals, Indigenous peoples, people of colour and newcomers would be required, ensuring specific and culturally relevant approaches. While many people and communities do not feel safe around police or other service providers who mandate law, many rural communities (i.e., north of Prince Albert) do not have local police stations, and if they do, the level of community respect varies from community to community.

Programming needs to be fully and freely accessible to people with mental and/or physical disabilities, people who speak languages other than English, people who live and work outside of academe and other professions (avoiding jargon), people who have diverse preferred methods of learning, and must be facilitated by members from and familiar with their own communities. Interviewees stressed the importance of education about these topics: how to become an ally to victims rather than a bystander to sexual violence; how sexual violence does not necessarily occur exclusively in intimate relationships and can range from derogatory comments and/or inappropriate touching through to harassment and assault; the importance and relevance of culturally accurate, anti-oppressive, trauma-informed approaches; how to recognize signs of abuse; what sexual abuse

is and how to respond appropriately to disclosures; the legalities and procedures surrounding disclosures; how service funding, priorities, and policy affect capacities for service provision; how to safely escape a dangerous situation; internet safety; dating apps; human trafficking; sexual orientation; GBV; intersectionality, the colonial roots of sexual violence, and the western lenses that are commonly applied to sexual violence education; STIs; and safe sex.

Many indicated that programming should be shorter for children and youth and provided as part of their public education wherever possible, with alternative longer certificate courses provided for professionals. Interviewees also stressed the importance of holding ongoing programming sessions, rather than occasional one-off presentations that support sensationalism.

To increase program impact, interviewees suggested diverse delivery formats/multi-modal approaches for up-to-date, evidence based, and trauma-informed information; including Indigenous, 2SLGBTQIA+ and newcomer perspectives together with insights from people with disabilities; a library of multi-media formats rather than handouts that could be lost; offering gentle role-playing exercises (though some feared these could be trivializing, triggering, or retraumatizing) along with “choose your own adventure” formats to help participants understand links between actions and reactions; sharing statistics sparingly and leaving space for stories; building a toolkit; developing interpersonal connections with program attendees; providing opportunities for follow-up and feedback; having on-site counselling and debriefing after every session. Some warned about assuming literacies and pointed to Str8Up programming as a model. Interviewees were uncertain about online-only programming and affirmed the importance of respecting specific community needs. Interviewees noted that English resources also need to be edited for readability for people with lower English proficiency levels. Animated vignettes might be helpful in this regard. Including community members in document creation could help ensure widest possible accessibility. All interviewees recommended programming that is flexible to and respectful of the needs of nonverbal people, as well as people with vision and/or hearing loss.

Focus Group Findings

Ten face-to-face focus groups (with 5-18 participants each) were conducted in person and virtually across the province. A total of 64 of the focus group participants were service providers, primarily from member and collaborating agencies across Saskatchewan. *Mutual Respect Agreements* were elicited from each group, with an emphasis on the primary conditions necessary for providing an educational program based on respectful care for self and others. *Professional and Culturally Safe Approaches* engaged participants in discussions of the ways professionals might interact with each other to maximize program efficiency and mutual efforts to support participants from diverse ethno-

cultures. The third prompt on *Program Delivery*, highlighted the multiple contexts in which sexual violence education programs might be delivered, recognizing that the most effective, creative, affordable, and accessible methods might vary considerably depending on the geographic, social, cultural, and professional locations of participants, as well as their ages and stages of familiarity with the issues. By asking about the *Impacts of COVID-19*, the research team sought to explore how the provision of sexual violence education services was affected by the pandemic. The prompt on *Existing Programs* among service providers was designed to avoid duplication of services and to identify educational gaps and ways to fill them effectively. A theme of *Sensitivity to Others* appeared 73 times across all participating regions, pinpointing the need for ‘mutual respect agreements’ at every stage of program delivery, establishing and maintaining ongoing informed consent as a cornerstone of responsible sexual violence education. *Sensitivity to Others* includes “avoiding service silos” by working for more effective service collaboration through sexual violence education training.

Trauma-Informed Care

Trauma-Informed Care appeared a total of 43 times when participants discussed mutual respect and professional and culturally safe approaches in offering sexual violence programming. Since sexual violence experiences vary widely, service providers must learn how to build trustworthy relationships that are simultaneously open to people’s needs, while acknowledging that “healing looks different for everyone.”

The Impact of a Global Health Crisis on Service Delivery

COVID-19 disrupted sexual violence educational services provision across Saskatchewan, increasing mental health impacts and decreasing access for those already living in a state of emergency. The pandemic affected some social groups more profoundly, including but not limited to northern Indigenous and queer communities, people with disabilities, the elderly, children, and women. Many vulnerable women and children, for example, had to stay with their perpetrators, which increased their exposures to violence during lockdowns. Seniors received limited family support, which put more strain on them and their care workers. Many participants expressed mistrust of governmental approaches to service provision that fail to consider or meet the needs of vulnerable people.

Community Co-Biographies

Like individuals, communities experience and contain life-cycles that can help to frame an adaptable shared programming for sexual violence education. When participants across communities were asked to consider the needs of preschool, primary, secondary, post-secondary, employment, and

retirement life stages, together with the needs of specific minoritized groups, they produced profiles of needs and expectations that helped the team to construct a customizable educational framework that is both age and culturally-appropriate, a key goal of this project.

“Learning is Healing”

Service providers were, for the most part, excited at the prospect of being able to access shared training and materials for sexual violence education, without being required to produce them, ad hoc, off the sides of their busy desks. Consistency of messaging, combined with the flexibility to meet the specific needs of their catchment communities, were seen as desirable features of the emerging educational framework. However, several participants expressed trepidation at the increased disclosures that could result. Because knowledge about and meaningful responses to sexual violence are systematically suppressed through structural barriers to disclosures and neglect of underserved populations in Saskatchewan, this remains a very real possibility.

Once the training and materials are available, participants agreed that it would be wise to ensure that SASS has one or two designated full-time SVE facilitators who can offer train-the-trainer and on-site delivery of requested programming in cooperation with a cadre of full-time designated facilitators working with service provider organizations and representing the needs of minoritized groups, as appropriate to their communities. Focus groups insisted upon the value of collaborative planning discussions, engaging trauma-informed, preparatory steps respectful of local protocols and processes. This consideration includes engaging people in the languages in which they live and ensuring that program providers are funded to offer translations and well-trained non-English language speakers, including sign-language, as necessary.

State Violence Requires Decolonization and Reconciliation

Because our nation state has been founded on GBV targeting Indigenous and other communities, changing historically produced structures of sexual violence will require deep commitments by all parties involved. Stronger, decolonizing healing processes are called for on all sides. The aspiration to teach healing through kindness not only requires recognition of critical knowledges emerging from diverse communities; it also recognizes that idealized claims from the past and geographical inequities in the present, have facilitated public ignorance of shared complicities in cultures of sexual perpetration.

Concluding Reflections and Next Steps

The gendered impacts of COVID-19 have only reaffirmed the need for an evidence-based, trauma-informed programming engaging people from all walks of life in sexual violence education

designed to create informed, supportive communities. Ongoing access to an evolving provincial sexual violence educational framework ensures contextually sensitive accountabilities, continuity of primary messaging across participant groups, and quality control that empowers sensitive engagements with the issues across diverse platforms and contexts for information dissemination, resource sharing, and skill building.

The gendered impacts of large-scale stressors, like pandemics and the climate disasters of which they are but a symptom, only exacerbate existing asymmetric impacts on marginalized communities—and reproduce prevailing forms of structural ignorance and conditioned refusals to care about those lived effects. While targeted groups experience the deepest harms, the cultivation of callousness among the privileged and the downtrodden is an enduring form of self- and mutual harm that diminishes the humanity of all parties complicit with or directly involved in the reproduction of violence.

Shockproofing communities from structural violence and its consequences requires the repair and reconstruction of relational capacities that refuse false exceptionalisms and affirm the lasting value of mutual flourishing. All participants clearly recognize the need for decolonizing, equity-invested processes, moving toward deeper processes of inclusion and the enlightened mutual interest that supports sustainable communities and economies. Externalizing the costs of aggression into the lives of the marginalized diminishes everyone.

This project has both recognized promising existing programming and produced a solid age and culturally appropriate educational framework for critical development with a team of diversely skilled and community-engaged curricular experts. Our goal now is to pilot an initial core group of modules, to establish a group of project champions, and secure stable funding for SASS member-organizations to hire locally grounded facilitators who can work with a pair of designated lead facilitators as a team across the province, modelling the very practices of collaboration and connection across diverse social locations that this project endorses.

A unique feature of the program is its investment in up-front co-development of community-engaged workshops, drawing on both the available modules and local expertise about community needs. As such, the SVE program is itself a living program designed to establish and support networks of mutual care and constructive action to prevent and repair the harms produced by sexual violence across our province. Changing historically produced structures of sexual violence will require deep commitments by all

INTRODUCTION

Extensive research and reports by Umereweneza et al. (2019, 2020) and the SASS (2019) *Sexual Violence Action Plan* have identified a significant need for educational programming that addresses the intersectional forms of sexual violence experienced in Saskatchewan by Indigenous peoples, newcomers, 2SLGBTQIA+, seniors, and those living with disabilities in rural, urban, and remote contexts. Those studies have demonstrated that the complex historical and social dynamics contributing to the continued and disproportionate victimization of targeted groups need to be better understood—and that evidence-based and trauma-informed educational programming needs to be developed to address the gaps in knowledge and most promising practices identified by survivors, service providers, and volunteers. Training and resources that reflect the realities of violence perpetration in Saskatchewan require ongoing evaluation to ensure the efficacy of the sexual violence educational program(s) developed. The result of these recognized needs was the partnership of Sexual Assault Services of Saskatchewan (SASS) and the Federation of Sovereign Indigenous Nations on the Saskatchewan Sexual Violence Education Initiative (SSVE).

The vision of the SSVE project charter is “to prevent and address sexual violence and the gendered-impacts of COVID-19 in Saskatchewan through an evidence-based, trauma-informed, and intersectional sexual violence education program(s) supported by a provincial framework for sustainability that includes diverse platforms for information dissemination, resource sharing and skill-building.” The specific objectives of this project include determining critical educational needs, developing an evaluation plan, and co-creating “evidence-based, trauma-informed sexual violence education program(s)” across the lifespan, “reflective of Saskatchewan’s intersectional complexities, sectoral and pandemic analysis of sexual violence, ... designed with virtual adaptations for remote/rural learning.” Additional objectives include a training guide for new facilitators, a pilot for rural/remote and urban communities, and a Leadership Forum to launch the new resources and build capacity and collaboration among diverse communities including “but not limited to Indigenous Peoples, newcomers, LGTBQS2+, seniors, and those living with disabilities.”

Report Purpose

The purpose of this study and report is to support the SSVE Initiative to prevent and address sexual violence and the gendered impacts of COVID-19, through comprehensive education, awareness, and accountability practices.

COVID-19 is important to the study in two ways: 1) COVID-19 has exposed and exacerbated the conditions that produce vulnerabilities to sexual violence and has created and demonstrated even more deeply the need for the education and training at the heart of this initiative; 2) COVID-19 has added barriers to education and training initiatives. The surge of cases during the pandemic has highlighted the need for training designed for remote delivery and a facilitator's guide that ensures they are equipped to safely manage inevitable trauma triggers and potential participant conflicts during any live or virtual presentation. Many survivors have fallen through the gaps in the face of poor infrastructure. Restrictions, isolation orders, and reduced safe shelter capacities have added to increased mental health challenges and victimization for adults and children, intensifying systemic barriers and inequities that reinforce biases targeting gender, ability, race, income, immigration, citizenship status, education, and employment.

Against this background, the study aims to document evidence for trauma-informed and culturally-appropriate comprehensive educational programming that ensures appropriate training to address the intersectional forms of sexual violence experienced in Saskatchewan by Indigenous peoples, newcomers, 2SLGBTQIA+, seniors, and those living with disabilities, as perpetuated by the diverse neocolonial dynamics that contribute to continued and disproportionate victimization of minoritized groups. The two main objectives are to achieve the following:

1. Document current sexual violence education programming, identifying gaps and lessons learned, cataloguing promising educational programming models in the literature, as well as proven practices through a scan of provincial and national initiatives.
2. Determine Saskatchewan-based sexual violence education needs through an online survey of member agency service providers, up to 75 key informant interviews with member agencies, and up to 30 focus groups held at SASS member agency locations and at select FSIN tribal council locations.

LITERATURE REVIEW

In 2017, Sexual Assault Services of Saskatchewan (SASS) received funding from Status of Women Canada to support the development of a provincial action plan to address sexual violence and its impact on communities across the province. In the research process, age-friendly, accessible, and culturally-appropriate public education was identified as fundamental to changing societal attitudes toward and behaviours contributing to structures of sexual violence. However, study participants were clear that this education must be developed by people conscious of the fact that, while sexual violence disproportionately affects women and girls, “this form of gender-based violence crosses all social boundaries and affects people of every age and culture” (SASS, 2019, p. 13), with marginalized persons such as sexual minority individuals and people with disabilities being among the most common targets of sexual assault (Plummer & Findley, 2012; Jaffray, 2020). The series of reports by Umereweneza et al. (2019, 2020) and the SASS (2019) *Sexual Violence Action Plan* make clear the extent to which Saskatchewan needs intersectional educational programming which addresses the multiple forms of sexual violence experienced by Indigenous peoples, newcomers, members of the 2SLGBTQIA+ community, seniors, and those living with disabilities. This literature review aims to examine the content and context of existing sexual violence education programming, outline present inequities aggravated by COVID-19, as well as the extent of current efforts to address the forms of ignorance that maintain them.

This literature review was conducted in two phases. The first phase examined literature addressing sexual violence education in Saskatchewan, while the second engaged literature addressing sexual violence education throughout Canada as well as important reports by the United Nations, for example. All literature selected for this review has a focus on sexual education and/or sexual violence programming and was published after 2010 to ensure recency.

Sexual Violence Education in Saskatchewan

In 2017, Human Rights Watch published a report on an investigation into the experiences of Indigenous women with police in Saskatchewan. This report documented 64 cases of violent abuse against Indigenous women by police, including invasive body strip searches and sexual harassment, mirroring similar reported cases in BC and Quebec (Human Rights Watch, 2013; Shingler,

2016). Such findings are indicative of the legacy of colonialism as it impacts the relationship between Indigenous communities and police services, a structural feature of minoritizing practice (subordinating individuals or groups in the interests of dominant groups) which becomes particularly damaging given that Indigenous girls comprise over half of all those enduring sexual exploitation in Western Canada (Louie, 2018).

As Indigenous women disproportionately experience sexual violence, it is critical that supports for both prevention and intervention be established and enhanced as new layers of coercion are exposed. Unfortunately, abuses such as those committed by the police can be a compounding source of mistrust, resulting in ingrained reluctance to report or seek assistance. This reluctance is not necessarily limited to engagements with the police; Burdge and Lavalley (2022) describe the sense of hopelessness often felt by Indigenous individuals who experience abuse within the non-profit sector, observing that in some ways these patterns of abuse can be seen as extensions of settler colonialism, delivered through processes of professionalization and institutionalization. A review of urban Indigenous health and wellness studies conducted throughout both Manitoba and Saskatchewan went as far as to name colonization as one of the most significant factors in health and wellness outcomes for Indigenous peoples, also impacting Indigenous sexual health, wellness, and safety in general (Hayward et al., 2020). This finding aligns with that of the final report of the Truth and Reconciliation Commission of Canada (2015), which similarly identifies colonial legacies as a social determinant of health for Indigenous peoples.

However, Indigenous women are not the only demographic who experience disproportionate rates of sexual violence. A study conducted in 2020 found that 20.9% of primary survivors of sexual assault within the province were living with a disability, while national research has found that members of 2SLGBTQIA+ communities report assault at rates six times higher than their heterosexual counterparts. Many have difficulties accessing services due to living in rural or remote communities, with disproportionately high rates of sexual violence (Umereweneza et al., 2020). This prevailing condition, itself, a function of the conflation of urbanization with socio-economic development, produces rural and remote environments as underserved spaces, and the people who live there as often isolated from centralizing service models that deplete social and environmental diversities, and otherwise promising lifeways for future generations.

When marginalized people experience discrimination, they learn not to seek support, which in turn, keeps documented assaults and related costs low, relative to the actual need. However, the ongoing fallout from such unresolved traumas creates other kinds of social costs, including dispossession and homelessness, over-reliance on carceral systems, and the criminalization of policy-induced social ills. For example, while all people with disabilities are targeted simply by not

fitting into ableist architectural and learning norms, those living in care institutions endure micro-and macro-infringements on their capacities to actualize, often “for their whole lives” (Umereweneza et al., 2019, 2020), as recent reports from Saskatchewan care homes have revealed (e.g., Latimer, 2022). When queer youth feel that it is safer on the streets than at home; when those living in rural and remote communities endure and normalize high rates of assaults, because they simply cannot access proximal services; when substance abuse fills in the gaps for missing supports, the entire social order suffers impoverishment and loss, whether or not governments, overstretched families, or exceptionalist institutions are paying attention.

A review of GBV prevention strategies offered three potential reasons for these kinds of gaps. First, emphasis on the prevention of negative outcomes over the promotion of positive well-being may be alienating to those belonging to communities that have historically been marginalized. Second, conducting research on marginalized communities such as Indigenous peoples, 2SLGBTQIA+ individuals, and persons with disabilities requires methodological flexibility and sensitivity, something which may be frowned upon in more quantitatively-oriented research circles. Finally, the organizations doing the most work with members of minoritized demographics may simply lack resources (Crooks et al., 2019), due to practices that undermine democratic inclusivity for expedient cultivation of political assimilation and the hierarchical models that produce it. For example, an environmental scan examining the sexual violence services offered by Canadian universities so as to inform the University of Saskatchewan’s own approaches identified the general need for more resources as a significant barrier to the development of meaningful programming, with many services reporting a desire for increased funding, staff, and spaces so as to increase the scope of services offered (Quinlan et al., 2013). When advanced institutional knowledge production is itself characterized by practices of minoritization, it is little wonder that social organizations, institutions, and the professions that support them are implicated in prevailing forms of ignorance about social and sexual violence as structuring features of minoritization processes.

Another factor to consider is the lack of a common comprehensive sexual health education curriculum in Canada. While sexual health in education is treated as a component of the national health curriculum, curricular decisions fall under provincial/territorial jurisdictions, which means they are frequently left up to individual school boards and even teachers to determine the content and context of available education. Such fragmentation fosters considerable inconsistencies in how much focus is given to specific topics, especially those involving minoritized groups, a situation that may be exacerbated when teachers choose to convey only materials with which they are familiar and feel comfortable (Causarano et al, 2010; Robinson et al., 2019). For example, in Saskatchewan, it is remarkably still common for sexual health education in schools to emphasize abstinence, long since proven to be ineffective along every dimension of sexual healthcare. This is problematic because

a key shortcoming of abstinence-only education is its failure to address consent, a topic crucial to building healthy sexual identities and preventing GBV (Santelli et al., 2018; Short, 2019):

If abstinence sex education were effective in achieving its goals, the province might be expected to have low rates of sexual harassment and assault, because people simply wouldn't be forcing sexual interactions. In reality, Saskatchewan has the second highest rate of sexual violence out of all Canadian provinces. While education on consent, setting and maintaining healthy boundaries, and how to accept a "no" when someone rejects advances could help address our province's second-place standing, they are not currently included in the curriculum. (Funk, 2021, para. 5)

Colonialism itself is based on disregard for and dismissal of consent among those most affected, so the structural links between sexual ignorance, violence, and assimilationist colonialist coercions are easily traced to paternalistic refusals of all kinds of knowledge, including of comprehensive sexual health education.

The Saskatchewan Union of Nurses (SUN) has critiqued the province's current approach to sexual health education, arguing that a comprehensive curriculum is necessary for improving provincial health outcomes and preventing future strains on the health care system (Modjeski, 2019). In the context of prevention programming, the word "comprehensive" refers to programming that provides "an array of interventions to address the salient precursors or mediators of the target problem"—that is, multiple interventions across multiple settings (Nation et al, 2003, p. 451)—suggesting that a more comprehensive approach to sexual violence education could be an effective means of prevention as well. A systematic review of three decades' worth of research on school-based sexual health education programs throughout Canada supports this finding, with comprehensive curricula being found to be associated with both the promotion of healthy relationships and the prevention of sexual and intimate partner violence (Goldfarb & Lieberman, 2021).

While community agencies such as Saskatoon Sexual Health does offer programming to fill in educational gaps, while other sexual violence agencies have also done this work in schools upon request, it is typically available only upon request, meaning organizations must be willing and able to bring in sexual health educators for public access. Universities may attempt to fill this gap themselves as part of their sexual violence prevention strategies, but "these programs have been criticized as limited in effectiveness because they are typically short, one-time information sessions conducted with first year university students during initial orientation" (MacDougall et al., 2020, p. 162). Such programs are often complicit with prevailing norms, advising women to take precautionary measures such as not walking alone at night, while failing to suggest simultaneously

that men should work proactively to create safer spaces.

The result of such misguided approaches is sending the message that “sexual assault is an inevitable phenomenon (i.e., some men will inevitably commit sexual assault)” (Cherniawsky & Morrison, 2020, p. 31). This oversimplified and insufficient approach persists despite contemporary models for violence prevention generally suggesting that prevention must occur at all levels of an organization or community to be effective. For example, the bystander model—which helps community members to intervene strategically in situations that may be harmful—and the social-ecological model—which supports an initial focus on potential perpetrators accompanied by a larger assessment of specific structural elements in the environment that enable sexual violence (Basile, 2015; Salazar et al., 2014; Wright, et al., 2020)—are both program designs that aim to make more substantive interventions in rape culture. Finally, even the most comprehensive programs are generally limited in their accessibility for those who may be most in need, particularly impoverished and/or vulnerably-housed individuals (Lavery, 2021).

A study conducted among first-year university students in Saskatchewan regarding the sexual health education they received in high school found that characteristics of the “ideal” sexual health education include:

- Open and comfortable classrooms
- Confident, knowledgeable, and trustworthy teachers who do not embarrass easily
- Meaningful content that goes beyond basic biology
- Interactive and diverse methods of teaching
- Content which addresses responsibility, emotional safety, and healthy dating as well as STIs and physical health (Schmidt, 2018)

From the priority given to “meaningful” content which addresses responsibility, emotional safety, and healthy dating, it is apparent that sexual health education that addresses violence is strongly desired by youth in Saskatchewan, despite its persistent inaccessibility (Schmidt, 2018). Comprehensive programming often originates from sexual health educators who belong to community organizations specializing in the relevant subject matter. However, there have been cases in which interventions have been developed in collaboration between relevant community organizations and researchers affiliated with Saskatchewan universities. One example is a report funded by the University of Regina Community Research Unit on the efficacy of forum theatre as an educational tool (Kloeble, 2021). That report examined a production entitled *Far from the Heart* which toured 23 communities throughout the province, providing youth with opportunities to interrogate and challenge common thoughts and behavioural patterns regarding dating violence, while considering what their own responses could have been in a hypothetical scenario of dating

violence. It was found that *Far from the Heart* led to an increase in knowledge and a shift in participant attitudes regarding dating violence, suggesting that a skill-building component is important for effective sexual violence education programming.

Another example of a programming intervention developed in collaboration between community organizations and a Saskatchewan university involved efforts to design a sexual health education program for youth with developmental disabilities (Murray, 2019). Statistics tracking the sexual abuse of people with developmental disabilities are high, with affected individuals generally being at 4-10 times greater risk than the general public; however, there are few services and supports available aimed at preventing such abuses or aiding in the formation of healthy relationships. Murray (2019) speculates that this relative lack of services is due to the common and inaccurate perception that adolescents with developmental disabilities do not have the capacity to learn how to protect themselves. In collaboration with a number of community partners, including Greater Saskatoon Catholic Schools (GSCS), the Saskatoon Sexual Assault and Information Centre (SSAIC), and the Saskatchewan Red Cross RespectED program, a presentation featuring the use of stories and puppet shows, was developed and found to be quite effective with the target demographic, barring difficulties associated with adapting educational materials to varying levels of cognitive function. While this study was concentrated on youth with developmental disabilities, Murray observes a need for repetition and ongoing reminders to build a meaningful capacity for self-protection, an improved condition for which the current fragmentary nature of mainstream sexual education in Saskatchewan is simply not prepared to offer meaningful solutions.

Finally, a similar project sought to evaluate the effectiveness of online sexual violence prevention program using a participant pool comprised of university athletes owing to the disproportionately high levels of sexual assault cases associated with university athletic programs (Thiessen, 2021). Web-based intervention programs have previously been found to improve the likelihood of individuals participating in prosocial intervening behaviour (Salazar et al., 2014, p. 11). Thus, it was hoped that effective interventions could help position athletes as leaders in sexual violence prevention efforts on campuses. However, the project was affected by the COVID-19 pandemic; the shift to online learning at the university resulted in lower participation rates. As a result, the project was redirected to address participation in intervention programs. It was noted that successful implementation of sexual education programs depends, in part, upon community climate, a good environment being one in which community leaders support the program and actively communicate and encourage members to participate (Thiessen, 2021).

As the program in question was primarily focused on male participants, it was observed that men may fear being targeted as perpetrators or feel that sexual violence education lacks personal

relevance to them. Having other men approach participants, particularly those whom they hold in high esteem, such as senior members of the athletics program to which they belong, and giving them opportunities to see their peers participate, may help them to avoid feeling isolated within the program. In other words, a sense of community and continuity among participants may further improve the efficacy of sexual violence education programs; however, this may be difficult to achieve given the current fragmentary nature of sexual health education in Saskatchewan and elsewhere.

While sex work and human trafficking are specific contexts for sexual violence constituted by unique historically produced conditions that require particular forms of collaborative educational responses, a report on *Human Trafficking on the Prairies* issued by Hope Restored in early 2023, makes the following critical observation:

Across the three [prairie] provinces, system responses to domestic human trafficking focus on two strands of action: **policing and incarceration** and **education and awareness** [emphasis in the original]. These approaches are not being informed by evidence nor evaluated properly, so we do not have measurable outcomes that demonstrate if and how they are effective. (p. 22)

They go on to point out that, in Saskatchewan, recent investments in increased policing coincide with reduced social assistance programming, thereby placing more people in precarious conditions that facilitate sexual violence and trafficking. In other words, the production of precarity is structurally managed to produce evidence of the need for additional policing, thereby reproducing longstanding practices of targeted marginalization. The lack of a sound safe housing strategy, substantive commitments to food security, and meaningful investments in harm reduction, including providing adequately supervised consumption sites in the province’s municipalities, demonstrates a foundational lack of education and understanding among policymakers about the ways that failures of distributive justice are themselves evidence of lack of meaningful, reparative education on the structural reproduction of colonialist violence. The institutional structures produced by imperialist violence, including policing and incarceration, education and healthcare, as well as social services and housing regimes, are deeply rooted in systems that facilitate multiple forms and contexts of sexual violence targeting diversely positioned feminized social locations as a structural feature of imperialist, paternalist, and hierarchical institutional systems. The need for age and culturally appropriate reparative educational approaches to sexual violence that challenge the broadest spectrum of socio-political processes of neglect, disenfranchisement, and production of manufactured ignorance, enable evaluation for ongoing revision over time, and track longer-term outcomes, is clear.

Sexual Violence Education in Canada

The status of sexual violence education in Saskatchewan is in many ways a microcosm reflecting the status of sexual violence education in the broader Canadian context. While the need for intersectional programming may be deeply felt in our own province, it is also present throughout the country, with studies finding common cross-provincial risk factors for sexual violence. These include being an Indigenous woman, a woman with a disability, a gender and/or sexually diverse individual, and a worker in the sex trade (Wells et al., 2012). Additional risk factors for both victimization and perpetration include early initiation to sexual intercourse, substance use, poverty, and poor education (Claussen et al., 2013). That so-called “risk factors” focus on targeted identities without engaging the structures that produce these risks, indicates that complicity with the prevailing colonialist order remains obvious in this framing. Because the co-occurring nature of many of these “risk” factors reflects prevailing inequities—for example, the persistent socio-economic gaps between Indigenous and non-Indigenous peoples throughout Canada—sexual violence education programming could benefit from adopting an approach that recognizes the specificity of their target audience’s need. Clearly, current formal education seldom reflects of the social realities of the marginalized (Narushima et al., 2020).

The absence of a common sexual health curriculum within Canada produces inevitable inconsistencies in content and context. While Canadian parents generally do want their children to receive sexual health education, there is significant variance when it comes to often predictably misinformed opinions on when it should be introduced and what topics should be included. As perceptions of parental attitudes towards sexual health curricula may influence decisions about their implementation, and even politicization of specific content, discrepancies and even contradictions in how and when these topics are approached arise. Even when material otherwise encouraged by the guidelines provided by the Sex Information and Education Council of Canada (SIECCAN) is available, it may be neglected if perceived as being less integral to mainstream expectations (McKay et al., 2014; Wood et al., 2021), with little or no awareness about how complicit such approaches are with fostering marginalization of targeted groups. Particular areas of need, as identified by students and informed educators alike include topics such as understanding sexual pleasure and sexual behaviour in relationships, with nearly nation-wide inadequacy on such topics. There is also inadequate teaching on values, human rights, and culture, which means students may not be exposed to foundational ideas of equity, respect, acceptance, and tolerance in regard to gender, sexuality, and social difference, concepts which are critical to the development of healthy ideas about relationships and personal boundaries (Levin & Hammock, 2020; Robinson et al., 2019).

A survey of Canadian university students found that, on average, participants felt their formal sexual health education performed poorly when it came to educating them on informed consent, with many attributing negative and non-consensual experiences to this insufficient coverage. In other words, “according to the perceptions of young people, there are real, nontrivial consequences of the failure of school-based sexual health education and parents to fully discuss consent with children and adolescents,” with one such consequence being a potentially greater risk of sexual victimization (MacDougall et al., 2020, p. 161). A study examining the divergent experiences of heterosexual and 2SLGBTQIA+ youth also found that participants from the former group were more likely to report feeling that school-based sexual health education had provided them with information relevant to them while 2SLGBTQIA+ individuals reported feeling significantly less confident when it came to practicing safe sex and responding to sexual assaults (Charest et al., 2016). This finding suggests that a failure to adequately teach consent may endanger especially those whose experiences are already otherwise marginalized by formal education systems. That is the very definition of systemic targeting for violence.

The most successful sexual violence education programs are multi-levelled. They recognize the confluence of factors that can shape human behaviour and take a community approach to connect with specific audiences and decentralize the burden of response (Franklin et al., 2012). They also concentrate on the promotion of healthy and positive behaviours. SIECCAN recommends that such programmes be developed using relevant theories of change, such as the information-motivation-behaviour model. Not only does such an approach provide general information on a given topic, but it also engages personal and social motivations and provides relevant skills-based training (Robinson et al., 2019; Thiessen et al, 2021). For example, the Enhanced Assess, Acknowledge, Act Sexual Assault Resistance program assigned to first-year female students at universities across Ontario and Alberta found that the risk of both completed and attempted rape were significantly lower following participation in the program. While health-behaviour programs and resistance education frequently require “booster sessions” to maintain efficacy, this particular program demonstrated sustained efficacy for up to one year even without such booster sessions. The program’s success was credited, in part, to the number of interactive and practice exercises, the focus on escalating resistance in response to perseverance, rather than on “assertive communication,” and the addition of content centred on positive sexuality, based on the theory that participants were developing an increased ability to detect and interrupt unwanted sexual behaviour at an earlier stage (Senn et al., 2015). While on the spot prevention and resistance strategies are vital, discussions of pleasure can also be particularly valuable in sexual violence education as they can enable individuals to identify what they do and do not want in intimate relationships, with refusal skills in particular serving as a protective factor against sexual assault (Levin & Hammock, 2020; Santelli et al., 2018).

In addition to effective multi-levelled sexual violence programming, the Ending Violence Association of Canada (2016) emphasizes professional training which is both discipline-specific and cross-sectoral, allowing individuals to better collaborate and enhance the ability of organizations to coordinate services. Effective programming can take a significantly long time to develop, so that coordination across sectors can accelerate the implementation process (Crooks et al., 2019) and impacts of training improvements.

Lessons from the COVID-19 Pandemic

The COVID-19 pandemic has exposed both existing inequities and the asymmetric effects of the pandemic itself on marginalized communities with increased rates of gender-based violence (GBV) and increasing recognition of “shadow pandemics” such as violence against women and the isolation, technology deficits, and food insecurity (Alhassan et al., 2021; Doll et al., 2022) contributing to those impacts. As early as April 2020, Phumzile Mlambo-Ngcuka, Executive Director of UN Women, was warning that the protective measures in place, including lockdowns and sheltering at home, were bringing “another deadly danger” in the form of violence against women. She reminded that such violence was “already one of the greatest human rights violations” before COVID-19, urging action on prevention and redress in COVID-19 plans to address violence that costs globally an estimated US \$1.5 trillion. UN Women (2020) rapid assessment found data deficits underestimating the scale of the problem of GBV but found helplines and hotlines important resources: 80% of reporting countries reported increased calls and particular discrimination experienced by older women and those with disabilities adding to risk. With increased need, there was also decreased access to services (legal, health, and social) with providers over-extended and under-resourced in efforts to provide what are “essential services” (p. 5). Service providers in response mobilized technology, monitored and reported trends, built awareness through disseminating information, strengthening capacities, coordinating resources, and advocating for gender and socio-economic resources. Drawing on diverse data sets, UN Women (2021) confirmed “a significant increase in violence against women” (p. 2), underlining the ways that as a result “women’s feelings of insecurity restrict their lives in myriad ways, hampering their health, as well as their civil, political, economic and social rights. Women’s safety is the gateway to basic health, living standards and empowerment, and a necessary condition to achieve gender equality? (p. 3). While one in two women reported experiencing or knowing someone who had experienced violence since COVID-19, the report underlined asymmetric effects with these women reporting the greatest impact: younger women (48% of those between 18 and 49); 50% of women living with children; 52% of unemployed women; 43% employed women; 44% of women living in rural areas (pp. 8-9).

The International Federation of Red Cross and Red Crescent Societies (2015) had similarly warned of the little understood dangers of GBV in disaster situations. Stigma and shame add to difficulties of studying what is “largely unseen and unheard” resulting in both a “lack of data” and “lack of awareness,” though requiring legal and policy responses, including disaster risk management, from national actors (p. 8). In the face of the shadow pandemic, the Canadian Women’s Foundation (2022) called for shockproofing communities by filling gaps in essential GBV services and ensuring the sector has the tools to address intersectional forms of GBV. The Foundation is hosting a national summit for the sector in partnership with Women’s Shelters Canada in Ottawa, March 2023.

While COVID-19 both redoubled the marginalization of those already vulnerable, the pandemic has also generated ways to improve access and to enhance collaborative structures. Service providers have reported needing to make significant changes to their services due to pandemic protocols, with many of these changes having both positive and negative impacts on their ability to do their work. Changes include the necessary development of new workplace policies and protocols, securing new materials and supplies, and learning new technologies. In a national study on COVID impacts, half of the directors, supervisors, and managers of service-providing organizations surveyed reported having to hire new staff, while a quarter had to either lay off existing staff or reduce hours. Eighty-five percent had to make these operational changes while working from home, blurring work-home boundaries, and increasing the difficulty of remaining connected to colleagues and other organizations (Trudell & Whitmore, 2020). These factors must be kept in mind when developing new sexual violence education initiatives that seek to take a collaborative approach. However, even in non-pandemic contexts, it is important that the growing demand for preventive programming be met with evidence-based ethical standards and best practices, as developed alongside training for new competencies to minimize unexpected strains on services (Golightly et al., 2017).

Social Factors Influencing Capacities for Healing

The responses survivors of sexual violence face following disclosure have important implications for processes of recovery, with positive responses such as the provision of emotional support being associated with higher self-esteem and negative responses such as victim blaming being associated with greater PTSD symptom severity (Morris & Quevillon, 2018; Orchowski et al., 2013; Ullman, 2000; Ullman & Filipas, 2001). While disclosure can be beneficial, there is a risk of negative social reactions reducing or negating these benefits. Thus, survivors are often reluctant to disclose owing to concerns about retaliation or skepticism (Cortina & Magley, 2003). However, as noted by Schneider and Carpenter (2020), “coping does not take place in an isolated environment; rather, survivors

interact with family members, friends, coworkers and in some cases, therapists, to either address or avoid their experiences” (p. 90).

While survivors may be reluctant to disclose themselves, they are still likely to encounter their social group responding to sexual violence, and this can still lead to secondary victimization should said social group express negative attitudes towards survivors (Nagel et al., 2005). Shifting public opinion, which is seldom well-informed, is frequently a crucial factor in policymaker approaches to sexual violence, meaning opinions influenced by negative attitudes may spur action less likely to protect communities long-term (Flusberg et al., 2022; O’Hara, 2012; Schwarz et al., 2020;). The impact public opinion can have on both survivor recovery and on legal decision-making highlights the importance of challenging stereotypical assumptions about sexual violence through comprehensive public education efforts across all sectors.

#MeToo and its After-Effects

The #MeToo movement demonstrates how stereotyping survivors can negatively shape public responses to assault. On October 15, 2017, actress Alyssa Milano posted a tweet encouraging survivors of sexual violence to share their experiences, writing “If you’ve been sexually harassed or assaulted write ‘me too’ as a reply to this tweet” (Milano, 2017). The tweet soon went viral, meaning it was circulated rapidly—at its peak, the hashtag #MeToo saw an average of 55,319 uses per day (Anderson & Toor, 2018), leading to millions of tweets and drawing the public eye to a number of high-profile cases of celebrity sexual misconduct. However, while #MeToo provided social media users with the opportunity to share their stories in solidarity with one another, it also provided the opportunity for others to react to these disclosures.

One of the most common myths about sexual assault is that in instances of ‘real rape’ the victim will disclose immediately, with delays in disclosure often leading to survivors being perceived as perpetrators of false allegations (Banet-Weiser, 2021; Shi, 2022). Many of the testimonials shared during #MeToo described survivors choosing to share their stories owing to the sudden surge in support, which also led to a surge in critique, with accusations soon emerging that survivors were lying. For example, when Dr. Christine Blasey Ford accused American Supreme Court nominee Brett Kavanaugh of assault in 2018, then President Donald Trump tweeted “I have no doubt that, if the attack on Dr. Ford was as bad as she says, charges would have been immediately filed with local Law Enforcement Authorities by either her or her loving parents. I ask that she bring these filings forward so that we can learn date, time, and place” (2018a). Later, Trump even referred to Dr. Ford’s allegations as a “con game” (2018b). Gradually, the #MeToo movement began to see backlash in the form of public concern about men being falsely accused of rape despite the statistical rarity of fabricated assault, with analysis suggesting that the false allegation rate is likely only 3%

(McMillian, 2018, p. 10).

Systemic Complicities with Perpetrators

In cases of sexual assault, assessments of a perpetrator’s guilt or innocence often hinge on factors which are not legally relevant—namely, on assessments of the survivor’s character as determined by whether or not they behave in a manner consistent with stereotypes about sexual violence, such as the previously-described myth that in instances of ‘real rape’ survivors will disclose immediately (Banner 2016; Franiuk et al., 2019; Mitchell et al., 2009). Language used can affect how these assessments are made, as subconscious inferences about intent may be influenced by word choice and context, meaning that the manner in which assaults are reported may cause others’ judgements to shift accordingly (Flusberg et al., 2022). In the digital age, social media plays an important role in framing and narrativizing major events for the public, similar to the role mass media plays in filing and shaping public opinion as described by agenda setting theory (Terán & Emmers-Sommer, 2018); however, there are significant differences in how stories are framed on social media as opposed to traditional mass media.

Social Media, Stigmatization, and Agenda Setting

Banner (2016) suggests that, as social media is largely anonymous, simplified identity signifiers take on more significance as a means of closing social distance. This reliance on signifiers, along with limitations of format such as Twitter’s character limit, can encourage “reductionist discourses” (Banner, 2016, p. 512) in which individuals feel pressured to reinforce the beliefs of the group they are trying to signal their belonging to. Banner uses the case of comedian Bill Cosby, as an example. In 2014-2015, nearly forty women came forward stating that they had been drugged and sexually assaulted by Cosby. Shortly afterwards, a number of skeptical tweets emerged accusing these women of being “gold diggers,” “bitches,” and “hos” who were lying for their own gain (Banner, 2016, p. 512). Through discursively aligning Cosby’s accusers with such derogatory tropes, Twitter-users established a hierarchy in which honest survivors were differentiated from *dishonest* survivors, with participation in these discourses signalling one’s authority to pass judgement on the accusers (Banner 2016, p. 512). This is similar to the discursive alignment that can be observed in the backlash against the #MeToo movement, as many of those accused responded by making public statements in their own defense in attempts to secure the subject position of authoritative truth-teller while positioning the #MeToo testimonies as less than legitimate (Banet-Weiser, 2022).

It is important to note that, while social media plays an important role in agenda setting about sexual violence, it is not a *unique* role. Mott and Cockayne (2020) argue that, while commentators have often described certain features of social media (such as minimal accountability

and anonymity) as novel for the digital era, “many of these features are also hallmarks of and in continuity with forms of white supremacy, for example, the relative anonymity that the Klan hood provides and the impunity afforded to white perpetrators of racist and misogynist violence” (p. 12). Rather than new mechanisms of harassment, social media provides its users with an arena for combining old strategies and resources with new technologies (p. 13). In other words, while social media may have amplified the voices of those calling survivors liars and enabled others to do the same, it did not create the circumstances in which they were driven to do so; it is simply a vehicle for old ideas about worthy and unworthy victims. It is the persistence of these ideas, coupled with the acceleration of their spread as enabled by social media, that makes it all the more vital that educators address these myths directly and provide alternative frameworks for understanding sexual violence.

Cultures of Perpetration and Coercive Control

Stark (2007) argues that the primary harm abusers inflict “is political, not physical, and reflects the deprivation of rights and resources that are critical to personhood and citizenship” (p. 4). He likens practices of coercive control to processes of capture, whereby targeted individuals and groups are “frequently deprived of money, food, access to communication or transportation, and other survival resources, even as they are cut off from family, friends” (p. 5) among other community supports. While individual perpetrators may mobilize coercive control in their proximal and intimate relationships through sexual and other types of interpersonal violence, it is also clear that larger social structures aid, abet, and exacerbate these conditions, drawing well-intentioned people into the reproduction of complicities and neglect. Coercive control, then, is not only enacted by individuals. It is also perpetrated by systems in cultures of perpetration, operating at multiple levels. In Canada, historical abuses are foundational to the ongoing mechanism of the settler-colonial state, established through land-grab processes that disenfranchised and targeted Indigenous women and girls who continue to endure escalated forms of physical, sexual, and social violence in carceral systems. Over the intervening decades and centuries, property-centred carceral processes that use gender, race, and other socially constructed differences have been elaborated to sort who will have access to power and opportunity and who will not.

Adherence to the enclosures arising from property-based law and the aggressions they facilitate—particularly toward women and girls, gender and sexual minorities, the young, the elderly, and those rendered vulnerable by the conflation of citizenship with earning power—requires systems of differential training through educational crucibles such as the residential schools, child welfare systems where marginalized groups may be over-represented or treated as less than desirable candidates for out-of-home care, and the privatization of education systems, which may then target queer youth and those with disabilities with virtual impunity for decades (see, for example, Warick,

2022), as a feature of organized neglect and refusals to know. Coercive control, then, emerges as an effect of the assimilative pressures experienced by minoritized communities, within interpersonal relationships, and through the internalization of harmful messages delivered through patriarchal institutions and structures, as they support both vertical and lateral forms of violence, often through institutional norms.

Logical Pluralities: Delivering Sexual Violence Education

Neo-institutionalism as a field of study explores how extrinsic belief and rule systems influence organizational behaviour and how, in turn, institutional logics—that is, “socially constructed, historical patterns of material practices, assumptions, values, beliefs, and rules” (Thornton & Ocasio, 1999, p. 804)—shape the choices and actions of individuals when they belong to these institutions (Spitzmueller, 2018, p. 124). However, these logics are often pluralistic and overlapping; they may vary across time and contexts, with new logics emerging as needed (Besharov & Smith, 2014). Furthermore, sociological institutionalism posits that, as a consequence of being culturally constructed, institutional logics do not necessarily provide clear functions and may instead serve as a kind of foundational mythology, with organizational structures becoming isomorphic with or similar in form to the myths of the institutional environment over time (Meyer & Rowan, 1977, p. 345).

Beer (1979) developed the Viable System Model (VSM) to help identify organizational problems and re-design the processes which contribute to those problems. The VSM proposes that, as in cybernetics, organizations rely on variety, referring to the number of possible states within a system. However, variety grows exponentially as organizations grow in size and complexity, necessitating attenuation—that is, the filtering out of *irrelevant* variety. Organizational logics help dictate what is attenuated, yet logical plurality means the attenuation process may not always be consistent with an organization’s stated mission. In other words, the long-term viability of any given organization depends in part upon reducing variety, yet this removal does not necessarily support an organization’s actual purpose.

Social service organizations are similarly nested within multiple overlapping institutional logics, meaning they too are at risk of unconsciously attenuating variety that may be critical to the efficacy of the organizations themselves. For example, Spitzmueller (2018) conducted an ethnographic study of staff responses to funding reforms in a community mental health organization. Spitzmueller identified that this organization housed competing institutional logics between the street-level workers, whose community logic emphasized membership, social connection, collaboration, and self-determination, and the managerial team, whose managerial logic emphasized cost-efficiency, standardization, and accountability (p. 126). When funding shifted from grants-in-aid

to fee-for-service, terms for securing organizational resources were reconstituted, and managerial logic came to dominate how quality assurance staff assessed service outcomes:

Workers shared among themselves strategies for gerrymandering documentation to produce what one worker dubbed a “Gary friendly” case note. Such a report over-emphasized objectification and minimized perspectival knowledge. ... The managerial logic presumed “nice, neat boxes,” predictable routines, and “a clean process.” The “world” workers inhabited “just doesn’t operate that way. (Spitzmueller 2018, p. 136)

The mental health organization in question had originally been established as a safe and informal space for socialization, yet when managerial logic came to dominate, community logic values came to be seen as irrelevant, rendering them candidates for attenuation and destabilizing the street-level workers’ ability to determine the logic with which they performed their practice.

As attenuation may be necessary for institutional sustainability, it is important for organizations to instead attend to the matter of conflicting institutional logics to ensure that values and processes integral to their mission are not ‘filtered out.’ Skelcher and Smith (2015) suggest that, when successfully negotiated, a plurality of institutional logics can potentially be empowering, as even when one logic dominates, institutional actors are encouraged to creatively negotiate their constraints. To that end, they identify five theoretical hybrid types:

- Segmented, in which different logics are compartmentalized within the organization
- Segregated, in which different logics are compartmentalized into separate but associated organizations
- Assimilated, in which the core logic adopts the practices and symbols of a new logic
- Blended, in which new and old logics are synergistically incorporated to create new, contextually specific logics
- Blocked, in which the tension between competing logics cannot be resolved, leading to organizational dysfunction. (Skelcher & Smith, 2015, p. 440)

When implementing new sexual violence education programming, it may be worth considering what form the organizations using the programming take and how the programming may best be adapted for their context.

The Digitization of Human Trafficking

While it is unclear the extent to which digital technology is actively used by criminal entrepreneurs involved in human trafficking, innovations in information and communications technology have been used to facilitate sexual exploitation from the outset of the Internet (Raets & Janssens, 2019). Of particular concern are the Internet’s capacity for anonymous commerce and recruitment through

social media (Diba, et al. 2019; Hughes, 2002). However, existing anti-trafficking policies typically “reduce the scope of discussions to securing national borders and ‘clamping down’ on trafficking as organised crime,” an approach which contributes to the “[severing] of the link between the crime of human trafficking and the everyday life of the majority” (p. 2). This produces considerable ignorance in the public sphere as to how trafficking occurs in the contemporary moment, inhibiting the efficacy of these policies. For this reason, it could be beneficial for sexual violence education curricula to integrate discussion of human trafficking into any modules discussing cyber safety.

Curricular Considerations: Lessons from First Responder Trainings

At present, there is minimal literature using a consciously intersectional lens that evaluates existing educational interventions in cultures of sexual violence, which in turn reflects an unfortunate dearth of consciously intersectional programming. Current responses to sexual violence tend to assume implicitly structural and predictive equivalence across demographics, leading to both blind spots and discrimination (Olver & Stockdale, 2021). First Responder to Sexual Assault and Abuse Training™, for example, while increasing professional sensitivities to the lived impacts of sexual assaults and their disclosures, may fail to recognize how widely sexual violence permeates all demographics, thereby drawing upon triggering scenarios or missing opportunities to engage the ways specific communities experience sexual violence as a feature of their entrapment in conditions of coercive control. Prevailing Prairie Anglo-centrisms, too, can disenfranchise those whose first languages are Cree, Déne, French, Ukrainian, Urdu, and more. Because standardization excludes, distinguishing factors and features of participant learners need to be considered prior to the delivery of sexual violence education in the diverse settings where it is so profoundly needed. Ultimately, it takes time and effort to practice substantive inclusion, decolonization, and equitable engagements with diversely positioned individuals and communities, effort that is sometimes challenging to make when there are so many demands made by dominant structures

Summation

In Saskatchewan, as is true throughout Canada, marginalized identities including but not limited to Indigenous peoples, newcomers, 2SLGBTQIA+, seniors, and those living with disabilities are at disproportionately high risk of experiencing sexual violence, owing to prevailing cultures that associate perpetration with prowess. Sexual violence education should therefore be developed both in collaboration with minoritized communities, keeping their unique needs in mind. The efficacy of sexual violence education can be increased through the promotion of sexual well-being over the prevention of worst outcomes, particularly if the material has a skill-building component and includes content related to the promotion of positive behaviours.

Sexual health education in Saskatchewan currently lacks these vital components, likely due to the inconsistent nature of sexual health curricula throughout Canada, and the political expediency of polarization and targeting as a way to galvanize colonialist legacies as violence. The onus to subvert these trends is too often placed on teachers without professional development opportunities to help create and deliver more effective materials. Consequently, a significant amount of sexual health education in Saskatchewan emphasizes abstinence and does not address sexual violence, nor the building of healthy relationships. While specialist educators and community organizations are able to help fill these gaps, presentations are typically available only upon request, and tend to engage urbanized audiences more easily.

This situation is deeply problematic as the efficacy of sexual violence education is linked to repetition and reminders, as well as to a sense of being in a community which implicitly supports comprehensive sexual health education. Without continuity, sexual violence education may be less impactful, particularly if it is perceived as being available only through distant professionals or accessible only in certain contexts (Louie, 2018). Ideally, multi-levelled comprehensive programs are developed in recognition of the multitude of factors that can shape a person's life, taking a community-based, collaborative approach that provides ongoing learning opportunities over the life course and across evolving socially constructed positions.

SUMMARY OF AGENCY PROGRAMMING INQUIRY

The objective of this scanning inquiry was to determine Saskatchewan-based sexual violence educational needs. A range of organizations was included in the scan, but to ensure that organizations would be relevant to this report, it was required that they be based in Saskatchewan and work in the Saskatchewan context, as well as be primarily focused on social work that relates to a sector-based issue (e.g., education and skills development, poverty reduction, health and wellbeing, etc.).

An Internet-based search and content analysis of the web presence of relevant organizations and initiatives was conducted, through which 99 organizations were identified and recorded for later follow-up. Of these, 74 organizations were contacted directly to inquire about what anti-violence educational programming they offer. Of these, 15 responded by confirming that they do offer anti-violence programming, 24 reported that they did not offer anti-violence programming, and 35 did not respond, possibly owing to the stressors of a global pandemic or persistent resourcing issues. An online search was conducted for the remaining 25 organizations to investigate their web presence for mentions of relevant programming.

The foremost challenge encountered during this inquiry involved the limitations imposed by the ongoing COVID-19 pandemic. Many of the organizations contacted for interviews had been experiencing ongoing disruptions which led to some difficulty with scheduling time for conversations, while others mentioned that programming usually offered by their agency is currently on hold. As a result, these findings may not reflect the typical Saskatchewan context, but rather, the current provincial ‘pandemic mentality.’

The organizations that responded generally fell into one of three categories: organizations with established programming, organizations that offer programming upon request, and organizations who previously offered programming or hope to do so in the future but could not, at this time. Findings have been categorized by region (Northern, Central, and Southern) and the nature of the programming provided.

Established Programming in Northern Saskatchewan

In Prince Albert, anti-violence education is available primarily through Catholic Family Services,

who offer a number of workshops related to healthy relationships and overcoming experiences of violence. Most run for six weeks. However, one (*Stepping Up*) runs for 13 while another (*Climbing the Rock*) lasts for eight, details below:

- *Stepping Up – Men Building Healthy Relationships*: a program for men who have been abusive
- *After the Storm*: a program for survivors of intimate partner violence
- *Riding the Wave*: a program for children and families who have been exposed to violence
- *Climbing the Rock*: a program for teens on overcoming interpersonal violence
- *Calming the Storm for Adults*: an anger management group for adults
- *Calming the Storm for Teens*: an anger management group for teens
- *Taming the Tiger*: an anger management program for children
- The Prince Albert Kids First Program focuses on warning signs and behaviours for all age ranges.

Northeast Outreach and Support Services (NEOSS) serves a number of communities in the northeastern part of the province. It should be noted that, according to participants of this study's focus groups, NEOSS is in fact the only organization that provides programming related to sexual violence in the northeast. In terms of established programming, they offer MYE (*Melfort Youth Evolution*) Space, a youth group which offers weekly sessions on maintaining relationships. *MYE Space* is free to anyone between the ages of 10 and 19.

In La Ronge, Piwapan Women's Centre offers First Responder to Sexual Assault, two-day training on the social, cultural, and legal aspects of sexual assault and abuse. It also offers Red Cross: Healthy Youth Relationships, an educational program on healthy relationships and dating violence aimed at middle and high school grades.

Programming Available on Request in Northern Saskatchewan

The Prince Albert Safe Shelter for Women offers both group and individual sessions as in-house programming for its residents with the subject matter being determined by the needs of said residents. As this is a shelter for women and children who have experienced physical, mental, sexual, emotional, and/or spiritual abuse, programming often addresses relationships and violence prevention.

Northeast Outreach and Support Services can provide presentations about sexual violence awareness and prevention on an as-needed basis. Common topics include interpersonal violence and abuse, sexual assault, and healthy relationships. Theoretically, First Responder to Sexual Assault and Abuse Training™ is available in Northern Saskatchewan through SASS member agencies, upon request.

In Melfort, Prairie Hope Wellness Counselling and Consulting offers customized workshops on various elements of mental wellness, including emotional regulation.

In Meadow Lake, the Northwest Friendship Centre offers presentations on request for building awareness of domestic violence, healthy relationships, bullying, and addiction. Generally, these presentations last one afternoon each and are 3-4 hours long.

Northeast Newcomer Services Tisdale reported being too small to offer programming but stated that the current manager does have a Social Work degree and experience responding to disclosures, as well as with providing education on consent and healthy relationships. Although regular workshops and presentations are not feasible, this means they are able to respond to client educational needs on an individual basis.

The Saskatchewan First Nations Women’s Society, a women’s institute established by the Federation of Sovereign Indigenous Nations, developed a Grade 9 violence prevention curriculum called *Sākīyiso (Loving Oneself) – Understanding and Building Healthy Relationships*. This curriculum is based on Indigenous cultural teachings and addresses bullying and dating violence. It was piloted in ten First Nations schools throughout the province and is now being prepared for broader distribution.

Established Programming in Central Saskatchewan

In Saskatoon, established anti-violence education programming is primarily available through OUTSaskatoon, the University of Saskatchewan, Saskatoon Sexual Health, the Saskatchewan Health Authority, YWCA Saskatoon, Hope Restored, and the Saskatoon Sexual Assault and Information Centre (SSAIC).

OUTSaskatoon offers a series of workshops on GBV as part of a federally-funded project seeking to equip service providers with trauma-informed, culturally safe GBV training. These workshops are free and consist of the following four three-hour modules:

- *Foundations of 2SLGBTQ Identity and Gender Based Violence*
- *Recognizing Gender Based Violence Towards Queer Folk*
- *Preventing and Responding to Gender Based Violence*
- *Tools for Healing and Creating Change*

The University of Saskatchewan has a React to Sexual Assault program. There are two versions of this program, one for students and one for faculty and staff. It is comprised of four self-paced modules which discuss the following topics:

- Sexual violence and common myths about assault

- Sexual consent and ways of practicing it
- Intervening in situations of sexual violence
- The impacts of sexual violence, barriers to disclosure, and how to support survivors

Saskatoon Sexual Health provides comprehensive sexual education in the form of educational workshops and presentations, with additional resources such as lesson plans and YouTube playlists being available on the Education section of their website. Topics addressed include:

- Healthy Relationships
- Sexually Transmitted Infections and Birth Control
- Media and Sexuality
- Speaking Up: Young Men's Sexual Health Program
- Tell it Like It Is Wellness Education for People with Intellectual Disabilities
- New in Town: Sexual Health and Wellness for Newcomers
- Barriers to Reproductive justice for Healthcare Providers

While there is no available programming on violence specifically, classes and workshops about Healthy Relationships do touch on sexual violence.

The Saskatchewan Health Authority includes Domestic Violence and Sexual Offending in their Mental Health and Addiction Services programming. These programs include:

- A two-week introductory education group which must be completed prior to entering any additional treatment groups
- *Women's Alternatives to Violence*, a 16-week group for women who have experienced intimate partner violence
- An 18-22-week treatment group for men who have been violent with their intimate partners
- *Napewak E-Acimoyahk*, a 22-week therapy group designed specifically for Indigenous men and facilitated in conjunction with the Indian & Métis Friendship Centre
- A 12–18-month sexual offender treatment program aimed at reducing risk factors associated with sexual offending

Each of these groups discusses healthy relationships, healthy sexuality, and anti-violence. The sexual offender treatment program in particular discusses sexual violence and sexually abusive behaviours in addition to other topics.

The YWCA Saskatoon hosts the *Upstander Education Program*, training for men and boys aimed at eliminating GBV through providing education about gender norms and stereotypes, emotional literacy, and more. Additionally, the Crisis Shelter & Residence makes regular presentations on healthy relationships available to its residents during their stay.

Hope Restored is a Saskatoon-based safe house which provides supports for women and girls wanting to exit the sex trade province-wide. While currently they provide programming only for residents, they have reported an interest in developing off-site programming which would provide education on sexual exploitation and human trafficking.

The Saskatoon Sexual Assault and Information Centre (SSAIC) offers the following public education programs in its efforts to show leadership in responding to sexualized violence:

- “I’m the Boss of Me” Child Sexual Abuse Education & Prevention Program, a puppet show and lesson plan for Grade 4 students
- “No is a Full Sentence” Sexualized Violence Education and Prevention Program, a school-based program
- Supporting Survivors of Sexualized Violence Training for both professionals and community members
- Online Learning Workshop Series can be enjoyed live or viewed at people’s convenience
- Educational Presentations delivered virtually and live for agencies, organizations, and groups

The Battlefords & Area Sexual Assault Centre (BASAC) offers sexual violence prevention programming for a variety of age groups. These presentations can be customized to suit the needs of the target audience, but are generally based on the following templates:

- *Body Science* (ages 4-8): discusses body ownership and good vs. bad touching
- *Protect Yourself Rules* (ages 3-12): discusses child abuse and maltreatment, including sexual violence
- *Kid Smart* (ages 3-12): a 10-week program that combines Body Science and Protect Yourself Rules
- *Girl Power* (ages 9-11): a 12-week program for girls about building a positive self-image
- *2 BBoys* (ages 8-11): an 8-week program for empowering boys in a healthy way
- *Go Guys* (ages 12-18) a program for boys who are navigating adolescence with a focus on healthy relationships, boundaries, and diversity
- *Inspiring Change* (ages 14-18): a 10-week program for empowering teen girls
- *Personal Space* (ages 4-12): a one-time presentation about personal space
- *Respecting Each Other* (ages 12-18): a one-time presentation about mutual respect, bullying, being a bystander, and more, with a focus on healthy use of social media

BASAC also offers educational presentations for adults on sexting and social media safety as well as boundaries and consent. Videos of both presentations are available on their website.

All Nations Hope Network in Fort Qu'Appelle does not offer programming related to sexual violence. However, they have recently created a GBV workshop. This workshop has been delivered three times between September 8th and November 25th, 2021, to both men and women. As this initiative is new, educational resources to accompany this workshop are still in development and are not available at this time.

PARTNERS Family Services provides a variety of support services to Humboldt and the surrounding area, including counselling, domestic violence services, and crisis intervention services. Crisis issues which they provide services for can include sexual violence.

Lloydminster, a city incorporated by both Alberta and Saskatchewan, has both Lloydminster Sexual Assault Services (LSAS) and Lloydminster Interval Home. LSAS offers the following free public education and awareness presentations:

- Okay vs. Not Okay Touches
- Online Safety: Navigating Your Way Through Online Relationships
- Relationships and Consent
- Relationships and Social Media
- Sexual Exploitation and Harassment

LSAS also offers the following workshops:

- Adult Sexual Assault (duration: 2-3 hours)
- Child Sexual Abuse (duration: 3 hours)
- Teaching boundaries and consent (duration: full day, four times a year)

Meanwhile, Lloydminster Interval Home offers the following programs:

- *Strength to Change*: a 16-week men's program that provides strategies for living violence-free
- *Building Trust, Making Friends*: an 8-week program for children 6-10 about healthy emotional and social development
- *Teen Empowerment*: a youth program that provides education on healthy relationships and making positive choices.

Lloydminster Interval Home also offers customizable presentations aimed at healthy relationship development and addressing domestic violence. Topics and duration vary depending on the needs of the community.

- "No is a Full Sentence" Sexualized Violence Education and Prevention Program, a school-based program
- Supporting Survivors of Sexualized Violence Training, designed for both professionals and community members

- Online Learning Workshop Series free webinars available free live or to watch at people’s convenience
- Educational Presentations delivered virtually and live to agencies, organizations, or groups

Programming Available on Request in Central Saskatchewan

In Saskatoon, programming is available on request primarily through the Saskatoon Indian & Métis Friendship Centre, EGADZ (the Saskatoon Downtown Youth Centre), and the Ranch Ehrlo Society.

The Saskatoon Indian & Métis Friendship Centre provides individual counselling and drop-in services for domestic violence. While they don’t offer educational programming, they recognize that there are often co-occurring issues that means needs can’t necessarily be predicted and they seek to offer programming as those needs arise. They are also interested in doing information groups on the cycle of violence and available community resources at some point in the future.

EGADZ does not offer educational programming specifically related to sexual violence. However, their services include Operation Help, a program that specializes in assisting people who are involved in or at risk of being involved in sexual exploitation, and they are able to provide one-on-one counselling for youth about relationships and sexual health.

The Ranch Ehrlo Society offers counselling through Ehrlo Counselling. They do not offer pre-determined groups, training sessions, or curricula, but instead tailor unique programs to individual clients based on need. As the Ranch Ehrlo Society’s mission involves family preservation and reunification, these tailored programs frequently address intimate partner violence. First Responder Training is available throughout Saskatchewan through SASS member agencies.

Established Programming in Southern Saskatchewan

In Regina, anti-violence education is primarily available through the Regina Sexual Assault Centre, Planned Parenthood Regina, and the YWCA Regina.

The Regina Sexual Assault Centre provides two programs aimed at providing sexual violence prevention education. The first is *Kids on the Block*, a puppet program that educates children and youth about personal safety and diversity.

Planned Parenthood Regina provides education through their *Take Care Out There* series of educational materials. Similar to Saskatoon Sexual Health, they do not currently offer programming related to sexual violence specifically; instead, their educational resources take a sex positive perspective which addresses consent, pleasure, and well-being. Previously, they offered a children’s

program called *Consent and Cookies*.

Similar to the YWCA Saskatoon, YWCA Regina is host to the *Upstander Education Program*, with presentations from that program being available to the community upon request. They also offer a sexual violence education program called *Blamé* that seeks to raise awareness and challenge the stigma experienced by survivors of sexual violence.

Envision Counselling, located in Estevan, Weyburn, Carlyle, and Oxbow, runs groups for adult survivors of abuse and *Children Exposed to Violence*. They also offer free workshops several times a year on *Communication and Resolving Conflict, Assertiveness and Boundaries, and Healthy Expressions of Anger*. Additionally, they have educational resources on their website for different age groups which include resources for coping with sexual assault and recovering from abuse.

Programming Available on Request in Southern Saskatchewan

In Regina, programming is available on request through YWCA Regina and UR Pride at the University of Regina.

In addition to the *Upstander Education Program*, YWCA Regina offers presentations to community organization on topics such as sexual violence, healthy relationships, and healthy masculinity. These presentations are provided on an as-needed basis and can be customized to meet the needs of the target audience.

UR Pride offers programming through the education department as well as counselling services and occasionally provides workshops to outside organizations and within the community. The content of these workshops is determined with the person making the request, but generally they last 2-3 days, with some instead taking place once a week over a longer period of time. Similarly, the Regina Open Door Society has a counselling team which will handle individual cases with the extent of the supports provided depending on each case. When necessary, they will make referrals to outside agencies as they do not have a designated education team.

Envision Counselling in Estevan, Carlyle, Weyburn, and Oxbow offers educational presentations that can be customized for the needs of groups requesting presentations. Common topics include healthy relationships, types of abuse, boundaries, and sexual assault.

The Outreach & Education Program at Shelwin House in Yorkton offers free presentations in a variety of formats with the common theme of contributing to a violence-free society. Presentations can be customized by age group and theme. Presentations for middle school and high school grades address healthy relationships and dating while presentations for college students and adults

concentrate on specific dimensions of abuse and theories of aggression. First Responder to Sexual Assault and Abuse Training™ is available in Southern Saskatchewan through SASS member agencies, upon request.

Organizations Not Offering Programming at This Time

The COVID-19 pandemic has disrupted the work of many service organizations, meaning agencies that had previously offered programming or that hope to in the future may not currently be able to do so. For example, the Prince Albert Métis and Friendship Centre previously ran groups for both men and women that provided education on healthy relationships and preventing violence prior to the pandemic. They are hoping to start again soon.

Similarly, SIGN Yorkton is currently in need of a community educator/facilitator and cannot provide programming until that position is filled. Once they have done so, they are hoping to again be able to provide workshops to the community.

In regard to organizations aiming to provide education in the future, Aboriginal Friendship Centres of Saskatchewan reported that GBV programs being developed with OUTSaskatoon are currently a work in progress. Additionally, the Elizabeth Fry Society of Saskatchewan in Saskatoon hopes to create a program on avoiding self-sabotage and practicing self-love for women in the new year, which may address topics such as healthy relationships. Finally, Sturgeon Lake First Nation Child and Family Services has an interest in providing prospective workshops on healthy sexuality and relationships.

Some organizations do not provide programming but do provide educational resources. For example, the Saskatchewan Human Rights Commission has an information sheet regarding sexual harassment on its website. Similarly, Saskatchewan Voice of People with Disabilities publishes an abuse awareness resource called *Living in Harmony*.

Much like the variability of sexual health education on the national scale, COVID 19 has rendered a rather fragmented array of sexual health and anti-violence programming in Saskatchewan even more difficult to access. Too often, community organizations are required to cover the gaps in services and public education on critical issues, created by structures that are both consciously and unconsciously biased in favour of meeting the needs of those populations most assimilated to hierarchical, patriarchal, and colonialist cultures. Part of the goal of this project, then, is to help consolidate available materials, affirm the expertise informing well-designed programs, and fill in the gaps in ways that will make sexual violence education more readily accessible to more inclusively imagined communities across our province.

Additional Participant-Identified Resources

As previously noted, participants in our focus groups were asked to share SVE resources that currently exist in their communities. Many of these resources do not formally advertise sexual violence education offerings but have developed ad hoc programming when called upon to do so.

Resources named by participants include:

- Family Services Saskatoon offers some interpersonal and domestic violence programming, and the YWCA has a Sexual Violence program called Blame.
- A province-wide project launched by Aboriginal Friendship Centres Saskatchewan is looking to provide 200 personal alert devices to Indigenous women and 2SLGBTQ+ individuals. They are seeking to expand this project to continue distributing personal alert devices to those in need.
- A project launched by the Saskatchewan Prevention Institute called *Girl's Group*. This program is based in La Ronge and talks about appropriate and inappropriate language and informed consent, offering advice on what to do in situations involving sexual violence.
- The Saskatoon Indian and Métis Friendship Centre has family support workers on staff who can provide family violence programming. Other organizations in Saskatoon which provide family violence programming include Family Services Saskatoon and the Saskatoon Open Door Society, which runs a group on interpersonal violence that addresses cultural norms.
- The Saskatoon International Women's Centre also hosts women's support groups on a number of topics, including family violence and relationships.
- The Saskatchewan Prevention Institute offers training modules; however, such training is only accessible to those who are invited. It was noted by the participant sharing this information that "it's not [like] everybody gets this training."
- The RCMP has an investigative support unit with focus on gangs that offers presentations on human trafficking
- The MMIWG2S+ movement is mobilizing people to speak out on behalf of their family members and themselves. This project includes advocacy groups, family members, and survivors themselves who do community education off the side of their desks on topics ranging from the residential schools to the 60s scoop and child welfare, all with histories of sexual violence.
- Grassroots movements often bring forward calls to justice and action, with individuals volunteering extra time, working informally when there are no adequate formal structures.

Many of these participant-identified resources service a larger area than just one community. For example, a participant from Kindersley identified West Central Crisis and Family Support Centre

as a hub for sexual assault responses among communities in West-Central Saskatchewan. They also noted that they are often a first responder for sexual assault and counselling and that their agency will create personalized care plans around individuals in need. It was noted that if there is a seeming “blank page” when it comes to sexual violence education resources in Kindersley, it is likely because this centre “covers everything.”

Similarly, the Society for the Involvement of Good Neighbours (SIGN) in Yorkton functions as a kind of hub for sexual violence education resources in South-Eastern Saskatchewan. As part of their Sexual Assault Program, they develop personalized programs on an as-needed basis. One participant who is employed at SIGN noted that they will often seek online resources from larger communities due to the difficulty of finding in-person resources; for in-person resources, they will look for whatever is available within a two-hour radius.

METHODS

The Saskatchewan Sexual Violence Education Initiative (SSVE) ethics application was reviewed and approved by the University of Saskatchewan Research Ethics Board (BEH# 3059) on February 7, 2022; an amendment to update the focus group guide was approved on May 26, 2022. Owing to the sensitive nature of the subject matter, and the wide range of conditions under which SVE education is necessary, this study uses sequential mixed methods. A literature review and an environmental scan gathered relevant information from peer-reviewed and gray literatures as well as from organizational initiatives within and beyond Saskatchewan. Next, a SurveyMonkey survey (or paper format allowing a mail-in format for those without access to computers or uncomfortable with an online environment) was circulated to participating service providers working with SASS and FSIN member agencies (143 participants). See Appendix A.

The survey analysis was guided by the Project Charter and Project Advisory Board (see Appendix B for details) and followed by key informant interviews with member agency service providers designed to probe more fully the educational and training needs and wishes of front-line workers in the sector. Invitation letters were sent out by the SASS project coordinator to potential participants, securing 21 key-informant interviews who responded to her request directly to the researchers if they agreed to participate (Appendix C). To protect participant privacy, no mass emails were used for invitations. Participants were able to choose telephone or virtual interviews via a password-enabled USask ZOOM meeting format (hosted only on Canadian servers to further protect interviewee privacy). When engaging an interviewee from their home, the researcher was always sequestered in a location where they could not be overheard by a non-researcher. Consent (oral or written) was collected from key informants, who were invited to agree or not to have interviews recorded and/or to agree or not to review interview transcripts (Appendix D).

After the consent process, one-hour interviews were conducted with volunteer key informants via the format of their choice (Interview guide in Appendix E). As in our previous studies (Umereweneza et al., 2019, 2020), agency clinical personnel were responsible for pre-assessments to reduce the risk of re-traumatizing, and for providing continued counselling support (in this case before, during, and after focus groups), ensuring that participation could help contribute to

healing. Trained counsellors and Elders or Knowledge Keepers (at FSIN sites) were present for most focus groups. Participants were required to be in the final stage of healing described by the Worell and Remer 1992 model of *Sexual Assault Trauma: Six Stages to Survivors Healing Process*: Reorganization and Integration (Appendix E) refers to a condition whereby the individual positively integrates the sexual assault into his/her life and acknowledges it as part of their evolving identity.

After completion of the interview analysis, invitation letters were sent by SASS to potential focus group participants representing community members’ experiences, needs, and expectations (Appendix F). Eleven focus groups involving 3-15 participants each (lasting roughly 2.5 to 4 hours each) were conducted with a total of 64 participants. After securing consent for participation and having the sessions audio-recorded (Appendix G); focus groups (guide in Appendix H) met in person (subject to public health advice) or virtually via Zoom. A trained counsellor from Sexual Assault Services Saskatchewan (SASS) was present for each focus group. It should be noted that in the case of FSIN and Humboldt, ongoing critical conditions meant that planned focus groups were conducted live in Saskatoon, and in some cases, individual interviews were deployed when conditions for focus groups were not favourable.

Online focus group sessions were hosted by researchers using scheduled, password-protected Zoom meeting links. At least one trained research assistant attended each session to help monitor chat and troubleshoot. Audio captioning was provided to assist participants who may have hearing impairments, thereby increasing accessibility. Participants could also choose to call in, via the telephone number provided to them. Consent for an interviewee to participate in a focus group via telephone was revised (Appendix G) for this contingent inquiry condition. All focus group members were reminded of their right to withdraw from the study at any time and each was provided with a copy of the consent and transcript release forms (Appendix I) or these were emailed to them for their records, if desired. Although the offer was made that should one or more participants not consent to be audio-recorded as part of the focus group, the researchers would take notes instead, or work with the dissenting participants to omit their statements from the transcript, no such request was made for this study.

Audio recordings were saved on the researcher’s local password-protected computer (backed up on One Drive U of S); researchers and participants agreed not to make any unauthorized recordings of the interviews. The recordings were transcribed by the research assistants (RAs) who signed a confidentiality agreement (Appendix J) and then coded inductively, using thematic analysis. Key informants had the opportunity to review, add, or edit their transcripts before releasing (Appendix I), if they wished. The privacy policy of Zoom Video Communications, which is available at <https://us02web.zoom.us/privacy-and-security>, was shared with participants for their information.

All online participants were advised that despite their privacy policies, there is no guarantee of the privacy of data with the use of any web-based platform. Monthly debrief/feedback meetings with the CUISR and SASS teams occurred throughout to ensure sensitivity to intersectional complexities in Saskatchewan and optimal project outcomes.

Focus group members were asked to develop “Mutual Respect Agreements” (Appendix L) organized around what they would consider to be ideal conditions for working together to learn about sexual violence and healthy relational practices. They were then asked to summarize known available programming in their communities, and to consider lessons learned from the COVID-19 pandemic. This created opportunities to build those lessons out into discussions of possible program delivery modes, whether in person, on-line, using interactive workshop approaches, and/or specific materials or online vignettes and the like. Finally, we asked each group to work together to create Community Co-Biographies (Appendix M), which included consideration of relevant concerns about educational issues and topics over the life course, from kindergarten to people who might be identified as seniors, and across minoritized communities. Once participants had engaged all previous focus group prompts together in discussions that were captured both on flip-chart summations and audio-recordings (which were later transcribed), they were each invited to populate a series of flip chart pages engaging all minoritized demographics identified, with suggestions for educational materials, module topics, and approaches, using individual sticky notes. These were then analysed using both N-Vivo and research team analysis discussions, resulting in the development of an educational framework for the delivery of comprehensive sexual violence education adaptable to a wide range of audiences and community contexts in our province.

FINDINGS

Survey Findings

Survey Participants

A total of 143 respondents completed the survey portion of this study. Of these respondents, 100 were cisgender females, 26 were non-binary and/or transgender individuals, and 10 were cisgender males. Many individuals under the transgender umbrella indicated several different labels that represented their gender identities. As a result of this gender complexity in identity formation, a complete breakdown of individual identities cannot be provided; seven participants did not indicate their gender.

Individuals from many different ethnic and cultural backgrounds responded to the survey. A total of 93 participants indicated that they identified as white, 35 that they were Indigenous, two that they were Black, four that they held more than one ethnic identity, and the remaining eight individuals indicated one of various Asian identities (including South Asian, Southeast Asian, Chinese, and Korean). Of the 143 respondents, 20 indicated that they have a disability; another 10 individuals indicated that they consider themselves to be a senior adult.

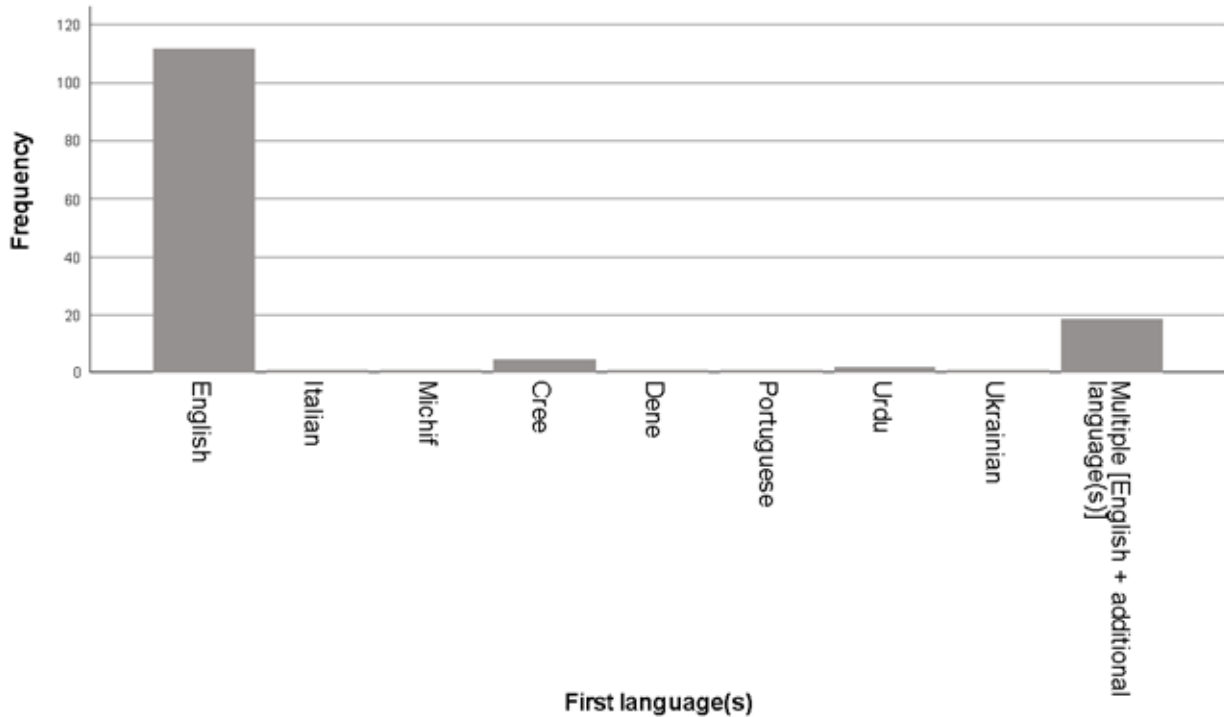
Results

Survey respondents were asked many questions surrounding their preferred learning languages and methods of learning. One-way ANOVA analysis of the collected data found significant interactions at $\alpha = 0.05$ among the ethnicity of respondents and their first languages spoken ($p < 0.001$, $F = 7.522$), their preferred learning language ($p = 0.01$, $F = 3.683$), and their preferred programming duration ($p = 0.019$, $F = 2.506$). Interactions among the gender of participants approached significance with preferred learning language ($p = 0.108$, $F = 2.263$), first languages spoken ($p = 0.245$, $F = 1.423$), and preferred programming duration ($p = 0.359$, $F = 1.031$). Further, whether a person self-identified as a senior was positively related to the preferred learning language identified ($p = 0.285$, $F = 1.153$).

Participants were asked to share the first language or languages that they learned in their childhood homes. Most participants (78.3%) shared that they learned only English as their first language. A total of 13.3% of participants had learned multiple languages in their home; all

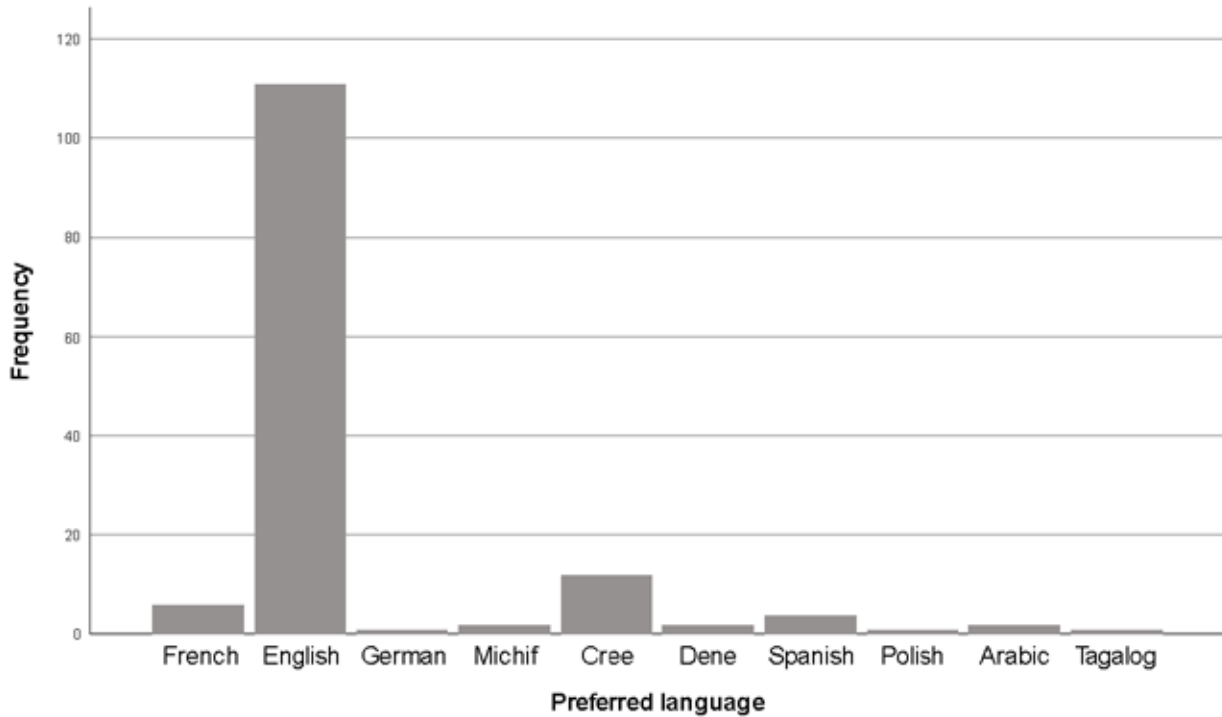
multilingual households included English and at least one other language. There were many other languages identified as participants' first language, including: Cree, French, D ene, Ojibwe, Michif, Urdu, Korean, Russian, Ukrainian, German, Punjabi, Bangla, Cantonese, Mandarin, Portuguese, and Welsh (See Figure 1).

Figure 1. Survey answers to the prompt, "What was the first language(s) that you first learned at home in childhood? Please, select ALL that apply." (N = 142)



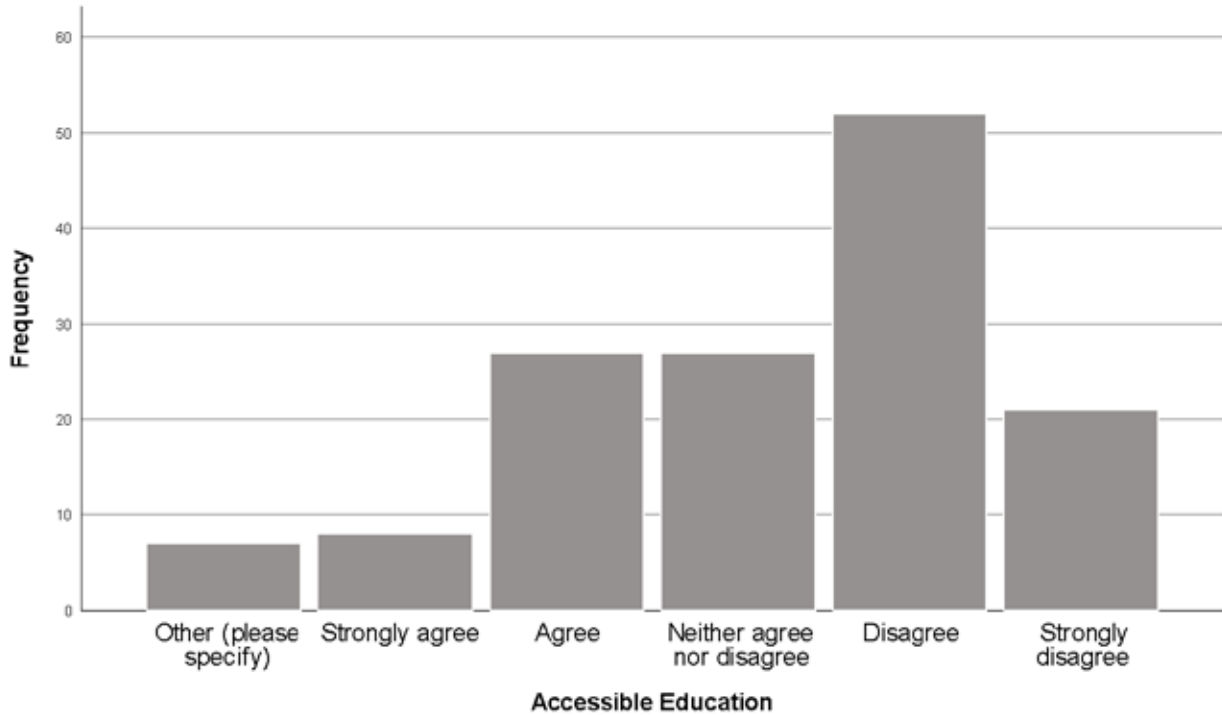
In a follow-up question, participants were asked to disclose which supported language they would prefer when accessing educational tools. Most participants (78.2%) indicated that they would prefer programming in English. Many participants indicated that they would prefer to have materials in Cree (3.5%). Other participants indicated that French, Spanish, Urdu, Michif, Dene, Arabic, German, Polish, or Tagalog would be their preferred learning languages (Figure 2). Providing materials in preferred languages is a substantive anti-assimilative move toward decolonization.

Figure 2. Survey answers to a prompt, “If you had a choice, what language would you choose to learn educational programming pertaining to sexual assault, abuse, harassment and/or healthy relationships/attitudes/beliefs? Please, select ONE.” (N = 142)



Participants were asked to share their opinions regarding the accessibility of sexual violence education in their communities. The findings of this inquiry show that many people do not think this education is readily available in their communities ($p < 0.001$) (Figure 3), for multiple reasons, language access being one among several key indicators.

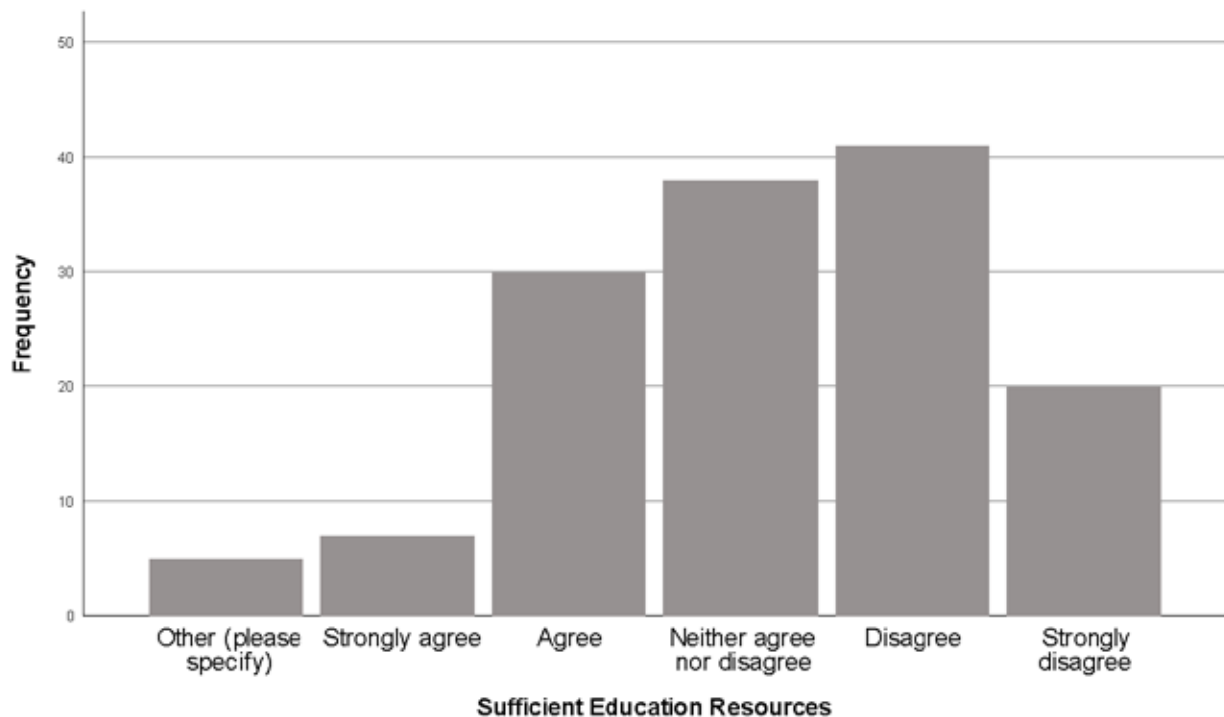
Figure 3. Responses to the question, “I feel like educational programming specific to sexual assault, abuse, harassment and/or healthy relationships/attitudes/beliefs is available and accessible in my community.” (N = 142)



Respondents who answered “Other” were asked to clarify their responses. A variety of reasons were supplied, many of which expressed disagreement with the prompt. Respondents felt programming was difficult to find, difficult to access, limited in rural areas of Saskatchewan, and not readily available for youth.

A follow-up question asked participants to share their opinions regarding the comprehensiveness of the sexual violence education materials available in their communities. The results for this question demonstrate a mixed or even neutral opinion toward the prompt (Figure

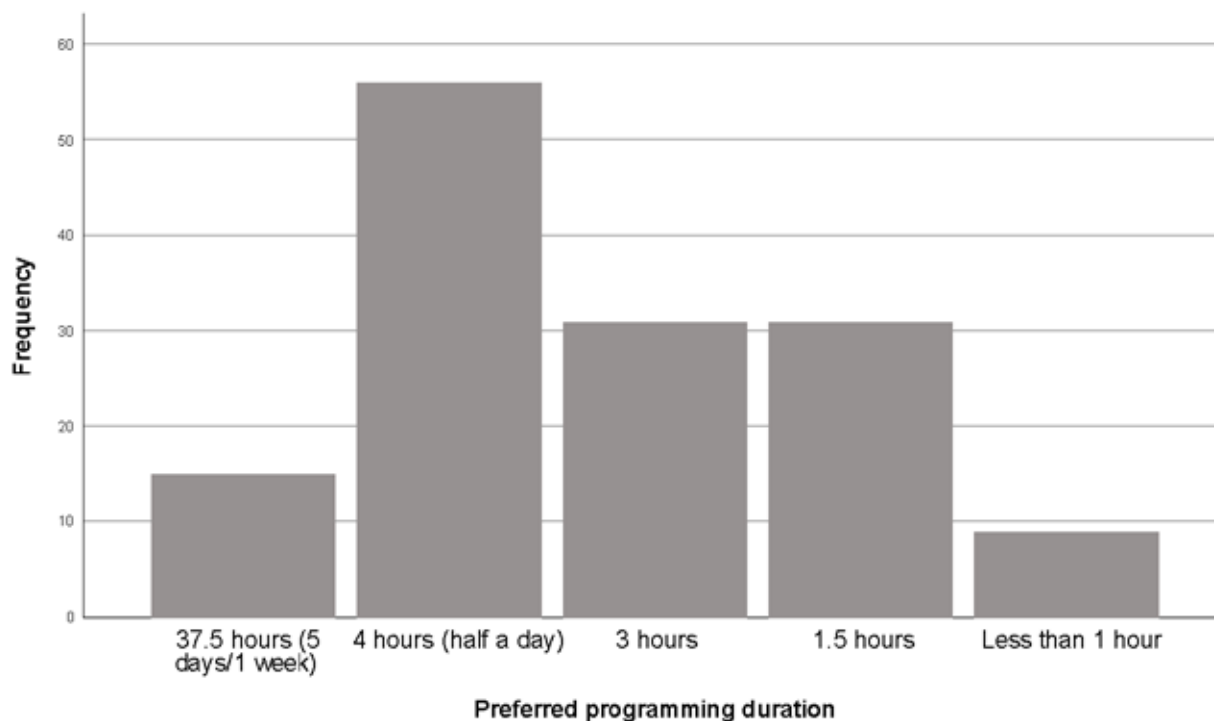
Figure 4. Responses to the question, “I feel like I have sufficient educational resources in my community for me to access sexual violence information-based supports” (N = 141)



Respondents who answered “Other” were asked to clarify their responses, also indicating mixed responses to the prompt. Some respondents felt as if, in the case that they were a victim of sexual violence, they would not know where to look for support. Others emphasized that programming is limited for those in rural Saskatchewan, a recurring theme throughout the study. Respondents who agreed with the prompt felt that some community-based services were available to them. However, as some survey respondents are service providers, these respondents felt privileged and recognized that they may have more knowledge about local community supports than people who do not share their role or responsibility.

Further, participants were asked to describe the time commitment for any educational programming that they felt would be the most adequate. A total of 39.44% of respondents felt that programming that was about 4 hours long would be best ($p < 0.001$) (Figure 5), likely assuming youth or adult audiences.

Figure 5. Responses to the prompt, “What is your preferred duration for attending/learning education programming (classes/sessions/training/certifications)” (N = 142)



Next, participants were asked about their comfort with online and virtual learning platforms. A majority (89.2%) of participants felt that they would be comfortable with learning on virtual platforms ($p < 0.001$). Many participants liked the anonymity that an online platform can provide, which may be especially valuable for people in small communities who are discussing sensitive topics. Further, some felt that if participants were able to remain in their own homes, they might feel more comfortable sharing their stories. Other participants felt that online formats would be valuable and help protect everyone from COVID or any other easily transmissible diseases. Some felt that online platforms may also allow more participants to join in, as many people may not have the flexibility to travel to sites where in-person training is being held, particularly in areas with limited or no public transportation access.

Those who did not feel comfortable with digital program delivery were also asked to explain their reasoning. Some felt that older adults may not be as comfortable on online learning platforms. Others indicated that in-person formats are better able to hold participants accountable for their engagement with the materials and each other. Some participants felt that online video chatting platforms are unsafe. Many liked the social support and networking that an in-person format can provide, which may be especially important for sensitive topics.

In summary, the survey portion of this study allowed exploration into the various sexual education needs of the many and diverse people who live in Saskatchewan. Although many people who participated in this portion of the study consider themselves native English speakers, a significant subgroup were native speakers of other languages. Clearly, the language of this survey was not accessible to anyone who does not speak English.

It is possible that language supports for Cree, French, Spanish, Urdu, Michif, Dene, Arabic, German, Polish, or Tagalog, among many other languages, would be valuable for many potential participants who live in Saskatchewan. Alongside language supports, improving accessibility for people with physical and/or mental disabilities, for older adults, for children, and for people of all genders and sexual orientations could be very valuable, both for the specific groups and for creating more welcoming communities. The creation of educational programs designed to serve specific groups of people, while ensuring full coverage of the many different topics and themes discussed by survey respondents, can help SASS provide widespread and accessible sexual violence education in multiple formats.

Interview Findings

Interview Participants

A total of 21 participants completed the interview portion of this study. Service providers in a variety of fields were contacted for interviews, including professionals from education, victim services, community supports, crisis intervention, working in the areas of complex trauma, intellectual disabilities, human trafficking, Indigenous health, sexual health, with newcomers, and provincial coalitions. Interviewees were located all across the province of Saskatchewan; at least one person from each geographical subregion of Saskatchewan was available for an interview.

Results

Interviewees were prompted with a set of 10 questions, parallel to those engaged with focus groups, that asked about any current available sexual violence programming in their communities, any programming they would consider valuable to their communities, how COVID-19 impacted their service provision, how their ideal version of sexual violence programming would be formatted, and any needs and barriers that exist in their communities.

Question 1 asks, “Is there educational programming accessible and available in your community specific to sexual violence, inclusive of the anti-violence continuum and intersectional complexities?” Interviewees were prompted to share the titles of any specific available programming. They indicated that some selected programming was available from a variety of sources, not accessible to every community (such as *First Responder to Sexual Assault and Abuse*

Training (FRT)TM, Enough Already, Saskatoon Sexual Assaults and Information Center (SSAIC) programming, *Tell It Like It Is*, materials from the Sexual Assault Center of Edmonton and the Central Alberta Sexual Assault Center (AB), COR and Inclusion Regina programming, Victims Services, SIGN Yorkton, Partners Family Services, Hope Restored, and from the Saskatchewan Prevention Institute), together with specific programming that their organizations offer on grooming and/or sexual assault, abuse, and violence. In several instances, programming provided by the services providers was offered off the sides of their desk and was not counted among their official services. Many interviewees indicated that there was no programming available for their rural and remote communities. Some interviewees noted that their organizations acted primarily as a liaison between clients and other organizations that offered services, but that often, these referrals bounced back to them (i.e., as a “boomerang referral”).

Questions 2 asks, “Is there a key sexual violence educational program that in your professional opinion, your community would benefit from, that is not currently accessible or available?” Interviewees were prompted to include any other sexual violence educational programs they would like their community to have access to, as well as to name any barriers that may have arisen due to COVID-19. The programming offered through McGill University was identified as a model that could be made available through other universities and organizations. Interviewees indicated that programming specifically for men, for youth, perpetrators/offenders, bystanders, children in foster care, children in schools, people who are incarcerated, people with disabilities, 2SLGBTQIA+ individuals, Indigenous peoples, people of colour and newcomers would be required, ensuring specific and culturally relevant approaches to the needs of the specific group to whom it would be directed. Of note, interviewees discussed how many people and communities do not feel safe around police or other service providers who mandate law. On the other hand, some interviewees discussed the fact that many rural communities (i.e., north of Prince Albert) do not have local police stations, and, if they do, the level of community respect they have differs from community to community.

Interviewees also indicated that any programming that was provided to community members needed to be fully and freely accessible to people with mental and/or physical disabilities, people who rely on transit and/or paratransit, people living in rural or remote areas, people who speak languages other than English (Indigenous languages such as Cree and Dené, and French), people who live and work outside of academia (avoiding jargon heavy knowledge translation), people who have different preferred methods of learning (textbook based, activity based, etc.), and facilitated by members from their own communities. Interviewees further discussed the importance of including education about: how to become an ally to victims rather than a bystander to sexual violence; how sexual violence does not necessarily occur exclusively in intimate relationships and can range from derogatory comments and/or inappropriate touching by friends, coworkers, or other social support

network members through to harassment and assault; the importance and relevance of culturally competent, anti-oppressive, trauma-informed approaches; how to recognize signs of abuse; what sexual abuse is and how to respond appropriately to disclosures; the roles and capabilities that different people bring to disclosures; how to communicate effectively and teach about sexual violence, domestic violence, and intimate partner violence; the legalities and procedures surrounding disclosures; how service funding, priorities, and policy affect capacities for service provision; how to safely escape a dangerous situation (alone or with children and pets); internet safety; dating apps; human trafficking; sexual orientation; GBV; intersectionality, the colonial roots of sexual violence, and the Western lenses that are commonly applied to sexual violence education; STIs; and safe sex.

COVID-19 specific issues and barriers mentioned were these: limited or unavailable technologies, difficulty using computers or engaging online learning technologies, inability to provide in-person programming, inability to provide mental and physical supports, inability to form and maintain relationships, being comfortable hiding behind screens, anxiety/depression/mental health, increases in substance use and misuse, unsupportive home environments and/or social support networks, “blasé” attitudes towards health and hygiene practices, working in unsafe environments, income and income distribution, gendered roles in home environments, lockdowns and physical barriers affecting access for First Nations communities, redirection and refocusing of service provision which limited service capacity (due to lack of funding and/or lack of staff), changes in transit/paratransit schedules, longer wait times for services, and increased numbers of sexual assaults and disclosures.

Other non-COVID-19 specific barriers mentioned were the reciprocal effects of added service programming and advertisements thereof, leading to more referrals and less capacity for service provision, differences in levels of knowledge related to sexual violence for different people, and differences in levels of understanding about what sexual violence is and how to talk about it, safely.

Question 3 asks, “Can you explain the ideal purpose/rationale for sexual violence education for the community your organization serves?” Interviewees noted that their organizations exist to interrupt the sexual violence continuum, which requires disrupting systemic oppression and institutionalized violence; educate about the effects of colonialism and residential schools which persist through intergenerational, institutionalized and systemic oppressions; ensure that everyone is able to live free from threat, fear, or experiences of violence; prevent sexual violence; teach everyone how not to be complicit with or a perpetrator of sexual violence; teach about informed consent, bodily autonomy, setting boundaries and practicing confidentiality; educate people about how and with whom to talk about their experiences, including using correct anatomical terms; educate about STIs and STI prevention; teach systems and system navigation; empower people with

disabilities, 2SLGBTQIA+ individuals, newcomers, and people from diverse backgrounds; ensure that education is accessible; teach about sex work and human trafficking, the complexities faced by people performing sex work, and how to choose to remain safely in sex work or to seek out a new profession autonomously; ensure that people have autonomy and power over their own decisions; let people know that it is okay to talk about challenging experiences; teach that sexual violence can happen to anyone, not only to those outside our social circles; teach how to be a comfortable person/place to go to with issues and questions related to sexual violence; provide unconditional support for people as a whole, rather than specific parts of them; and reflect the needs of the people in their communities.

Question 4 asks, “Drawing on your experiential knowledge what do you think could be three specific course learning goals for new sexual violence education that would positively impact community members of your organization?” Interviewees discussed the importance of: ensuring that information provided is accurate, timely and relevant; using clear, accessible language; defining new terms; consulting communities prior to program delivery; ensuring that educational materials are accessible in locations that are already routinely accessed by community members; teaching about consent; providing education beyond any limited professional scope of practice; ensuring that sexual violence education is freely available for children and youth in schools and is barrier-free and accessible to everyone; knowing there is something that can be done to minimize experiences of sexual violence; knowing how to support survivors; maintaining accountability; knowing that safety is a community responsibility, rather than an individual responsibility; teaching about the continuum of violence; ensuring everyone is able to live free from threat, fear, or experiences of violence; teaching healthy relationships; setting boundaries; informing everyone about grooming, date rape, victim-blaming; taking programs like PEERS and modifying them to teach about sexual violence; practicing online and personal safety; knowing signs of potential danger to watch for; engaging workplace dynamics and workplace safety; ensuring safety in sport; teaching about gender and gender identities; teaching about 2SLGBTQIA+ identities and health; understanding what sexual violence is and how it occurs; teaching how to respond to sexual violence and disclosures; providing trauma informed responses to violence and disclosure; explaining what happens after you disclose; understanding the differences between downstream and upstream responses to violence; providing a toolkit to people for preventing or responding to violence that engages goal setting, decision making, personal autonomy, empowerment, acknowledging the past and moving forward from it constructively; teaching how to navigate the legal system, including the legal definitions of assault; and ensuring that anti-violence activism is not simply for show.

Question 5 asks, “In your professional opinion what is the most productive amount of time sexual violence educational programming should require?” For consistency, interviewees were

prompted to answer in hours. Interviewees held general consensus that the length of programming should be dependent on the people for whom the programming is being delivered. Many indicated that programming should be shorter for children and youth and provided as part of their public education wherever possible, with alternative longer certificate courses provided for professionals. Interviewees also discussed the importance of holding ongoing programming sessions, rather than occasional one-off presentations that support sensationalism. Interviewees also discussed the importance of ensuring that sessions are interactive and engaging. More specifically, and with specific audiences in mind interviewees suggested that programming length could vary (where n = the number of responses supporting the proposed time format): two to three day/8 hour sessions (n = 3) for professionals; 1 day/8 hours (n = 2); 6 hours (n = 2); 4-5 hours, once weekly (n = 3); 2-3 hours, once weekly (n = 3); 2 hours, broken into four 30-minute lessons (n = 1); 1-2 hours (n = 4); 1-2 hours, multiple times a week (n = 1); 1-1.5 hours, once weekly (n = 1); 1 hour (n = 2). For programming longer than 1 hour, interviewees indicated that breaks are necessary.

Questions 6 asks, “What are some base ideal features that sexual violence education programming could include to increase impact and/or support for participants and their community?” The prompt included examples, such as real-life scenarios, direct quotes from key individuals and groups, links to resources, and self-reflexive exercises. Interviewees suggested: using diverse delivery formats/multi-modal approaches; ensuring that information is up-to-date and evidence based; ensuring that programming and program delivery is trauma-informed; including Indigenous, 2SLGBTQIA+ and newcomer perspectives together with insights from people with disabilities with interactive programming that would include multi-media formats (e.g., videos, vignettes, dance/performance, storytelling, social media examples/demonstrations, posters – rather than handouts that could be lost); providing a “library” of such interactive resources; having appropriate and striking visuals/graphics for every presentation; offering role-playing exercises along with “choose your own adventure” styles of interactive programming to help participants understand links between actions and reactions; sharing statistics sparingly, and leaving space for stories; building a toolkit; developing interpersonal connections between program attendees and community organizations; providing opportunities for follow-up and feedback; having on-site counselling available and debriefing after every session.

Some interviewees had positive opinions about role-playing exercises, while others were critical of them and thought that they may result in “making fun of” specific scenarios, become a triggering and/or retraumatizing exercise, or fail to demonstrate the complexities of a situation. Others were critical of real-life scenarios because, due to the nature of small communities, it is very difficult to maintain anonymity after sharing personal information. Some indicated that those who access their services may not be able to read or write, and that programming and resource provision

should not rely heavily on assumed literacies. Some interviewees affirmed Str8Up’s programming as a model.

Question 7 asks, “What is the ideal learning environment that you believe would best support individuals accessing sexual violence educational programming?” Interviewees were further prompted to indicate their openness to exploring virtual programming. Interviewees identified several effective programming delivery methods: face-to-face/in-person (n = 12); face-to-face/in-person, with pre-session assigned readings (n = 1); online, live (n = 6); online, at your own pace (n = 3); smaller class sizes with 10 to 20 people (n = 5) or 10 people maximum (n = 1); having an appropriate facilitator-student ratio (n = 1); holding sessions within a classroom setting (n = 3); or another quiet, secure location (n = 3); having comfortable seating (n = 1); ensuring that the lighting is not too harsh (n = 2); ensuring the temperature is comfortable (n = 1); ensuring the space is physically accessible (n = 2); providing meals and refreshments (n = 1); going to the people who are interested in programming, rather than having them come to you (n = 1); ensuring the delivery language is appropriate (n = 2); ensuring that programming can be amended for different age ranges and classroom sizes (n = 1); and providing multiple/hybrid options for live programming access (n = 3).

Interviewees were uncertain about online-only programming and affirmed the importance of respecting community needs, because while this method can improve accessibility and may appear less costly than in-person programming, it can also remove interpersonal connections, reduce capacity for crisis response, may not be reliable for people in Northern Saskatchewan with limited internet access, and may be very difficult and frustrating for people who do not regularly use computers. Some interviewees were wary of hybrid programming, as it is difficult to include everyone in activities and technical issues may lead to programming disruptions or delays. However, some were very supportive of hybrid approaches that allow facilitators to reach more people at once and can remove some transportation barriers. Some people discussed the utility of being able to record sessions and make them available to participants for a limited time afterward, if needed. One person discussed the importance of holding space for accommodating caregivers, holding smaller class sizes of around 3 to 4 people. The importance of reaching out to communities prior to program facilitation, and having a designated community outreach person, was also discussed. This outreach person could aid in understanding the context SVE facilitators are walking into. Interviewees also discussed ensuring that there are opportunities to take breaks, whether that means they are stepping out of the room for a few moments or being given an opportunity to do a less emotionally exhausting activity (e.g., colouring). Transportation barriers were discussed by many participants, for many different reasons. These reasons include distance from a programming centre, safety (taxis may be deemed unsafe), bus scheduling, and parking payments, which may all render a potential participant

unable to attend in-person programming. All interviewees said they would be open to exploring virtual programming options in appropriate contexts.

Question 8 asks, “In your professional opinion, who do you believe sexual violence education should be designed to serve?” Many interviewees said that SVE programming should be available for everyone (n = 12). Interviewees emphasized further that this programming should be available to: people in leadership positions (n = 1); professionals (e.g. teachers, nurses, dentists, doctors, mental health workers, police, first responders, victim services, social workers, sports coaches, support workers, caregivers,) (n = 4); people in the legal professions (n = 1); medical professions (n = 2); people in trades (n = 1); people who support youth (n = 1); Indigenous peoples (n = 4); children in schools (n = 5); teenagers (n = 5); siblings of survivors (n = 1); parents (n = 4); grandparents (n = 1); older adults (n = 1); 2SLGBTQIA+ individuals (n = 2); newcomers (n = 2); children of first generation immigrants (n = 1); people of colour (n = 1); men (n = 1); boys (n = 1); and people with intellectual disabilities (n = 1). Interviewees agreed that programming provided should be tailored to each group of participants, as appropriate.

Question 9 asks, “Are there specific sexual violence educational needs that have been requested by community members?” Interviewees were prompted to list and prioritize their answers, and to address whether they saw an increase in requests during COVID-19. Interviewees noted that communities have requested: education in religious communities; more culturally competent education; education regarding Indigenous histories and related institutional violence; taking care of physiological, psychological, social, and spiritual needs; ongoing access to a helpful toolkit, adequate resources, affordable counselling, regional crisis lines, age appropriate education specific to children in schools, people with disabilities and diverse groups of newcomers; current information on how COVID-19 has directly impacted rates of sexual violence; education for people who provide financial or insurance services to allow them to better understand the effects of sexual violence and how that creates gaps in personal histories and difficulties in accessing personal identification; meaningful, evidence-based information on harassment within/by policing and corrections officers; education about what sexual violence and what human trafficking is; information about internet child exploitation; education about healthy relationships, online safety, understanding digital footprints, recognizing when one is in a situation that could be classified as sexual violence; recognizing signs of human trafficking and sexual violence in other people; information about intimate partner violence, domestic violence, grooming, informed consent and receiving consent from people who are nonverbal; learning how to say no, how do disclose safely; how to support people who disclose; trauma informed responses to violence and disclosure; information about 2SLGBTQIA+ identities and relationships; and encouraging men to participate constructively in sexual violence education.

Some interviewees were hired during the pandemic and could not speak to the increase or decrease in service requests that their organizations received pre- and mid-pandemic. Others found that there had been an increase in requests for sexual violence education or resources during COVID-19, especially immediately after lockdown mandates were lifted and people were less isolated, but services were still difficult to access. There was discussion about the impact of COVID-19 on service provision and disruption; someone whose work primarily does not involve community outreach noted that their services were disrupted substantially less. One interviewee indicated that they had been instructed by the Chamber of Commerce to pause their outreach work in order to preserve their capacity for their non-outreach work and services.

Question 10 asks, “Has your organization faced language barriers when delivering programming for your community?” If yes, interviewees were prompted to specify which languages needed more supports. Those who said yes specified: Indigenous languages (e.g., Cree, Dené, Michif), French, Urdu, Arabic, Hindi, Ukrainian, Tagalog, Punjabi, Mandarin. Broadly, languages spoken by newcomers were mentioned by many interviewees. Interviewees noted that English resources also need to be edited for accessible readability for people with lower English literacy levels and/or English language learners. Interviewees suggested that including community members at grassroots levels of document creation would help ensure document readability. One interviewee mentioned that schools teaching primarily in languages other than English may not display or provide any English resources to their students. All interviewees noted a need for programming that is flexible to and respectful of the needs of nonverbal people, as well as people with vision and/or hearing loss.

Focus Group Coding

A total of 10 face-to-face focus groups (with 5-18 participants each) were conducted in person and virtually across the province. The total of 64 focus group participants represented service providers, primarily from member and collaborating agencies, who offered sexual violence education programs in diverse communities across northern (Prince Albert and La Ronge), central (Kindersley, Melfort, Saskatoon) and southern (Swift Current, Weyburn, Yorkton) Saskatchewan. Upon completion of data collection and once focus group meetings ended, group recordings were transcribed by the research team.

A total of five themes (mutual respect agreements, professionally and culturally safe approaches, program delivery preferences, impact of COVID 19, and existing programming) were developed to guide the discussions and input provided was gathered in a flipchart format. The extracted data were organized regionally into three categories, including northern, central, and

southern Saskatchewan. Flipchart summaries were uploaded to NVivo for the initial coding process. Each of the primary themes for each region was analyzed and prepared to load into a word cloud for a final visual review analysis. Key focus group codes and findings are outlined below.

Focus Group Prompts

The focus group discussions were based on five primary prompts provided by the research team to explore the effectiveness of the delivery of sexual violence education programs in Saskatchewan.

Mutual Respect Agreements (see Appendix L) were elicited from each group, with an emphasis on the primary conditions necessary for providing an educational program based on respectful care for self and others. *Professional and Culturally Safe Approaches* engaged participants in discussions of the ways professionals might interact with each other across their diverse protocols and procedures to maximize their efficiency in delivering their programs. This prompt also engaged participants in a discussion of the ways participants from diverse ethno-cultures might also need supports to engage effectively across differences of tradition and belief in working through sexual violence education. The third prompt on *Program Delivery*, highlighted the multiple contexts in which sexual violence education programs might be delivered, with the recognition that the most effective, creative, affordable, and accessible methods might vary considerably depending on the geographic, social, cultural, and professional locations of participants, as well as their ages and stages of familiarity with the issues. By asking about the *Impacts of COVID-19*, the research team sought to explore how the provision of sexual violence education services was affected by the pandemic and whether vulnerable individuals were able to receive their required services in the face of this global crisis. The prompt on *Existing Programs* among service providers was designed to avoid duplication of services and to identify educational gaps and ways to fill them effectively.

Summary of Central Themes Across All Initial Prompts

Sensitivity to Others

Focus group transcripts revealed several dominant or more frequent codes. Participants unanimously agreed that any program delivered by service providers should engage the broad diversity of Saskatchewan's population demographics and their unique needs. These nuanced needs were organized under a theme of *Sensitivity to Others* which appeared a total of 73 times across all participating regions. This theme identified the need for establishing 'mutual respect agreements' at every stage of program delivery, supporting an all-inclusive and respectful approach toward participating communities. Most focus group participants indicated that reciprocal and respectful agreements necessarily require a commitment to valuing "diverse lives and their unique cultures" Thus, any provision of comprehensive educational services must inevitably include mutual respect

for the multiplicities of cultures, lifestyles, collective, historical, and individual traumas that refuses any violent, biased, or judgmental reactions to differences in experiences, education, lifeways, and knowledges. Establishing and maintaining ongoing informed consent is a cornerstone of responsible sexual violence education.

Although ‘*Sensitivity to others*’ requires mutual respect for diverse experiences among different social groups, it should simultaneously bridge toward greater collaboration among professionals. In this sense, professionals need to be aware of the multiple demands each profession and community faces, ensuring correct referrals based in full knowledge of and critical appreciation for each other’s activities, with a view to mutual correction, as needed. Thus, *Sensitivity to Others* includes “avoiding service silos” and learning about how the professional disciplines act and interact for more effective collaboration in providing sexual violence services.

Trauma-Informed Care

Non-judgmental approaches also encourage service providers to be receptive and unbiased about situated and unique experiences of trauma. *Trauma-Informed Care* was, in fact, another significant code that appeared a total of 43 times when participants discussed mutual respect agreements and professional and culturally safe approaches in offering sexual violence programming. Since the socio-temporal experiences of sexual violence experiences are widely varied among differently targeted social and cultural groups, service providers must learn to build trustworthy relationships that are simultaneously open to people’s needs, while acknowledging that “healing looks different for everyone.”

This theme also captures participants’ attention to nuanced definitions of trauma. Since experiences and definitions of traumas are varied, healing processes might also function differently for each self-identified targeted community. Because individuals might have been traumatized in unique ways, many participants emphasized the necessity of deploying multiple methods to deliver their educational programming. This might include “starting to learn creative ways to restore body safety such as collective healing processes,” “working with different cultural healing systems” or pondering how “triggered people who may engage an online session” must be provided with alternative resources, especially when small-town environments may act prohibitively in relation to the anonymity of disclosures. One participant commented that “I already have so many clients who, you wouldn’t be able to pay them go talk to the police or to victim services, because the damage is already done,” by stories of violence within institutional systems or because “even 17-year-olds have had horrific experiences.”

Accessibility

Another key code that emerged a total of 64 times emphasized *accessibility* of sexual violence education services throughout the province. Many participants acknowledged that the “availability of programs is by no means equal with their accessibilities,” meaning that there is an array of vulnerable social groups who either have no access to relevant programs or who get into difficult predicaments in attempts to access these services. According to participants, removing the challenges facing access to sexual violence educational services is primarily contingent upon providing diverse program delivery formats. Some of these challenges include the lack of “night accessibility” to services, the inability to provide services in different languages, the inaccessibility of technological facilities such as computers and even telephones in some regions, and the unavailability of “core materials for all workers” across the province. To respond to these challenges, service providers have asked SASS to create multiple approaches to program delivery, including online or in-person modes which are tailored to communities’ needs and requests. Survivors of sexual assaults should not be expected to access services in their own communities alone, especially when small population densities interfere with confidentiality.

The Impact of a Global Health Crisis on Service Delivery

Since the beginning of the COVID-19 pandemic, the lives of all humans, especially those most economically and culturally vulnerable, have been deeply affected. COVID-19 disrupted the provision of sexual violence educational services across Saskatchewan. Therefore, reflecting on the provision of services in the time of COVID produced another primary nexus of codes that emerged from participant discussions in the focus groups.

According to the participants, “mental health impacts” increased under the shadow of COVID-19. Those who were already living in a state of ongoing emergency could not receive services effectively. Several participants indicated that “counselors decided what they were comfortable with” in providing survivor programs under delivery constraints. While there were urgent needs for survivors of sexual violence, many shelters could no longer accommodate as many vulnerable individuals as possible under COVID restrictions, which worsened the mental health of both survivors and their supporters. The “anxiety of losing loved ones was added to dangerous mental health conditions.” From the participants’ viewpoint, this deadly disease increased people’s anxiety and fueled the fear of losing family members who were sometimes breadwinners. In terms of sexual violence education, many people who had at least some access to sexual violence programs lost their motivation to receive supports as accessing programs was no longer possible for them.

COVID-19 affected some social groups more profoundly, including but not limited to northern Indigenous communities, queer people, those with disabilities, the elderly, children, and women.

Many vulnerable women and children, for example, had to stay with their perpetrators, which increased their exposures to violence throughout the pandemic’s lockdowns. By the same token, seniors were not able to receive as much family support as before COVID-19 hit, which put more strain on them and on care workers. Many participants expressed mistrust of the government’s approaches to service provision, as they believed the measures taken were less based on the needs of vulnerable people, including those who experience homelessness or food insecurity.

COVID-19 also impacted existing sexual violence programs and the ways they were delivered, for better and for worse. Many participants encountered problems with online delivery, especially a sense of “frustration in using Zoom” and “tailoring programs to the communities’ needs” in the early months of the pandemic, although some clients found online access more workable in their busy or altered lives. Transportation problems, including the use of personal staff vehicles and the lack of opportunity for providing sexual violence education services, were other concerns raised during the discussions. These problems led participants to conclude that any sexual violence education program established in the future must necessarily be based on predicting possible risks on the one hand, and offering diverse access pathways to services in times of crisis on the other.

Community Co-Biographies

Like individuals, communities experience and contain life-cycles that must be considered carefully in the framing of shared and adaptable programming for sexual violence education. When participants across communities were asked to consider the needs of preschool, primary, secondary, post-secondary, employment, and retirement life stages, together with the needs of specific minoritized groups including Indigenous, immigrant, queer, youth-in-care, the elderly, those who might be homeless, or living with disabilities etc., they produced profiles of needs and expectations that were analyzed to produce a customizable sexual violence educational framework that is both age and culturally appropriate, a key goal of this project.

DISCUSSION: “LEARNING IS HEALING”

Service providers were, for the most part, excited at the prospect of being able to access shared training and materials for sexual violence education, without being required to produce them off the sides of their busy desks, given the increased workloads precipitated by COVID-19. Consistency of messaging combined with the flexibility to meet the specific and variable needs of their catchment communities were all seen as desirable features of the educational framework that is emerging from this research. The built-in opportunity to provide feedback for regular updates was also highly appealing, given the fact that new phenomena, such as online trafficking, are constantly appearing on the horizon. However, several participants expressed trepidation at the increased disclosures that would likely result. Because knowledge about and meaningful responses to sexual violence are systematically suppressed through structural barriers to disclosures and neglect of underserved populations in Saskatchewan, this is a very real possibility. Overall, though, in a patriarchal and colonialist climate in which manufactured ignorance about the prevalence of sexual assault facilitated by dominant structures targeting specific populations, participants recognize that age and culturally appropriate learning is a potentially corrective and healing force.

With this in mind, once the training and materials are available, participants agreed that it would be wise to ensure that SASS has one or two designated full-time SVE facilitators who can offer train-the-trainer and on-site delivery of requested programming in cooperation with a cadre of full-time designated facilitators working with service provider organizations and representing the needs of minoritized groups, as appropriate to their communities. This would enable facilitator teams with diverse social locations to demonstrate through their own introductions and leadership, the many ways minoritized community members experience and must navigate services provided, based on specific regional conditions. Working with local community schools, organizations, leaders and Elders, this collaborative provincial team of situated facilitators could plan for tailored programming drawn from the larger framework to address the specific needs of the communities seeking SVE educational supports.

Regional Geographies and Contexts

Northern Saskatchewan

Teaching, the learning and the practice, is a cycle— it's not a linear experience.

I would say that the . . . start of it is the residential schools . . . and those kids that were in residential school brought it back to our community, so it's normalized in our community. If [teenagers] are figuring it out themselves without . . . proper guidance I don't think . . . they are going to be healthy. . . Are they going to grow up thinking it is okay for strangers to touch them?

I don't personally think the RCMP is going to be the answer for Indigenous communities; historically, the RCMP was created to protect white people's lands. They need to build a relationship before they can come in and do work in my opinion.

Northern Saskatchewan is full of rich history, close knit communities, and vibrant culture. With great expanses of farmland in North Central Saskatchewan, vast lakes and fisheries in Northern Saskatchewan, and large mining operations in Far Northern Saskatchewan, this upper half of the province is vital to our provincial trade economy and the sustainability of our food supply. Although this area is tasked with the provision and trade of goods intraprovincially, interprovincially, and internationally, the people in this area are left burdened with the effects of ever-increasing costs of food, oil, shelter, and data, as a result of the urbanization of services. Loss of provincial bus services, for example, constitutes a critical abandonment of northern women to conditions of violence rooted in colonialist processes. The unique and too often terrifying histories of targeted communities are routinely overlooked or disregarded, even as they bear direct witness to the increasing burdens of systemic and institutional oppression and failure.

Colonialism and its holdover effects on everyone who lives in its relentless path have led to states of unwavering oppression through local, regional, provincial, and national institutions, and their jurisdictional squabbles. Although this is changing, albeit much too slowly, there is work to be done to advance substantive change, because so many people still live in conditions where the knowledge they have received through public education is not enough to keep them safe. Whether religious institutions have limited sexual health education to ineffective decrees of abstinence-only or to minimalist and noncomprehensive approaches, the lack evidence-based accuracies fails to account for the intersectional and dynamic needs and experiences of every person to whom this education is being delivered. Further, it fails to consider the needs of Indigenous peoples living and working on their lands and the circumstances under which their lands and knowledge were stripped from them. This failure to provide comprehensive sexual health education has left many people without knowledge of what sexual violence is or how to obtain appropriate help when they are proximate to experiences of harm.

This continuous educational failure is compounded in cases where people grow up in a community, raising their children and grandchildren there. The knowledge that exists in these communities can be incredibly vast; their ability to learn practical skills that ensure the maintenance of their personal safety is unmatched. Their independence and ability to solve their own problems without reliance on others is rarely challenged. However, it is difficult to create change in places where it is not valued or wanted. The knowledge in many small, close-knit communities is cyclical. These communities have multi-generational families living with deep-rooted ties with other families nearby. There is unending trust between longstanding community members, and astounding wariness toward anyone who intrudes from away. This level of community safety and wariness is both a blessing and a curse, impacting effective outreach and care provision. However, trust can be earned with integrity and accountabilities and when it is, an opportunity for education and important outreach work can arise.

People in Northern Saskatchewan face unique barriers in seeking out education about or emergency assistance for sexual violence. With limited access to locally managed 24/7 sexual violence crisis lines, and often minimal ability to access emergency centres beyond weekday business hours, people are left with very few opportunities to disclose their experiences of harm. Even if emergency services are open at a critical juncture, they might also close for a day, or multiple days, without notice, leaving community members no choice but to drive long hours to the next nearest emergency centre. Most community emergency centres are unable to meet the demands required of them; their funding and staffing are often minimal compared to demand and any further strain is unsustainable long term.

Similarly, RCMP may not be adequately accessible for disclosures for several reasons including the large regional coverage that any one RCMP jurisdiction may hold; and, due to the close-knit nature of small communities, people may not be comfortable disclosing to the RCMP for fear of having their confidentiality breached and rumours about them spread throughout the community. Some places in Northern and remote Saskatchewan may have no services available to them at all, either due to their fly-in location or the use of low demographic numbers as an excuse to ignore complex issues. Demands on service providers are high. Yet, some people who provide services in Northern Saskatchewan might see their tenure in such a role as an internship or an opportunity to broaden their horizons, while holding no intention to ensure that the areas affected have continuous service provision well into the future.

Provision of service, including health care facilities and all other services that are related to health, is difficult to maintain in Northern communities. Service providers “face unusual burdens of not only meeting diverse Aboriginal community needs but also navigating cultural expectations

of their own communities and mainstream society,” while educating mainstream Canadians about Aboriginal and treaty rights (Findlay et al., 2016, p. 2). Rising costs of food, oil, shelter, and data may leave many with no choice but to omit payment for one or multiple necessities. Food prices are high in North Central Saskatchewan, and they continue to rise drastically into Far Northern Saskatchewan. Internet and cellular data are limited in many parts of Northern Saskatchewan and, where they are available, are often very costly. Many places have received adequate cellular data coverage only within the past five years. Other locations have yet to receive regular coverage at all. In locations where data and internet are available, computer literacy levels, and the availability of shared or personal computers, may lead to personal and interpersonal frustration surrounding accessibility of information and service provision. All these costs, whether they take a financial, physiological, mental, social, or spiritual toll, contribute to the needs and contexts informing service provision and in Northern Saskatchewan communities.

The needs of those who live and work in Northern Saskatchewan are varied and unique to the contexts in which they live. It is imperative that any intervention and educational tools supplied to them are modifiable and provided to them by someone who takes the time to understand their unique needs. It is crucial, at present and into the future, to ensure that service provision in Northern Saskatchewan is adequate, accessible, and relevant to the contexts in which it is provided. There is no one-size-fits-all approach to sexual health and violence prevention education in Northern Saskatchewan, but, through community consultation and collaboration, the barriers to education and service provision can be overcome.

One of the concerns raised by participants is that in some rural and remote communities, particularly but not exclusively in settler communities, there may be an erroneous perception that “sexual assault [and domestic violence] doesn’t happen here.” This attitude actually increases the risk of such violence and acts as a significant barrier to openness to programming as well as to timely disclosures. Some participants may also be “blind to intersectionality.” It is vital, then, that facilitators know that residents with experiences of sexual and other forms of interpersonal violence in such communities may be at different stages of healing, so a wholistic approach that does not reduce anyone to their gender or minority status, career stage, or community standing, is required. Having program champions from the community can be a key to building trust among those for whom interpersonal and sexual violence are shrouded in cultural silence.

Central Saskatchewan

It is really important, because it puts into context the struggle that we’re having out here; our geographic catchment area is huge. We’re talking about 2-and-a-half-hour radius for the only proactive and responsive justice-driven victimization or survivor programs. To put

this in perspective, we have had somebody arrive at the front door with no clothes on. So, the first capacity is to try and clothe that person.

If police are too far away, then there's ZERO possibility they would get on the road late at night, even if there's a fatality. It doesn't matter whether it's a sexual assault disclosure; it's certain they won't get on the road at all for any kind of child violence. Last night they called to say that they could only come out this morning, so we had to put in staff in that house, within 15 minutes. That is not the exception; that is the rule. And it's not that they don't want to help, but rather that they don't have enough personnel on the ground themselves.

We're talking about the identification of basic needs that are also tied to sexual violence, and there's lots of reasons for that out here. We also have to be the responders.

We provide very, very intense services for gang-affiliated trafficking sexual violence.

We need partners in every single emergency room in our service region.

When you talk about response services because we have a mandate, a mantra, and we have the mandate to provide personalized service that that changes the game for a lot of organizations, because when you create a mandate to take your skill set and your programs, and then put them around somebody holistically, then you're designing a personalized care plan for them off the hop, immediately.

So, we don't ask clients to come and fit our models. We will take our staff and resources and create that holistic care plan.

Central Saskatchewan faces unique and challenging problems in the Prairie landscape. As the provincial hub for industry and production, this area of the province is often faced with meeting the needs of every person living in Saskatchewan. Further, with three major hospitals located in Saskatoon, one in North Battleford, and one in Prince Albert, the central section of the province is faced with managing the health care needs for much of the province. This service demand is almost impossible to meet, and often leads to long wait times and unsatisfactory service.

To meet demand for sexual violence-related requests, many service providers who operate out of Central Saskatchewan, inclusive of North Central (West, Central, East) and Central (West, Saskatoon, East), are often constructing programming off the sides of their desks. While operating at or above maximum capacity, these service providers are tasked with ensuring that their clients are well-informed about sexual violence. In many instances, this education (or sometimes lack thereof) leads to situations where their outreach and activism in sexual violence prevention is returned to them via increased numbers of referrals and increased demand for help. As one regional interviewee

noted, “It takes so much extra time, right, creating PowerPoint presentations and whatnot? You’ve got, like, the tombstone information, and... it’s kind of a nightmare, trying to fit it in. But then, what happens is we get more referrals that come in from these presentations, and we don’t have the capacity to handle them.”

This client return on educational investment is not unwanted, but it is impossible to manage. Nevertheless, the capacity for service providers to understand the needs of their own communities is far greater than that of any outside facilitator. Every community has their own needs and context, whether that is because its income is generated primarily through agriculture, mining, industry, tourism, or through other means, or because of its unique configurations of populations and landscape. This unique identity can be a burden. Community organizations who take on outreach work in their locales may feel as though they are the only ones who are qualified to do that work, because they have that deep local knowledge. They are overburdened with tremendous workloads and feelings of responsibility. Further, they know the ways that news and gossip travels through their communities. “Interesting” things do not happen often in small communities, so, when something does happen, people in those communities feel entitled to a detailed overview of the situation, even when healing might require confidentiality. Because “Everybody knows everybody’s business, everybody feels it’s their right to be able to share that.”

Unlike rural settings, urban areas of Saskatchewan hold more space for confidentiality and anonymity. While urban anonymity has this potential, it also holds more complex ways for people to slip through the cracks. In times of danger, people are told to stay home and stay safe. But what if home is not safe? What if they have no home? With more services to provide and exponentially greater demand for service, urban service providers need to understand the contexts of many different people, not only those who are like themselves. It is incredibly difficult to ensure that the needs of clients are met when there is no comprehensive way to fully grasp or embody the contexts of other people: “I can’t identify with anyone teaching me or educating them about something when my experiences are very different to theirs.”

Among the many people who live in central areas of Saskatchewan are a growing community of Indigenous people from all across the province. Indigenous peoples and their contexts are very difficult for non-Indigenous people to understand and reflect. Too often, non-Indigenous people are not well educated about and cannot fully understand the traumas Indigenous peoples have been subjected to since first colonialist contact. As a result, Indigenous people may be wary of the RCMP and other service providers whose stated goals are to ensure the safety of all. Further, in more urbanized settings, people who do not have day-to-day experiences in specific neighbourhoods may find it difficult to understand the dangers that exist in them, making impractical assumptions about

the best locations in which to hold educational programming. What they may fail to realize is that some people may hold unbearable, lingering trauma associated with their experiences in specific neighbourhoods. Working with these communities to ensure they can enter locations where they are not constantly looking over their shoulders is paramount and necessary for bringing them the programming they need and deserve to access.

Southern Saskatchewan

So, in these smaller communities, then, once one agency or group of people get their act together, offering the necessary sort of response, we'll just call them in.

We also transport and we will transport with the methodology, or with the idealism of chain of custody. It's a really specialized knowledge base.

We don't have a nurse or any medical professional that's trained and sort of current to deal with sexual assault from the medical side. That would be such an asset because I just think of the people we sent to the hospital to have an assessment. And then we have a doctor or a nurse that's on the phone doing a rape kit right. That takes 10 times as long; it's already a really labour-intensive process, and then it can take all day. Systems lack the capacity to use extensive procedures that are unscheduled.

But I still remember after the incident, I had to go to the hospital and had a male doctor. That's traumatic when we don't have female doctors and nurses; that was more traumatic to me than the actual incident.

Southern Saskatchewan is a paradox of ideas, places, and practices. When one thinks about this region, the vast Prairie landscape comes to mind: miles and miles of space with both rich agricultural prosperities, and harsh climactic realities. However, South Saskatchewan transcends its geographic features with a unique blend of situated local cultures and far-flung professionals who serve the communities stretching toward the 49th parallel under trying conditions.

Owing to the wide spaces between communities, and diverse procedures and protocols framing the ways different sectors engage sexual violence, many live in a state of uncertainty when accessing services. There's no standardised way to treat survivors; in hospital waiting rooms, a broken arm gets priority. Specialised intensive counselling is typically private. For example, somatic counselling is difficult to access and costly.

Maintaining anonymity is also a challenge. As a result, those seeking services as well as those providing them may not be able to live in their truth. The enforcement of “not in my backyard”

(NIMBY) approaches to services for stigmatized populations is prevalent. While service providers recognize that “we carry bias even when we’re resisting it,” inclusive intersectional education is often confined to the bigger hubs. That results in a lack of healthy, culturally-respectful coping spaces.

There were clear indications from participants that enhanced interprofessional collaborations would be helpful in this region, and that a well-designed sexual violence educational framework could assist with that. Investment in respecting diverse worldviews and experiences was recognized as a deep need in educational programming.

Related But Different Urban and Rural Conditions

In First Nations culture water is traditionally a woman’s responsibility, but that’s been taken away, thanks to patriarchy and the government selling off the water and resources which is far more destructive to democracy in Canada, and people; they don’t know what they’re signing up for. So, water is a place to start as an accessible deconstructive example of violence and exploitation.

Exploitation of the land is exploitation. Exploitation of women is exploitation of communities and it’s just boom, boom, boom. Yes, we are a product, we can be sold. It just speeds into that ideology that puts profits over people.

What I’m hearing here, and I really appreciate it is the broad determinants of sexual violence, going right back into colonialism, capitalism, liberalism. They’re systemic, we really do need a transformative curriculum. We need to establish learning thresholds, where once you know the water thing, that’s it. You can’t go back; you can’t not know it anymore.

I know our organization is supposed to be more vocal and speak about it. But we are being silenced by the government, specifically. So, we live in a very scary political time right now.

Rural and remote communities have lower economic means - I mean, don’t want to broad brush everyone - but typically that’s kind of the way that it rolls cause the higher paying jobs are within cities.

You go into helping roles that are so poorly supported that they feel like it’s harming, because people are chopped off, they have that experience, right? It’s traumatizing because you know you enter that field because you are committed to a population in a province that

is not really invested in helping folks find the right support.

Especially in rural Saskatchewan, people don't understand that sexual violence can be something as simple as saying, “Wow, your ass looks great today,” you know.

Since the emergence of global imperialisms, modern development has presumed to depend upon the urbanization of populations and services. This is part of an ongoing appropriation of lands by the fiscally privileged, whose role in the destruction of biodiversities and social supports is thoroughly documented, yet still supported by unrealistic economic growth models that only produce more of the same. Among the many short-sighted problems associated with this colonialist approach is the isolation of rural and remote communities with limited or no access to services, the construction of isolated places as sites for the cultivation of criminal activities, including gangs, drug and human trafficking, the rampant social and environmental destruction associated with resource extraction industries, and processes of minoritization of those whose critical perspectives illuminate the unsanctioned violence of these approaches.

In terms of sexual violence, then, there is considerable institutional gatekeeping through the urbanization of supportive resources, leaving those in small communities with large catchment areas unable to deliver the necessary supports. This results in boomerang referrals, because local services are simply not equipped to engage the full range of human services required to mount an accountable response to sexual violence, in part, because that violence is foundational to the processes that are emptying out the Prairie countryside at alarming rates. Sadly, the resulting impoverishments mean that constituents often undermine their own best interests, agreeing to cost-savings measure, because their tax base is compromised, particularly when extractive industries are incentivized with tax breaks. The upshot is that generations of Saskatchewan residents have grown up with poor education, the so-called hidden curriculum of implicit values (Margolis, 2001) that socialize and teaches how to see the world, rendering invisible the forces shaping their circumstances, and the incentives and oversights that enable interpersonal, sexual, and social violence.

Extractive growth models are predicated upon the facilitation of economic aggression, so interpersonal and sexual violence are never far behind. Reductive indicators of prosperity simply gloss over this privileging of urban over rural spaces, leaving those least served, under-protected, and most surveilled (Corcoran, 2012), subject to multiple crises of which sexual violence becomes one symptom. Claims of service availability that are undermined by poor conditions of accessibility, leave the public poorly supported in the conditions produced by extractive growth, and ignorant of formal and informal ways to improve them. For example, under COVID conditions there has been a significant spike in digital among other human trafficking (UNODC,2021), about which police are only starting to be able to inform the public. Youth, and parents who are oblivious to these

rapidly changing conditions, are vulnerable to exploitation. Although there was considerable interest in sexual violence educational programming in schools, it is not only public education and post-secondary students who require accessible information and training in this area.

Processes of Minoritization: Developing Intersectional Approaches

I think about Indigenous communities, I think about newcomer communities, recognizing that's a very broad group as well. And we have like, cultural groups like Hutterite, Mennonite, Hutterite colonies that have a very, like, you know, they're very secluded... education has to align with the resources available in those areas as well.

Education needs to be intersectional; when we go to communities, and we talk about sexual violence, and then they're like, well, none of that applies to us...I feel like you actually disempower them because you didn't even include their voices in the stories or in the education. So, to me is a big piece of that is ensuring that programming reflects what their needs are.

I think one area that we feel is kind of missed quite substantially is culture-based programming. The majority of the students I work with in my area are Indigenous learners. We have a high percentage of newcomer learners. I would say Saskatchewan doesn't do a great job of finding culturally-based support.

We need to be using that education lens through gender-based violence service providers so that they can reframe how they provide their services by looking again at that intersectionality piece, because refugees and immigrants have so many facets in our needs... I would love to have one staff member who is specifically dedicated to working with families who are exposed to violence and come in from away, using that intersectionality kind of way rather than just that Western lens because that's the issues we actually face.

We also need to educate rural schools about sexual violence and what is going on there. In rural towns, like other places in Saskatchewan that may not have queer folk who feel safe enough to be as vocal, or who have a good group of people around them where they feel like they could talk, there are no resources for LGBTQ communities, and all resources are at least an hour away.

We really have to get our information out to the North, which is very difficult because of the location...And when we find that we're doing counselling with, like, children or adults. Sexual violence is so normalized in a lot of those regions that we're starting from the ground.

I would say that the . . . start of it is the residential schools . . . and those kids that were in residential school brought it back to our community, so it's normalized in our community... “Our elder went to jail for essentially abusing the grandkids . . . and that person is back in our community and they're working with children. And I'm like, “Why is this person working with children?”

What's very unique in Saskatchewan, is our geography in the sense of a kind of where there's on reserve communities that are nearby municipalities, and kind of how that works and how those relationships have worked historically with colonialism, and how that also impacts the services that are available to folks as well.

It's about building bridges, making those connections, being strategic.

Whether one's intersecting identities engage larger and/or smaller socially constructed demographics, it is possible to be minoritized, systematically. When juxtaposed, what all of the above participant quotes illustrate is that competitive systems are designed to ignore the needs of minoritized groups. When combined with the structural reinforcement of sexual and other forms of violence through ignorance, neglect, and complicity with practices of perpetration, the best resource is accurate information that facilitates informed consent.

Maximizing and Augmenting Existing Programming

We haven't done any trainings this year yet. We have a general fear that if you train individuals in the community, they go out and become resources in their communities and then our calling volume increases. So as soon as you give them a hint of a resource, it blows up. Domino effect

We also provide a forensic interviewing, but only because I have that credential.

Each participating community had a diverse range of sexual violence education services available, ranging from virtually none, outside of SASS member agencies, to ad hoc professionals in education, social and/or victims services, and healthcare who have taken it upon themselves to offset the manufactured ignorance resulting from minimalist sexual health education and social discomforts in addressing the topic for reasons ranging from residential school histories to the incest taboo. In the north, high service staffing turnover in adjacent fields means that even when a well-informed, profession-specific, drop-in educator is available for a few years, it is likely that they will not be available for the long-term, which is a baseline condition for stemming the tide of ignorance that the requested programming seeks to offset. Too often, SASS member agencies are providing the bulk of the available education, amidst rising service needs in their communities.

The possibility of developing a series of digital and hard-copy vignettes that could be used in communities with limited internet access was appealing to many, although there was deep recognition that not all communities or community members could be reached in this way. Experience indicates that a variety of approaches, formats, and topics are required for an effective educational intervention in sexual violence. One-off reactive one-hour or half-day workshops will not be enough to change attitudes and practices. Long-term access to comprehensive programming that can be repeated at regular intervals is required.

There was a general recognition that age- and culturally-appropriate sexual health and sexual violence education should operate in tandem, and be offered across the province in ways that engage specific regional conditions. Navigating systems in rural and remote communities, especially for members of minoritized groups, is completely different than doing so in larger urban settings. Understanding the long historical foundations of sexual and other interpersonal violence is also something that cannot be engaged adequately in one-off sessions. Cooperation across professions was also seen as a vital goal, since there are few opportunities for service providers from different sectors to work together effectively to streamline and enhance the quality of their engagements with survivors and their supporters.

Pre-Considerations: Community Consultation Helps Model Informed Consent

I always look back and I think about sitting in a band hall in a First Nations community ... somebody's coming in and talking to you.... How do you set up that safe space when you're looking around, saying, Who's all here? And how are we comfortable? Am I okay to listen to this? What are the consequences of us being here... the environment we're in? Having that environmental scan for knowledge of what the room you're presenting to – the population you're presenting to – needs, is critical.

Focus groups were sensitive to the diverse and uniquely situated needs of community members and subgroups, and generally frowned upon rigid, prescriptive helicopter programming, dropped into communities without prior consultation, when educational supports are requested by community members, organizations and/or institutions. They insisted upon the value of collaborative planning discussions, engaging trauma-informed, preparatory steps respectful of local protocols and processes. This consideration extends to engaging people in the languages in which they live and ensuring that program providers are funded to offer materials translations and well-trained non-English language speakers, including sign-language, as necessary.

No reasonable approach to sexual violence education can ignore both the barriers and resources that shape the conditions framing specific community conditions. Childcare, food, and transportation

should be accounted for in planning meetings. Transportation costs in rural and remote communities, whether for facilitators or participants, are a significant consideration. Realistically, a successful educational program may also create a spike in disclosures. Ensuring that the community is well prepared to deal with those is part of collaborative pre-planning.

Facilitators must be open to engaging cultural protocols germane to the communities they serve, respecting how diverse groups honour the creation of a caring learning space. Each community has its own trauma-informed lenses and some base-line knowledge of the issues, so it is vital that facilitators engage those, respectfully, coming to collaborative agreements about how metrics of success will be engaged and understood, while tracking opportunities for program improvements. As a bottom line, there must be no violence of any kind, including no lateral violence, permitted at any sexual violence education event. This means that collective confidentiality is a necessary starting point, especially in smaller rural and remote communities, where there may be a sense of entitlement to share private information, a premise that only amplifies survivor trauma. If there are participants present who do not engage with the issues in a respectful way, acting as disruptors to the learning space, everyone must know in advance how such matters will be addressed (such as sending the disruptor into remedial conversation with counsellors, community leaders or Elders present for that purpose, and that such disruptions will be addressed immediately, in order to support the well-being of the group).

Preparatory planning includes the vocabulary to be used in the training process. Because different terms can invoke different meanings for different people, and because people are uncomfortable and anxious when it comes to sexual health education, let alone sexual violence education, it is important to develop inclusive terminology so that participants feel welcome and do not dismiss issues that they do not consider relevant to them, simply because of the use of jargon.

All sessions should be conducted with age- and culturally-appropriate counsellors and supports present, because talking about sexual violence can be triggering. It takes time to build trust, so one consultation, one visit will not necessarily build the required rapport. It is quite likely that there may be locally-informed community members and professionals who may have more insight into local conditions than visiting facilitators. It is vital to meet people where they are at, not expecting them to leap 10 steps ahead of where the local culture’s engagements with the issues is currently operating. Thus, providing materials that are appropriate to the audience demonstrates a commitment to mutual respect. Arriving at agreed upon topics and goals, while respecting the time commitments of participants should all be organized prior to any deployment of a module or workshop series. Wherever possible, rather than one-off topic-oriented sessions, ongoing training plans should be developed. Of course, given the volatility of the topic of sexual violence, there may be unpredictable

situations that arise, such as the need for a participant to take some quiet time or to seek support, or potential disclosures, so it is important to begin with clarifications about procedures for self-care and connecting with available counsellors and care providers. Those facilitating learning modules will need to be adaptable in such situations, able to support and direct participants appropriately in relation to their various shifting needs.

Finally, all learning processes must be followed by an evaluative and debriefing process, ensuring that participants are aware of community supports available to them if needed, once the prepared programming is completed. All genders must be able to access appropriate supports. While female-centred approaches are certainly practical, men and participants with other gender identities must also have access to the supports they will need in a culture where gender-based assumptions are part of the problem. Given the opportunities for anonymous online supports that are now available, access to those should be developed by service providers, as soon as possible.

Professionally and Culturally Safe Approaches

The one size fits all approach can just leave specific people right out. So, what we're looking for here are the issues you would like addressed in building a curriculum that is all about supporting culturally safe spaces.

What's safe in one community might be different in another community, right? And if you've got mixed communities, or any professional groups like you have to do that background work of understanding in advance.

Sexual violence is just something that's been driven into us since we were kids. Even professionals continuously re-victimize, or we shut victims down, and people don't always do it intentionally. We can say things that are a big trigger for specific people, and not recognize that those are triggers, because we aren't fully culturally informed. Imagine someone who can't express themselves and communicate in English about what they don't want, and so you just re-traumatize those people.

Is everybody in different programs using the same terms? With shared terms comes trauma-informed practices.

It's all about supporting, you know, inter-professional collaboration, because sometimes funding streams set people at odds with all these different structures that are affecting these issues, so we want to be sensitive to that. We want to make it possible for people to talk across differences. Sometimes it's necessary to work in separate groups because, you know, there isn't enough information out there to make it safe.

We all have the same goal, but the way we do it is different. Just having that conversation that can be so helpful, so that we can all agree on how to work together, without arguing or just walking away because we won't give in to the other's way. There's got to be a trust in there so that a good connection grows.

There was a general recognition across all communities and participants that the cultural conditions influencing professional service sectors and diverse social and ethnic cultures share the structural features of procedural and process differences that can inhibit effective communication and problem solving. While the ideal of improved responses to sexual violence through comprehensive educational interventions might be shared, the ways to achieve that are diverse in different communities, enclaves, and sectors. The capacity to work with and engage these differences constructively is sorely needed. In the public service sector, participants expressed a desire for integrated guiding service committees, or wherever possible, service hubs that would facilitate mutual learning and supports for integrative effectiveness.

Modes of Delivery

Make it affordable and accessible; I know there's a few train-the-trainer programs I wanted to do that won't get approved because of the cost of it.

I like the idea of having the train the trainer, so that every community has like training that they can take locally instead of waiting for a person from Regina that's only coming once a month. So, there's local access; I think that's so smart.

We also need to keep our training up to date and to learn the latest things. I don't see anything like that in this province. That needs to be centralized.

Some life stages or situations contextualize the body differently online and in person. Modes of body language can get lost online.

And now they're taking the trauma-informed approach, and that's about getting their basic needs met, by asking: have you eaten today? Where do you see your future? Are you safe? Do you have a bed these days? People are being stripped of those. So, if we can get those needs met, you can build trust and that empathetic ear with them.

One thing we had to be really cognizant of was the Wi-fi capabilities in the North. If you live outside of the La Ronge or Meadow Lake, Zoom and Microsoft Teams do not work, so if we had clients in First Nations communities, we had to use Duo, FaceTime, or Facebook Messenger video chat, which took a little bit less bandwidth.

Not everybody has social media, first of all, but also, I think my favourite way of talking about this is if you use electronic media, which connects you to community, doesn't disconnect you from it; connects you to your body doesn't disconnect you from it - so, using media to get back into the real world.

We've already stated that people adapted to doing things online, but obviously trying to mix online and face-to-face can be problematic.

I love face-to-face. I love being present in the moment.

I would like a conference kind of thing where we have all different people come together; where you can go into smaller groups (breakout sessions).

I also think about those commercials that they used to have about the history of Canada; I'm not saying they were great, but everyone utilizes it, so yes, we could also make public service announcements.

The consensus across all participant groups was that program delivery has to be versatile. For some people, having a completely virtual, accessible portal that can be revisited at one's leisure, and includes videos and readings, would be invaluable. Building partnerships with schools and other service providers for safe delivery was universally endorsed. Because consent conversations have to start quite young, within the homes, accessible training for parents, to normalizing those conversations was also encouraged. Participants envisioned core programming of mix-and-match modules that could be adapted as age appropriate and for differing communities. Everyone called for interactive activities, where, ideally, presentations for children and youth could be broken up into shorter chunks over a period of time. Everyone agreed that teachers, guidance counsellors, principals, and other professionals also need training. Those working with school systems agreed that pre-recorded materials allow teachers to preview content ahead of time and reduce anxiety about allowing presenters to come into schools to present. Pre-recorded materials can also be used as homework for students. Printable handouts are also excellent. Eventually, there might even be an empowering "app" that young people could use.

One participant pointed out that the gold standard in post-secondary safety measures includes sending a mass email to all students, faculty, and staff, whenever there is any kind of incident of potential threat. Eventually, there might even be an empowerment "app" available.

Silos and Co-Locators

As a post-secondary educator, I can affirm that professional education is itself siloed. So, if you're learning to be a teacher, if you want to be a social worker, if you want to be a doctor,

or something else, maybe a business person doing accounting, or as a police person, you're learning all these procedures in order to be efficient, but the efficient procedure of a social worker and the efficient procedure of a teacher may not have anything to do with each other, and that can be a real problem.

In communities you get into these silos where agencies think they're the end or be all, and that's not so. It's not a malicious thing, it's just we have a million things to do and we're just going to go ahead and do it. So, just recognizing that there are other people and professional allies around that could do something better, matters.

So, we're siloed by design, with all the different ministries and agencies that prevent the effective delivery of services, so systemic change requires decolonizing and a commitment to reconciliation, but reconciliation as action. Yeah, action word!

Siloing is essentially a jurisdictional issue that can sometimes be addressed in mid-size provincial cities through co-locator models, which facilitate inter-professional and inter-group communications. However, even between professionals there are jurisdictional complexities, owing to specific roles and limitations. For example, a police officer's job is to gather facts, so that the courts can prosecute. A clinical social worker's job may be to counsel someone who has been sexually assaulted. An educator's role in a situation of disclosure would be to report, support, and connect. Unless everyone knows all of the services and supports available, or not, in a particular community, it is impossible to provide what survivors need in a comprehensive way. This is why systems navigation is necessary not only for victims and survivors, but for professionals as well. As a result of their diverse mandates, different professionals actually respond differently to sexual assaults, based on practices that are bound up with their institutional roles, and not every single one of them is necessarily centered on the experience of the person assaulted. Therefore, it is important for professionals to learn about one another's roles and until they do, to suspend judgment on the way that it was handled. That said, every door should be the right door for survivors of sexual assault.

In terms of interprofessional training, then, it can be helpful to encourage people to become curious, rather than judgmental, creating space to wonder about why institutions approach sexual violence as they do, acknowledging cultural differences in professions, as well as different ideologies embedded in cultural diversities.

While siloing is a structural feature of the current services funding climate, accessing services in a small community reveals another side of the same problem. Too often, despite the fact that there are multiple modes of service delivery, including telephone, online, and in-person, people are

required to seek supports, even in small communities where people know each other. Owing to the stigma that erroneously attaches to the victims (rather than most perpetrators) of sexual assaults, this creates a barrier to reporting and supports. Professionals may also be disinclined to disclose anything, because they are already familiar with the limitations of service systems.

Complicity and Perpetration

We can be harmful even when we're not trying to be harmful.

We see all the time people's, you know, Facebook posts or Twitter things coming back to haunt them later in life, and they probably have grown and have learned and maybe aren't that person anymore.

Lots of like young athletes and stuff like we see has come out of Hockey Canada... with these sexual violence stories and working to change the culture of the sport. Until I had dealt with a sibling with that experience, I didn't realize how I was contributing to this type of environment.

I think that's often a missing piece is like, what about offenders, whether they be, you know, offenders that have actually been incarcerated due to choices, or garden variety neighbourhood offenders.

A person might have been a victim, but they might also have committed offenses, and what sort of education do you need for that?

Owing to the ways that sexual violence is obscured by myths and the structures that support them, to the benefit of some at great detriment to others, everyone is implicated in the ways that Saskatchewan's rates of sexual and interpersonal violence far outstrip more populous provinces. The challenge is that people must begin to resist the impulse to dive for an innocent place in these difficult conditions, by recognizing and accepting that owing to the prevalence of ignorance and barriers to effective action, we are all implicated in and, therefore, able to do better in preventing and responding to sexual violence. One of the desires expressed by participants was for a way to help people appreciate the ways that complicity and perpetration are linked, including in the over-incarceration of vulnerable populations for sexual violence, and the under-engagement with those who utilize their privileges to access and assault others. Consternation and discomfort can lead to turning a blind eye, which helps no one, and, indeed, reduces the effectiveness of the disengaged bystander.

Lessons From COVID-19

What COVID Made Visible

COVID allowed the world to reflect, take a step back, and look at the root of our failing systems. COVID-19 is actually a world-wide trauma. It was an absolute X-ray of the society.

It solidified everything we already knew—we saw the marginalization get bigger, we saw the gaps and safety and gender issues get bigger. Finally, the rest of the world was seeing what we already knew—how rampant trauma is and how connected it is to everything and everyone.

COVID-19 revealed the fissures and evils in our society, whether we’re talking racism, sexism, ageism, how systems were part of delivering the problem. It has allowed the underbelly evils within SK to ripple to the surface, making it harder for people to deny the work that has to be done to get people to a life of less violence.

We did see that huge increase of you know whether it was intergenerational violence, sexual violence, you know...self-harm. The Aboriginal Friendship Centres of Saskatchewan did two big surveys with COVID-19, specifically around the impacts on Indigenous women in the 2SLGBTQ+, specifically on their safety, and what that looks like when the plan is to stay home, stay safe, but home is not safe. We started a pilot project called the Indigenous Safety Initiative, where we got out 200 personal alert devices to Indigenous women and 2SLGBTQ+ and now... got another 75 from RCMP to get out more because we feel like every woman, every 2SLGBTQ+ every teenager, could use one of these personal life devices...

And then we also did one specifically for Friendship Centres to see what their needs are with being service providers, mostly hands on, as the only spaces open in their communities, because other people just stopped looking, as the wage gap was huge.

Those survival relationships are so important, because of community connections which many of us have. So, some people were in a really good position to, you know, do everything in their power to hold COVID at bay. And there were other people for whom there was no chance at all. I was really feeling for people who didn’t have opportunities. I have a house over my head, and some people don’t.

COVID created more barriers for people, because like with things closed down, somebody who doesn’t have a phone or computer can’t even use the library, they can only go in person and then they don’t even have that option.

Rural and remote communities were hit harder than urban communities by COVID, where you know, there was no way to get your groceries delivered. Everybody lost someone.

I feel the loss that we experienced over the last 2 plus years, family, friends, community members, and the fact that we couldn't be in our normal grieving process.

Workload exploded—feeling the burnout. I remember having conversations with other eligible cultural organizations who said, well, we're going to cut back wages because everybody's working from home.... And we said, Are you insane? You should be increasing wages. Because this is now the time that everyone is pulling together to make sure that they have support in the community. Yeah, your hours are going to change because you got kids to look after... Things have changed. But now work has gotten increasingly more difficult.

We saw a lot of people who couldn't go home; we've heard numerous stories of women with their children who were stuck on a side of the road because they couldn't get back to you know Northern communities because the road is closed... Transit was gone. There were increases in the cost of food, gas, prices, and utilities. Some of the Friendship Centres start paying utility bills just so people didn't get kicked out of their homes.

COVID-19 put most of us into chaos in some realm and affected our capacity to actually respond and reset. I don't think we are there yet, for the most part, and yet we're still trying to "return to normal."

The most frustrating thing was the diminished healthcare everyone received including mental healthcare. You know we're supposed to be one of the best in the world for access to health care, but we actually couldn't access healthcare.

Another thing is that our vulnerable people got more vulnerable, whether you're homeless or living with a disability, living in group homes, elderly. I saw abuse cases go skyrocketing and saw mass deaths because there weren't enough people looking after, you know, group home residents. Homeless people—all the access to the programming had completely gone, so they couldn't feed themselves. There was a rise in hate crimes. People were blatantly, physically harming other people.

When everybody got masked up, everyone was a lot ruder. It's got a lot to do with seeing people's faces and being able to smile with them and talk. Important to not take that for granted.

Community has been slammed by the IV drug crisis, and people are racing; they've lost a generation. I think there was a reinforcement that they don't matter.

New Coping Strategies

I hear reports about assaults increasing, but I don't think they actually increased; I think more people are talking, it was harder to escape.

COVID-19 allowed us to work in new ways, took down some barriers but also put up some barriers. It changed the ways we work and interact with one another.

We didn't have those breaks in between clients to actually do the self-care too; it was like two minutes between clients. There is a 2-yea- long waitlist for counselling services for facilitators and practitioners.

Why is everything so silent? “We're going to be hybrid, gentlemen.” Excellent idea, but anyway, they wrote all of these new procedures with not enough staff to cover it.

Basically, you have your people burning out and while they're burnt out you have to produce numbers to sustain funding. So, what kind of care is the public receiving?

COVID kind of taught me to slow down, so I didn't have to be out and social all the time, as I'm always on the go. It taught us all be more mindful with how much time we spend with family.

COVID: I kind of really noticed at the beginning of COVID how heightened and anxious people were around working with it, a little bit rocky, but I think we all settled in really nicely, and we were able to reach people through Zoom pretty comfortably, actually, and it picked up there for quite some time.

COVID worked for us and I say that because it has allowed us to use different ways to support people in the community, and like, even in the North. It's so hard for people to get here, especially in the beginning, when they're just starting their healing journey. COVID allowed them to get to the kitchen table, with the coffee and if they're smokers in their own home. I think about what I'd like to see out of this.

COVID 19 What it did is that took the education right out of it, because we weren't going anywhere, or you know. and what it did do is it increased our case bodies because people now had so many different options as to how to reach out to us.

The form that's absolutely right. It really opened up the gates there for people to stay consistent. So, we did see consistency throughout COVID. People were showing up on a regular basis, whereas oftentimes we get no shows.

I think, for the old clients that were used to seeing us face-to-face, to move onto zoom was a

little bit tougher than for the new clients coming in, because they were aware of the benefits of being seen face-to-face, right?

I think there were some positives of COVID 19 for some people. Either they have social anxiety, or they want to remain anonymous, or they cannot be public about what's happening in their life. You could show up for therapy in your pajamas. So, some of that was positive.

There are more men seeking supports, because of the anonymity factor.

Parents with kids that were trying to parent, in counselling sessions because of babysitting issues, so they would have little ones at home running in the background and were really distracted. We would have to really adjust our schedules; like suddenly we're working our lunch hours and then taking a later lunch, or whatever, because the baby would sleep.

I still am, to this day, a little disappointed in the general human race, because I gave us far too much credit for being willing to accept others for who they are and their thoughts and their actions and their choices.

As shown in the comprehensive selection of comments provided above, COVID-19 was a crash course in both inequities and adaptabilities. All participants were keen to take the lessons learned and apply them to sexual violence education programming strategies going forward. As the boundaries in communities shifted to accommodate a global pandemic, the local pandemic of violence in the home and through prevailing structures was revealed. There were even fewer boundaries around abusers in the home so that there were no safe disclosure contacts for children. Seniors and individuals with disabilities were recognized as among the most vulnerable and in need of more stable long-term supports. Suddenly agencies could not accompany clients to get forensic kits done or to court. Even where there are forensic nurses, the pandemic took over.

Many commented on the ways that mental health impacts were too often ignored. Certainly, the mental health of teenagers was declining, grades were dropping, everything was headed toward a collision of competing needs. Between the ages of 15 and 22 it is a young person's developmental task to connect with friends and develop relationships within their peer generation. People were lonely and so frustrated, which enabled pro- and anti-vaccine discourses to create divisions. Middle class young people learned to hide out in the basement playing video games, while those with privilege compensated for the limitations of lockdowns by working toward cultures of consumerist convenience. Folks lost motivation. "There's nothing that's going to kill motivation like mixed messages." The loss of contact among people led to a kind of cumulative loss of patience with any kind of complexity.

One of the participating organizations worked with youth to understand more of what they were going through. They addressed the contexts of community, family, social interactions, and other networks. Participating youth clearly indicated that their family was their most immediate and highest level of support. However, they felt vulnerable in all of their other networking connections. One can see how youth in care homes, who didn't get to see their families at all or have visits were placed at extremely high risk.

One respondent noted that with COVID, “we began to treat people like they're the plague, as if they were this infection. My doctor did not even come into the room, stood at the door, and didn't check me.” People did not want to do their jobs, which placed the vulnerable at even greater risk. Another participant commented, “Yes, I know you have a right to think of just yourselves. But let's try to think of other people that are working here, and other people that are coming here. Why should we just worry about our own health and not everybody else's health?”

Not everyone had the foresight to extend grace periods as people coped with chaos. Drug use, , and depression soared. One week, young people in front line jobs were hailed as heroes. The next, they were being spat upon and abused by self-declared vaccine vigilantes. For those with the luxury of being able to slow down and focus on what matters, there was a chance to clarify how to be more intentional in their work and to resist living in fear. For those whose situations were rendered more egregious, leaving fear behind was never an option.

Human Trafficking

It's challenging because you're not only talking about trafficked women. You're also talking about the complexity of addictions and acute mental wellness issues.

The most common thing that we get asked for is recognizing the signs of what's happening in Canada, what human trafficking looks like here in Canada...And then some of the definitions...so I think, you know, they are asking more for engagement strategies. Communities want to know how we engage.

The RCMP is picking them up and bringing them in directly from the highway. They ship out to us more times than the hospitals.

A lot of women say: I need that individual who is trafficking me because I have no experience with living day-to-day life without being, controlled, put on a schedule, or having someone in charge of my funds.

Both face-to-face and digital human trafficking have been on the rise in Saskatchewan, and the COVID pandemic only exacerbated contributing conditions. There has been a large influx of

human trafficking cases in recent years and a pressing need for more information within and among professional agencies as they have been dealing with the increases in interpersonal violence.

Human trafficking is often, although not always, gang related, and in rural and remote areas, gangs can be very well organized and integrated, sourcing not only the sex trade, but drugs and firearms as well. In some rural communities there are town officials who are connected to local gangs, even working within the town administration, because they see gang affiliation as part of their strategic plan, owing to financially driven goals for themselves and in the region. This means laundering money for groups like the Hells Angels, creating shell companies that move money for them. Often these criminal entrepreneurs present as “family guys.” They shop in the same grocery stores as everyone else.

Gang novices and those who are in less well-organized groups may be deployed in roles like monitoring highways for delivery of contraband goods or trafficked women and children. More and less organized gangs like to operate in smaller cities with populations under 5,000 because they are often poorly serviced and easier to control. Women are then conscripted into complicit roles like muling and transporting narcotics or street drugs from other rural, smaller urban and remote regions. The expectation is that they’re going to party as part of this movement, which also decontextualizes them from their support networks, and then wait for that ride home. Often that is when “very, very aggressive assaults occur.”

Schools

I think, having access to sexual violence education programming for kids in schools would be super beneficial in helping them understand, you know, consent, helping them understand appropriate touch. It helps kids to understand that secrecy in this area isn't healthy, what healthy relationships look like, you know, the whole gamut of being able to prevent and protect children.

There has been a huge increase in requests for dating violence education, like youth dating violence and youth sexual violence, and lots of people have mentioned that they teach youth about healthy relationships, but they don't teach youth what to do when they find themselves in an unhealthy relationship.

When I think about education campaigns, I 100% think they need to be... in high schools for sure. But they also need to start way earlier, like elementary schools.

We've also done this with a parenting program, where initially parents were very apprehensive about speaking about their family circumstances... but once they heard “Oh,

that’s happening in that family from a different culture, and we’re not too dissimilar in the way that we parent or not too dissimilar in the way that we discipline,” they were more willing to engage. Parents need training on internet as well as institutional grooming, in sports or other youth groups.

From littles to the elderly, people need to know what to do if they receive an assault, a disclosure, how do they handle that?

Consent is crucial, distinguishing good touches/bad touches with younger kids all the way to consent in high school. We need someone to come in and do some Internet safety training tomorrow, because nowadays youth tend to be sending pictures back and forth. We did a talk on what the dangers are when people go “home” out there to the Internet world. Young people need to know boundaries, body safety, safe people to talk to.

There’s programming that is specifically related to men that’s out of Ontario. And I believe that’s called like men of the 54 like fifty-fourth parallel and... trying to think... um... this one that I’m forgetting the name of but maybe I’m confusing the two. But yeah, that one specifically in Ontario that’s for men to give kind of space for them to discuss this issue of their own personal experiences in a like male safe space.

Because our study took place during the pandemic and after restrictions were eased and then lifted, schools were starting to request programming again from member agencies, who have been developing lessons on an ad-hoc basis, based on each request. Too often, service providers are forced to create something off the side of their desks, tailoring each presentation to their community needs and requests, because there is no specific person designated for the role of preventative education. Participants affirmed a discussion-based format which supports not only that sense of security that people are not alone, but also undermines the learned ignorance and structural isolation that contributes to sexual violence.

Discomfort with the topic of sexual violence maintains ignorance and silence, because access to constructive learning about sexual violence prevention and response is so variable: “Many schools do not want to touch it because teachers are too afraid and don’t feel like they’ve had enough training.” Some participants felt that “What would be ideal would be for it to be part of the mandatory curriculum, but they would just skip over it.” Because sexual violence is so pervasive on the Prairies, “hesitation may also reflect the fact that professionals have had their own experiences and it’s too fresh for them, so they don’t want to always teach it.” In First Nations and small rural communities there are also issues around confidentiality. Even if there are no disclosures, or they are managed well, too many people are afraid of the rumour mill.

Mutual Respect Agreements

What headspace are you in? Meet people where they are at – and find out where that is.

If people had really good training and practiced consent not only about sex, but in all interpersonal and professional engagements, what a different world this might be! It's not always what you say, but how you say it.

Listen, unconditionally, and learn to be open minded and accepting about everything from sexual orientation to lifeways to religion, with a committed intention to be respectful. Model constructive behaviour. Pay attention to body language, tone of voice, and atmosphere in general. Kids call that establishing good vibes. We carry bias even when we're resisting it.

When researchers asked focus groups and interviewees about the kind of environment they felt would facilitate learning or teaching various demographic and mixed or specific age groups about sexual assault, we obtained some very specific answers, in terms of optimal skills needed and best conditions for productive learning. These ranged in complexity from simple requests for focused engagements like “no cell phones,” to ensuring that everyone understands the conditions that inform collective commitments to confidentiality. Participants agreed that facilitators need to be respectful of the physical, mental, and emotional needs of learners, and to remind them that “silence is okay.” They also suggested that, particularly in school settings, it would be important to establish practices of mindfulness about the maturity of attention needed, given the gravity of the topic, and the importance of refusing dominating behaviours like victim blaming and slut-shaming.

Thus, we were encouraged to train facilitators not only to foster safe environments for promoting constructive attitudes, but also to always have “some embodied movement involved, some type of walking, or even sitting on the grass, something land based. That's how we deal with trauma and with things that happen, moving from your left to the right side of your brain and all that.” This theme resurfaced often. One participant argued that “the body holds trauma so to work with emotions and attitudes, it is important to move, not forget about that physical. A lot of the times the violence is focused in on the physical but for healing we end up focusing on the emotional and spiritual.”

We were also advised to train facilitators to “put people in charge of their stories, kind of like informative consent, and to teach the necessary powerful connective and caring relational skills that if we all did them all the time, there'd be a lot less sexual assault” and other interpersonal harms. Participants agreed that it is vital, from the start, to “acknowledge that sexual violence is a sensitive topic, that it's uncomfortable for most people.” That lays the groundwork for creating a “safe space to make mistakes, learn, and resolve myths,” where “people feel safe to think and share

what they really think.” One educator commented that, “My students often try to stay conscious of who’s not in the room, who doesn’t have access.” It is also important to acknowledge that healing looks different for everyone, encouraging learners to “approach things from a perspective of curiosity, as opposed to judgment, helping them to depersonalize something that is so personal.” Learning how to keep our emotions in check is to have calm and fruitful discussions in ways that support peaceful and safe. “Facilitators can model even through the pre-invitation and the advertising of an education program underline the potential for being uncomfortable, even triggered, and that ongoing consent through check-ins are vital tuning into the audience they are delivering to, supporting every conversation in the direction of, you know, the kinds of relationships we actually need to make a change.”

Since we are all born into and steeped in bias, we need to learn how to eliminate the taboo of talking about sexual assault. Most people “didn’t even notice it till we were 16 or something, so we don’t blame each other for having been affected, but once we learn different, we don’t repeat it, right?” Learning to engage biases without defenses ensures engaging constructively with cultural differences. Transparency was also a core value affirmed by participants, “letting learners of all ages know that disclosures might require a follow up so they can make an informed decision about what they choose to share.” Ensuring that there is a broadly representative group of facilitators to draw from in order to meet the needs of diverse communities was also emphasized:

As someone who isn’t Indigenous, it is challenging to provide support when so much of the violence is connected to intergenerational trauma and residential schools and colonialism.

Not every facilitator is always the right fit for a specific set of community needs—so, acknowledging those differences and working to ensure that communities are supported as much as possible by a diverse cohort of facilitators, who might be called in from elsewhere in the province, matters.

Relational Remembering and Mutual Flourishing

Intergenerational trauma is historically important...Don’t repeat your mistakes...

Because some people would not self-define it as trauma, or might forget it as violence, as an effect of their abuse... Especially when it comes to the First Nations people, there’s a huge distrust already there because of colonial practices, and generational trauma. That’s your baseline; that’s where you’re starting from.

Don’t assume that you know someone’s history and how they were affected by their history; everyone handles/copes with trauma differently.

The gap that we found in services was a commitment to long-term, ongoing, intense healing for complex trauma; the healing process for traumatic childhood sexual abuse often happens throughout the lifespan. We must continue it together...

Any encounter with traumatic experience inevitably involves the issue of memory and forgetting, at both societal and personal levels. Memory plays “a key role in accounts of personal identity, perception, knowledge, realism, language, and meaning” (Koggel, 2014, p. 493). Individuals and communities situate themselves through their lived experiences, tying their identities to a sense of continuity with the past in order to reflect what has happened to them in their planning for the future. When interpersonal and structural violence precipitate targeted traumas, however, those continuities are disrupted. Relational remembering provides people with contexts in which to examine how networks of human relations facilitate or prohibit memory of such violent disturbances. Because “the individual alone does not have absolute control over recovering the past” (Araújo & dos Santos, 2009), collective activities help to investigate and integrate challenging histories, which is why community co-biographies are so important in developing more effective sexual violence education.

Individual and collective identities are not only contingent upon knowing what people remember, but also what they “do not remember” or why they “forget” (Hirst et al, 2018). A substantial portion of these complexities involve political systems and state-sponsored approaches that propel people not to retain patchy accounts of their pasts. Forgetting, in this sense, is a tool used to “secure political control over opposing forces” (Araujo & dos Santos, 2009, p. 88). Forgetting is an essential political lever for governments because, in many cases, it protects them from being “accountable” for their unjust actions, past and present, and leaves the costs of forgetting to individuals and communities whose resources for healing are often poorly supported. In the context of Canadian society, for example, the government “possessed a collective national memory that encouraged the nation to forget the attempts of the Canadian Residential School system to erase Indigenous cultural roots” (Hirst et al., 2018, p. 450). This attempt to require people to forget their pasts also permitted the Canadian government to maintain a positive image, which now requires collective practices of decolonization and reconciliation.

When sexual violence intersects with regimes of political forgetting, new approaches to learning are needed to revive those forgotten moments and events that still haunt people’s agency and their access to healthy lives. Glynis (1996) argues that “sexual abuse is never forgotten, but it is mediated within shifting discursive arenas and social relations of gender and family” (p. 90). Sexual assault survivors in multi-layered political systems may be coerced by prevailing narratives to blame themselves for incidents etched into their memories, that are inconvenient for the dominant

order to address. People may forget that political structures make the safety of some contingent upon rendering the lives of others unsafe. In such a context, “relational remembering” can be invaluable. Adopting trauma-informed practices recognizes that safety, trustworthiness, and transparency will occur only in conditions of mutual understanding about traumatic memories, as established through collaborative, facilitated learning about how to offer safe spaces and constructive responses to disclosures.

Indigenous Communities: Colonization and Sexual Assault

I’m the first generation in my nuclear family to not go to residential school and to grow up in our community that’s surrounded by interpersonal violence, sexual violence, lateral violence, as a result of those schools. The learning gap in Indigenous and settler communities is huge.

I see lots of older men (doesn’t matter what age they are) who are stuck in that residential school cycle of trauma—women are objects; women are nothing. No, you don’t get to make sexual jokes about me as a woman leader. “What, can’t a guy have some fun?” No, you can’t. No, you don’t.

We still have these abusers in our communities who are notorious, but they are untouchable, unfathomable, but yet they’ve caused so much destruction. “He was the kindest, most gentlest priest.” Yeah, maybe to you, because you had parents. But nobody else was safe. That’s part of the education about grooming. And we don’t have that—we need to start talking more about that in our First Nations communities. in our Indigenous communities.

It’s necessary to have Indigenous facilitators but how do you ensure that people are for along in their healing to make sure they can provide services without feeling triggered?

We need to teach healing through kindness.

Anyone familiar with and committed to the Calls to Action by the Truth and Reconciliation Commission of Canada (2015) and the outcomes of the National Inquiry into MMIWG (2019) will appreciate that because our nation state has been founded on GBV targeting Indigenous and other communities, changing the long-term effects of historically produced structures of sexual violence will require deep commitments by all parties involved. Stronger, decolonizing healing processes are called for on all sides. The aspiration of teaching healing through kindness not only requires recognition of complex and critical knowledges emerging from diverse communities, but also the recognition that idealized claims from the past, and geographical inequities in the present have facilitated public ignorance of broader complicities in cultures of sexual perpetration.

Intergenerational Trauma

We need this type of education because of all the harms and trauma that come from sexual assaults and sexual trauma from a young age and how it affects us all the way through our lifetime and we're seeing that as intergenerational trauma in our communities, in our organizations and in leadership.

Sexual violence has been part of the fabric of the emergence of Saskatchewan as a province, and as such, intergenerational trauma infests families and communities throughout. In order to heal intergenerational trauma, an understanding of the ways that sexual trauma influences the life-course in conditions of structural complicities must be addressed. Having a broadly informed public, able to engage difficult truths and conditions, because people are well-educated from a young age, is a critical step in resolving intergenerational trauma. The colonialist delusion, that subsequent generations would “forget” and move on has been proven not only thoroughly abhorrent, but utterly inadequate and self-serving as well. Violence marks the perpetrators as much as it does the victims, even when the wounds appear to be invisible.

Incest

With incest, if anything, it is always under eight rugs and in the dirt. In talking about sexual violence, people don't want to talk about incest cases... It's like the area is starving for reason and knowledge. It's especially important in the cases of siblings and daughter-fathers.

Even people who are super educated, or have a skill set for sexual violence, don't know how to approach incest. They don't know how to support parents or family or survivors or victims. They actually don't know how even to begin. I feel like when it comes to sexual violence, and survivors as such, incest is at the very bottom. It's not really looked at... even though it is a most prevalently heavy issue.

Because the taboo is the cover. The taboo means that people censor themselves from believing what they're seeing, right? Because it's a taboo the shame and blame just swirl around, which makes it really hard for the survivor to speak up about incest. Because they don't want that their relative to go off and shoot their other relative... And very often, people who are very young and don't have, you know, lots of practice or skills in getting help or articulating or knowing who's safe... will struggle.

I have a client who, in the 80s, as a child, was not allowed to take Sex Ed. because there was incest in the home, so that consent piece of how the education gets to childhood

victims really becomes pertinent. And it’s a tricky model because who has the ability to say: yes, you can take this education class, or you can’t. It is something to highlight that incest could actually be a barrier to obtaining consent for youth to learn what they need to. Professionals and caregivers should be alert to and learn about that. The perpetrator wants their victim ignorant.

When it comes to incest, we know that the children are coached more intensely. They may want to connect with systems, but they are held away from them. So, the system, neighbours, teachers, education, all can be complicit and just to stop incest from ever coming out, because they are so uncomfortable with it, right? The most vulnerable is when the victims don’t have the words.

The way you would deliver the content and the therapy on incest, has to be specific because the actual repercussions of those situations are different... and maybe a lot of people don’t like to draw those lines or think about the different contexts of abuse, but it is necessary and realistic.

In my family, where there was incest, men weren’t allowed to watch the kids when they were young...just as it was no to friends, to anyone. It’s just the overall rule in my family. Children weren’t left alone or with meals until they were of age and had the proper vocabulary for being able to speak, to participate, and have the means to get support.

The incest taboo has served as a cover for all kinds of violence within and beyond families. Because patriarchal structures have been predicated upon binary gender norms, which have never been accurate, they have been used to enforce violence within and beyond the family, through the cultural marginalization of women, girls, two-spirit, and queer individuals and communities. Having families police themselves to prevent incest has proven wholly inadequate, and reinforces the gender norm that women must undertake the emotional and practical labour of correcting for dominant errors and excesses. The model of human ownership that grounds the practice of incest can be traced through imperialism, slavery, war, and the patriarchal family. It takes courage to face these implicit and elicit structures in our lives and communities.

Systems Navigation

I always try and give clients a heads up on what’s going to happen when we go into court. If you can let them know ahead of time that their safety is first and foremost, even be a support person.

I can go and sit up there with you, but you know I just let them know that that you’re gonna

have to tell your story; you're gonna have to say everything that happened. If you're comfortable with me hearing that then I'll stay. I'll stay here with you. But if not, then I really shouldn't be a support person for you.

The gap that we found in services was a committed long-term ongoing intense process for complex trauma. The healing process is not in a matter of 8-10 sessions. It's not in a matter of months; for many people it's in a matter of years. We're seeing people staying longer to meet their therapeutic goals than they ever did.

I heard there's a study that was done. In it they took three different groups, and it was one of them got therapy from a therapist who was very empathetic. The second was from a therapist who was not empathetic, and then the third was, they just gave them some brochures and told them to have a good day... And the ones who went to the therapist who was non-empathetic did the worst. So, like literally giving them just a pamphlet was better than going to someone who can't connect with you on that level, and the members have found the same thing actually. Going back to this study...

You can't come in if your perpetrator is a police officer who's your boyfriend. That kind of thing, they're not going to open up to you, right?

Some of the members that have done this work avoid getting promotions in that, because they're so invested in the work... they're so passionate about it. They know there's no one else who will care so much.

Participants agreed unanimously that people need access to systems navigation materials that provide adequate guidance for all of the many diverse conditions that can come up involving sexual violence in our province. Some argued that program funders might be ideal first participants, because the ignorance about sexual violence in Saskatchewan is so deep. Certainly, the tendency to oversimplify healing processes with long historical precedents is short-sighted.

Creating Facilitation Teams

We need interdisciplinary and intersectional approaches to healing.

Practice cultural humility; if you don't know, ask.

Respect worldviews and experiential lenses but supporting client-led, multiple modalities that honour many voices.

Allow client expertise. The facilitator is not always the teacher, but a co-learner with participants.

Foreground safety by teaching active listening.

Be conscious about partnering to avoid duplication of services.

Recognize and support capacity for informal supports among churches, Elders, aunties, peers.

I’m walking this journey with you – I’m not forcing; no coercion.

There was a general recognition among participants that the educational framework developed through this research would need to be managed in ways that are both centralized—to ensure timely renewal and responses to systemic evaluation processes—as well as collaborative orchestration of inter-service sharing of facilitator resources, and distributed, to meet the needs of local communities. The broad consensus was that a diverse cadre of facilitators, stationed across the province would enable everyone involved to demonstrate the intersectional preparation necessary to respond to the unique needs of communities, including occasional travel between them. Overall, a sense of cooperative humility was identified as a strong resource in leading sexual violence education programming in our province, for best possible outcomes.

That cooperative humility is central to the project of reparative education. Repairing the violence that undergirds colonialist institutions requires emphasis on the principle of informed consent as foundational to all education about sexual violence. When sexual violence education is established in meaningful collaboration with participating communities, grounded in agreements of mutual respect, critical of systems that reproduce colonialist and other forms of structural violence that facilitate the weaponization of gender-identity, sexuality, and human diversity as a means to marginalize and target feminized social positions for harmful exceptionalisms and exclusions, a better informed public can demand better policy and practice responses at every level of the social order. Cooperative cultural humility also requires empowering communities to take steps toward enabling deeply informed and compassionate responses to sexual violence disclosures at every level, by preparing them to undertake supported informal approaches to collaborative on-site and virtually distributed sexual violence education.

Creating Supported Informal Groups

I’m sorry. You can attend post-secondary school for 6 years, and have all the book smarts, but that doesn’t necessarily create a collaborative experience. You have Elders, you have community leaders, teachers, you have family support workers they’re all counsellors, too, right? Religious priests. We need the opportunity to make trainings more informal and integrate it with things like healthy relationships, so it doesn’t feel so stigmatized.

We were introducing ourselves, asking how you empower people in the community to stand by each other, right? Because sometimes folks are going to go to somebody informal, because the formal people have betrayed them, right?

Yes, so, strengthen ... Could I say non-institutional parts? Non-colonial? Maybe!!

Several study participants noted that men would be much more likely to engage anonymous telephone or digital support and learning groups where they were not confined to talking to other men in their own communities: “We need to take away those barriers to male participation.” That led to larger conversations about the need to increase community capacity by offering trainings to informal community groups who could stay in touch with local, regional, or provincial facilitation teams for necessary supports.

CONCLUSIONS AND NEXT STEPS

If we as humankind step back, Mother Earth would start to heal itself. Waters would become clear; animals will return to spaces they hadn't been seen in a long time. There's a lot for us to learn from COVID if we're willing to pay attention.

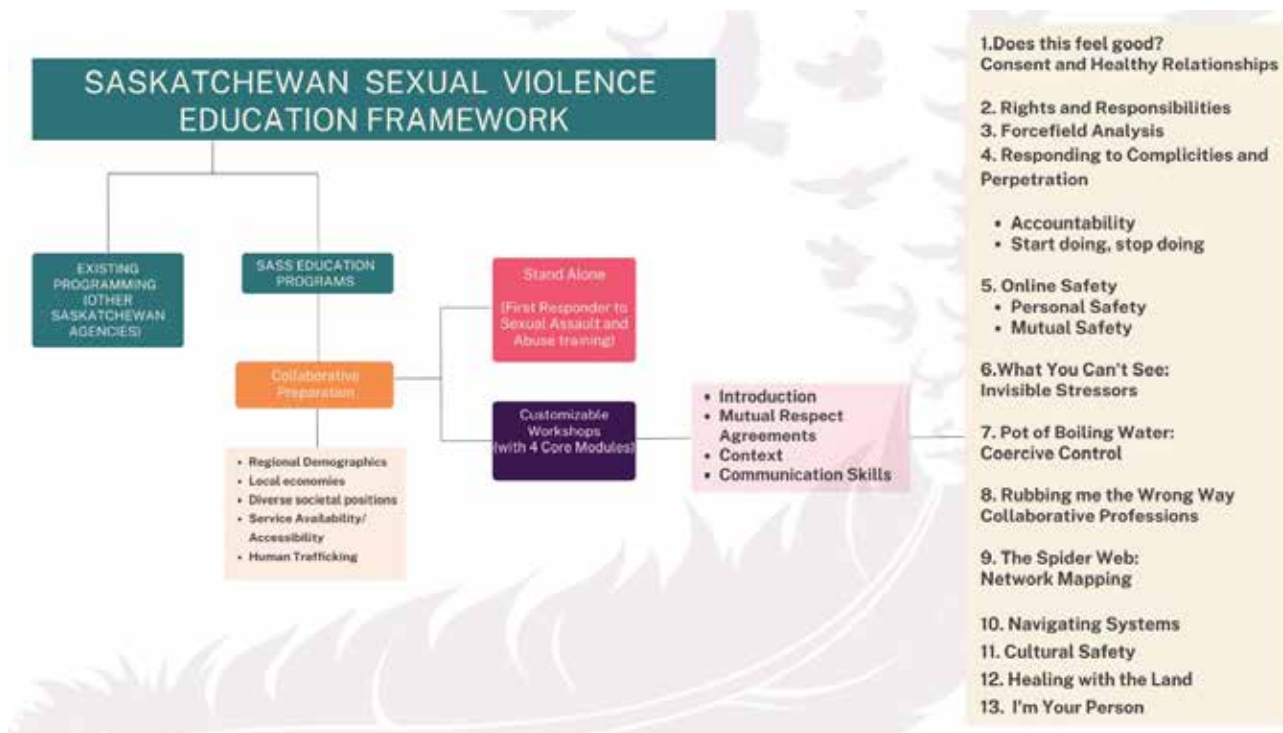
How freeing it is to watch the trees let go of the leaves as a model of how we can potentially let go and heal from a lot of the traumas that affect all of us.

The Sexual Violence Educational Project was completed during the shift away from pandemic restrictions, and while there were complex and difficult issues facing Indigenous communities in Saskatchewan throughout, which affected the overall availability of FSIN members, we were able to engage First Nations and Métis leaders, through the FSIN Women's Secretariat.

By drawing upon community co-biographies, we were able to develop a core set of module instructions for curricular developers, which take into account all of the complexities raised by participants. Overall, the reparative commitment sought was to exceptional collaborative planning prior to initiation of train-the-trainer and requested sessions in community. The goal is to clearly articulate variable and adaptable modes of delivery, including support for community capacity building, by helping groups to establish informal, facilitator-supported groups in various formats from local to telephone to online formats.

Participants generally favoured interactive modules leading toward action-oriented pathways that would ensure ongoing community engagement. They appreciated the notion of both central and distributed facilitation approaches that would allow for timely revisions of educational materials, with up-to-date news and popular culture references, for example, as well as timely responses to the evaluative feedback to be collected at every facilitated learning session. Ensuring that communities could draw upon the programming to build supported informal capacities for navigating disclosures and healing processes was also a key concern. The need for a comprehensive sexual violence public education project in Saskatchewan was embraced by all participants. Although there are tensions with service access in the context of the increased disclosures that may result, the overall value of a more well-adjusted and mutually invested population is priceless. Below is Figure 7, outlining the overall structure of the education framework developed through this research.

Figure 7. SASS Sexual Violence Educational Framework



This project has been developed to address the first five elements of the updated provincial action plan (SASS, 2020) which recognizes the need for a wide-ranging education and public awareness campaign that encourages people in Saskatchewan to challenge the attitudes and norms that perpetuate sexual violence (see Appendix K for the 22-step action plan). By empowering and activating bystanders within families, communities, workplaces, and peer groups through culturally affirmative training, SASS and its member agencies are committed to working with partners in empowering communities to intervene in and prevent sexual violence. Technological innovation, mobilized under pandemic conditions, has generated additional resources both for sexual violence and for engaging the public in constructive prevention strategies. By involving youth and young adults in peer mentoring through training in comprehensive caring skills, the programming models and advocates for positive interpersonal relationships. Participants unanimously affirmed the importance of learning the processes of establishing informed consent, not only in conditions of sexual engagement, but as a part of respectful communications and reparative practices that challenge inequitable power structures more broadly. Ideally, this programming will also provide media reporting professionals with opportunities to practice non-stigmatizing, culturally competent approaches to challenge, rather than reinforce prevailing myths, and promote positive societal behaviors. Ultimately, SASS plans to develop a Champions Network that will ensure ongoing renewal and province-wide uptake that respects the diversity of needs uncovered in this research.

The gendered impacts Covid-19 have only reaffirmed the need for evidence-based, trauma-informed programming engaging people from all walks of life in sexual violence education designed to create informed, supportive communities. Ongoing access to an evolving provincial education framework ensures contextually sensitive accountabilities, continuity of primary messaging across participant groups, and quality control that empowers sensitive engagements with the issues across diverse platforms and contexts for information dissemination, resource sharing, and skill building.

Shock-proofing communities from structural violence and its consequences requires the repair and reconstruction of relational capacities that refuse false exceptionalisms and affirm the lasting value of mutual flourishing. All participants clearly recognize the need for decolonizing, equity-invested processes, not only moving toward deeper processes of inclusion, but of the enlightened mutual interest that results to support sustainable communities and economies. Externalizing the costs of aggression into the lives of the marginalized diminishes everyone.

This project has recognized existing sexual violence educational resources in efforts to produce a solid framework for critical development with a team of diversely skilled and community-engaged curricular experts to fill in the gaps. Our goal now is to pilot an initial core group of modules, to establish a group of project champions, and secure stable funding for SASS member-organizations to hire diversely socially situated and locally grounded facilitators who can work with a pair of designated lead facilitators as a collaborating team across the province, modelling the very practices of cooperative connection across diverse social locations that this project endorses and that sexual violence disrupts.

A unique feature of the program is its investment in up-front co-development of community-engaged workshops, drawing on both the available modules and local expertise about community needs. As such, the SVE programming is itself a living and evolving program designed to establish, repair and support networks of mutual care and co-constructive action designed to prevent and heal the harms produced by sexual violence across our province, and beyond.

In future, project aspirations include the creation of facilitated peer-training programs that can be implemented at high-school, post-secondary, community-organizational, and professional levels. Guided by trained facilitators who help to maintain the core principles and practices outlined in each of the workshop modules, the objective to build and repair caring capacity in provincial communities includes developing constructive responses to feedback from member agency facilitators and workshop participants. By gathering feedback at every event, the SASS-SVE project will ensure that the programming remains current and effective, updating topical references as appropriate to the communities engaged, and responding to shifts in communications strategies appropriate to evolving community needs and capacities.

We know that diversely positioned members of communities navigate standardized services with measurably different experiences and outcomes. Unstitching the manufactured ignorance that sustains and facilitates prevailing practices of sexual violence is a critical step in ensuring that Saskatchewan communities are stronger, more resilient, and better allies to those most affected by the structures of violence that diminish everyone. Imagining and creating communities with the strength of spirit and intergenerational foresight to practice and support substantive informed consent, not only in conditions producing interpersonal violence, but in ways that respect the capacities of all people, communities, and the places they care about, will move Saskatchewan forward toward a brighter future.

RESEARCHER/PARTNER REFLECTIONS

Kerrie Isaac, Executive Director, SASS

As the Executive Director of Sexual Assault Services of Saskatchewan for the past six years, I have been privileged to work alongside dedicated front-line agencies, community partners, and governments that provide support and advocacy for those affected by sexual violence in Saskatchewan and across Canada.

In 2019, SASS released *Working Together*, Saskatchewan's First Sexual Violence Action Plan. The Action Plan serves as a roadmap for ongoing systemic changes and connects to provincial and national initiatives that are working to address interpersonal violence and abuse across Canada. Driven by Saskatchewan-based evidence, Prevention and Education is identified as the foremost pillar in advancing purposeful and broad attitudinal change in every facet of civil society.

The COVID-19 pandemic has exacerbated systemic barriers and intensified inequality that rendered marginalized groups vulnerable to sexual violence victimization. The asymmetric gendered impacts the pandemic (otherwise known as the shadow pandemic) became a catalyst for re-examining our engagement and investments in violence prevention in Saskatchewan.

Research across Canada had revealed that comprehensive sexual violence education is a critical protective factor in preventing and addressing sexual violence and related gendered crimes. In Saskatchewan, the burden of providing these services often falls on community-based service providers who are operating at maximum capacity, and the pandemic has further strained these limited resources.

Thus, we have embarked on an initiative that seeks to develop grassroots, intersectional, evidence-based and trauma-informed educational programs to address the gaps identified by survivors, service providers, and volunteers, including training and resources that reflect the realities of violence perpetration in Saskatchewan.

The research that has inspired and driven this work has been a collaborative effort between individuals, communities, and agencies that are committed to creating a province free of sexual violence. The contributions of all those who have participated in this study are invaluable, and I am deeply grateful for their willingness to share their experiences and insights.

Without the dedication and support of SASS member agencies and partners, this study would not have been possible. Collaborations like these are essential in enhancing the capacity of the gender-based violence sector and in developing evidence-based solutions and policies.

I am grateful for the generous funding provided by the Department of Women and Gender Equality Canada, Department of Justice Canada, and the South Saskatchewan Community Foundation.

I would like to thank our project partners, the Community-University Institute for Social Research at the University of Saskatchewan; the Federation of Sovereign Indigenous Nations Women's Secretariat; and the First Nations Women's Commission for your support and leadership in advancing this initiative.

We hope that this research report is read widely and provides the evidence to inform investment in the sexual violence sector. Shockproofing communities from sexual violence and its consequences requires investing in services, tools, and strategies like this initiative to address the intersectional complexities of this form of interpersonal, and gender-based violence. Decolonizing, equity-invested processes, moving toward deeper processes of inclusion and the enlightened mutual interest that supports sustainable communities is needed in Saskatchewan. Education is the protective pathway to building shockproof communities.

We strongly believe that with adequate investment and engagement through a cross-ministerial and multi-sectoral approach, Saskatchewan can be a province where every person is free from the threat, fear, or experience of sexual violence.

There is a role we can all play to build a safer, more inclusive future for everyone; and it begins with you.

**Vice Chief Aly Bear, Office of the Third Vice Chief
Federation of Sovereign Indigenous Nations**

Sexual violence is not a common topic of discussion as it is a sensitive subject. If we do not speak about the issue, we will never have a solution. Many people are afraid to speak on such delicate and sensitive issues and this makes it difficult for victims and survivors to come forward.

When people come forward with claims of harms that have been inflicted on them, there is fear that they will not be believed or that the perpetrator will be protected.

There needs to be safe spaces where victims, especially children, can come forward without fear of retaliation. To address sexual violence, it is important to create an educational framework based on the principles of both informed consent and embodied boundaries of mutual respect. This type of education should not be only for adults but expanded for children so they can learn and understand about healthy relationships and resources for safe spaces, especially if they have been victims of sexual violence, to implement prevention.

The research shed light on the known fact that Indigenous peoples experience higher rates of sexual violence. This relates directly to colonialism and the fact that the Indian Act, European ideologies, and Indian Residential Schools have severely impacted society. Due to colonial policies, laws, and misrepresentations of history, Indigenous people’s value has been reduced and Indigenous peoples made a target to violence. This is why education plays such a vital role in prevention and creating safe spaces for future generations.

Colonial and lateral violence continue the cycle of intergenerational trauma in the lives of Indigenous peoples and a key aspect in finding solutions to the ongoing violence is addressing the roots of the problem. The roots of the problem fall into the hands of capitalism and that harm on our land is harm to our bodies. We are all interconnected with all living things including Mother Earth.

As stewards of the land and land defenders, Indigenous peoples are a threat to the entire colonial agenda and hierarchy that is rooted in capitalism. There was a mission, “to kill the Indian in the child” (Duncan Campbell Scott, 1920). This mission is playing out today and is seen in the statistics, but we are more than statistics. We have to continue to educate ourselves and each other and dismantle misrepresentations and relearn the truth about the history of the land we are all proud to call home. If we do not know where we come from, we will not know where we are going.

This is why it is so important to work together and have allies such as SASS so that we can work together and understand one another and help break down barriers for survivors of sexual violence. I look forward to the continued work with SASS and appreciate all the work they do especially for those who feel they do not have a voice. The partnership between FSIN and SASS is one of the utmost respect.

Phidamaye,

Dr. Isobel M. Findlay, Faculty researcher

It has been an honour to be part of an enormous community endeavour to develop the Saskatchewan Sexual Violence Education Initiative committed to learning as healing, recognizing that “when we know better, we do better.” For us at Community-University Institute for Social Research (CUISR), working on this initiative with Sexual Assault Services of Saskatchewan (SASS) and the Federation of Sovereign Indigenous Nations (FSIN) is part of our ongoing commitment to research and action in support of the Truth and Reconciliation Commission (2015) calls to action and the Missing and Murdered Indigenous Women and Girls (2019) calls for justice.

We are inspired by the resilience of community members who are not undone by systems of domination and oppression that conspire to disproportionately victimize but are determined to be agents of “learning as healing.” They use their voices to locate blame not in the vulnerable but in the systems and structural forces that perpetuate and compound vulnerability. They are clear on the role of colonialism that modelled disregard for consent in its ignorant and violent acts of coercion resulting in Saskatchewan’s legacy as home to the second highest provincial rate of sexual violence. They counter the myths and presumptions that perpetuate blind spots and produce barriers and commit to collaboratively-produced and trauma-informed comprehensive intersectional educational programming that can make a difference. We are humbled by your commitment to informed, supportive communities where people can “do better” because they “know better”—and commit in turn to help bring your vision to life in modules within the Saskatchewan Sexual Violence Education Framework.

Somiya Tabassum, Program Lead, SASS

Growing up in various places around the world, I came to the realization that sexual health and violence education are often taboo topics, no matter where you are. As an immigrant in Southern Africa, I never had candid conversations regarding sex or sexual violence at home; leaving me to seek information from the media, peers, and school. However, as a person of colour, I never saw myself represented in any of the messages, which left me feeling isolated and without options.

My first experience with sex education came in grade seven health class, where I quickly realized that the messages I received went from treating sex as a novelty to viewing it as dangerous. The focus on abstinence failed to address consent, a topic that is critical for building healthy sexual identities and preventing gender-based violence.

Sexual health is not just about physical health; it’s also linked to mental, emotional, and social well-being. Despite the abundance of information available, many communities still stigmatize sex

and sexual health because they don't see themselves or their values represented in the content. This results in a lack of conversation and options for people to navigate sexual health education, which can have long-term effects on interpersonal relationships.

As a newcomer to Saskatchewan, I had preconceived notions about the province. While I deeply appreciate the Indigenous people and their ancestors who have taken care of the land I now have the privilege to call home; it was not until I travelled across the province for this research that I learned how vast and diverse the Saskatchewan landscape and culture is. The predominant narrative tends to focus on flat terrains, agriculture, and the sweeping prairies, leaving out the lush boreal forests and freshwater lakes in the North. Similarly, we leave out the voices and perspectives of those who live in remote regions during critical conversations.

The COVID-19 pandemic simply exposed many of these pre-existing inequalities and challenges that vulnerable communities face in Saskatchewan. Disruptions to sexual violence educational service provision have only increased the mental health impacts and decreased access for those already in crisis. Northern Indigenous and queer communities, people with disabilities, newcomers, the elderly, children, and women have all been disproportionately affected by the pandemic, with some forced to stay with their perpetrators and endure increased exposure to violence during lockdowns.

Through my work with the Saskatchewan Sexual Violence Education (SSVE) Initiative, I've had the opportunity to hear from front-line service providers, educators, and community members about their unique needs and how the pandemic has impacted access and availability of sexual violence services and programming.

Moving forward, it's crucial that we shift to a reparative education model that takes a bottom-up approach so we can collaborate with communities and tailor programming to reflect their unique needs and realities.

I am honoured to be part of the SSVE Initiative, which advocates for equity, representation, and cultural humility within sexual violence programming in Saskatchewan. I would also like to take this opportunity to thank both the Sexual Assault Services of Saskatchewan and the Community-University Institute for Social Research teams for their ongoing support and gumption in making Saskatchewan communities safer.

Dr. Marie Lovrod, Faculty researcher

Nobody escapes the consequences of sexual violence, which are delivered through systems that silence victims and facilitate perpetrators at every level of the social order, even when those seemingly disparate experiences arise within the life of a single person. Persistent colonialisms condone and facilitate practices of coercive control, weaponizing efficiencies to undermine informed consent and ethical effectiveness at every turn. The conveniences and comforts afforded the privileged seduce everyone into complicities within hierarchical systems that create and exploit inequities, disparities, and suffering, externalizing accountabilities onto marginalized people and places. We learned through our research that responsible treaty education must teach how the rape of women, children, peoples and places are inextricably linked with extractive models of capitalism, in every environment where Canadians do business and then turn a blind eye to the harms caused, to this very day.

Informed consent seems such a basic concept that it feels absurd to have to remind ourselves to remain mindful of all of the ways we are taught to skirt both accuracy and consent, for efficiency's sake, to make money, or to "win." Inequitable approaches reduce the already narrow information arising from within them to irrelevancy and even worse, defensiveness, in structures that treat potentials to do better as inconvenient. There is a reason that the contemporary news is filled with scandals exposing decades of sexual violence and abuse in many of the activities that define Canadians to the world. Non-disclosure agreements, for example, the legal tool of rapists, are common in every space where coercive control rules.

My big takeaways from this project involve both how complicit everyone can be in enabling sexual and interpersonal violence, and how important critical, age and culturally appropriate reparative education for all will be in reducing these harms. Sexual assault is a crime of opportunity, and the reproduction of inequity and disparity are among its primary levers.

Emilia Gillies, Research Assistant

Growing up in a small farming town in North Central Saskatchewan left me with lots of questions, to which no one around me had answers. I was always taught to be independent, but when I started to question the social norms and expectations around me, I was told I was wrong. After moving away from home, completing my Health Studies degree, volunteering and working in health care spaces, and reflecting critically on myself while taking time to unlearn and relearn things from a new perspective, I began to really understand some reasons why people are so hesitant to question those social norms. It is very hard to reflect on yourself critically while consciously and actively working towards changing opinions and ideas you were taught to have.

Interviewing service providers from all over the province for SSVE showed me just how important it is to have similar personal reflection pieces in its educational framework. The deep-rooted tendrils of colonialism in health care, educational institutions, public services, and in the home often makes the jobs of these service providers harder than they need to be. Personal reflection, alongside critical institutional and infrastructural change, can help to create spaces that unconditionally serve the people who seek them. These service providers know what their communities need; I am honoured to be given an opportunity to amplify their voices. Saskatchewan has flaws, but it is my home. I hope to leave it better than the way I found it.

Shaylyn White, Research Assistant

I was born in a small town in Northern Manitoba—not quite remote, but deeply isolated, with a local culture that was deeply shaped by that sense of isolation. Upon leaving to attend university, I was for the first time exposed to what felt like a true urban environment, and I was shocked to discover that the isolation I had witnessed growing up was by no means unique to small towns. Rather, such alienation is endemic to many communities throughout Canada, a symptom of the scars left by this country’s colonial legacy. I have come to understand that many of us have grown up feeling distant from one another, having been raised in similarly wounded communities. However, I have also come to understand that however alone one may feel, one’s history can always be placed within the history of that community; thus, the healing of the self and the healing of the community very often go hand-in-hand.

It can be tempting to say that projects like this create space for such healing to take place, but I feel it is more accurate to say that projects like this allow us to bear witness to it. I am humbled by the strength of the community members we have worked with and their dedication to advocating for the kind of change they know is needed in order to address the structural forces contributing to the victimization of the most vulnerable. It is my hope that this project will contribute to actualizing those changes by bringing their myriad voices together and making them heard. My role may have been a small one, as I simply played a part in the telling of their stories through assisting with the creation of this report, but I have faith in the power of our unity, and in the resilience of those who fight.

Haleh Mir Miri, Research Assistant

In addition to countless lessons based on the thorough application of community-based teamwork, theoretical analysis, and effective methods, this research brought flooding back to me, pieces of memory I had attempted to leave behind in Iran when I moved to Canada. As a diasporic Iranian woman and an international student on my way to Canadian citizenship, this research reminded me of my unconscious borderline situation, somewhere between here and there. Through the mirror of my past experiences, I saw my exposure to sexual violence in patriarchal, interrogative Islamic-Iranian culture, while conducting research on the same subject matter in another geopolitical context which, despite the nuances of situated differences and similarities, shares the same basic mechanisms. These seeming coincidences were surprising, sad, and yet very instructive. Removing the many forms of sexual violence in order to make healthy, egalitarian human relationships foundational to collective thinking, requires action.

On September 16, 2022, the tragic news of the death of a 22-year-old Kurdish-Iranian woman circulated on social media: Mahsa (Jina) Amini was killed in police custody after being detained by Islamic ‘hijab police.’ The government’s murder of Jina, who was arrested for allegedly failing to wear her hijab perfectly and then murdered by the Islamic Republic’s forces, sparked widespread uprising(s), under the banner of *Jin, Jian, Azadi* (Woman, Life, Freedom), challenging the regime’s legitimacy in both Iran and worldwide. As the research team started data analysis, I was surrounded by the tragic news of many Iranian women and men being arrested, beaten, and murdered in the streets and carceral spaces of my former home country.

My diasporic life was stretched between bodily memories of sexual violence from my homeland and proximal experiences of sexual violence here in Canada. My entire thesis examined the situated definition of trauma, state-police bodies, everyday sexual interrogations, and how healing processes are both individual and collective. Witnessing the results of reparative research collaborations in reality, I could see local and transnational forms of sexual violence and their concomitant traumas, in contexts where hope, resiliency, and resistance continue among women and other survivors. Working with a team of professionals gave me the opportunity to appreciate how each community’s reflections on its unique context for sexual violence matters. By assembling and sharing those insights, I could see how solidarity across social positions underpins mutual survival. As a graduate in Women, Gender, and Sexualities Studies, it has been incredibly motivating to see the positive impacts that research can make, both nationally and transnationally.

Mary R Culbertson J.D., Treaty Commissioner

Sexual violence has its core root in colonization, invasion, and the patriarchal institutions which colonialism forces into place. During the Treaty making of Canada, women leaders and women Elders were told by white males that their voices were not relevant. Though these women continued to participate through ceremony and councils within their community, these attitudes laid the groundwork for the disempowering and devaluing of Indigenous women that continues today.

Their stories and their pain are stored in Indigenous bodies and collective Indigenous consciousness. When deep wounds are imbedded into a generation, abuse and trauma continues the cycles.

There is an undeniable link between sexual violence and colonization. This is key to understanding the consequential harms from sexual violence. Sexual violence was a particularly effective tool—it kept populations in a state of traumatized submission, a state which continues to plague modern Indigenous populations. Trauma manifests itself in addictions and cyclical learned and normalized violence.

Residential schools were a place for this perpetual violence to resonate for 113 years. 113 years of government-mandated assimilation, much of it, sexual violence.

Indigenous people are still not afforded the protections of systems of justice. Women of Colour are ignored or criminalized by racialized systems such as police agencies, social service agencies, health systems and society that are supposed to protect them. Studies show that when racialized women (Women of Colour and Indigenous Women) report violence, their experiences are often taken less seriously within the criminal law system and their perpetrators routinely receive less harsh punishments (*Sexual Assault in Canada: Law, Legal Practice and Women’s Activism*, 2012).

Canadian policing and court systems ensure that Indigenous people continue to be traumatized and victimized. Crimes committed against Indigenous people by non-Indigenous people are minimized. But over-policing, over-charging, and longer sentences for Indigenous people ensure that thousands of Indigenous people continue to be deprived of their freedom.

Indigenous women are not safe in our own communities as well. As a result of racist and misogynistic Canadian legislation, Indigenous women have been stripped of their First Nations status and denied access to their communities. As a result, they lost economic and political power. They were erased from their communities. Indigenous women struggle to get housing, post-secondary funding, or any other benefits of Treaty.

Intergenerational violence from learned behaviours continues to impact our Indigenous communities and nations. It results in post-traumatic stress, denial, self harm, depression, and diminished self worth.

Indigenous women are trafficked at higher rates than non-Indigenous women. These vulnerable women are assimilated into believing that this is acceptable because it has been normalized. They in turn become the victimizers and the abusers, creating another population of abused, traumatized, deeply wounded people.

It is imperative that the citizens of Canada and this province, in particular, make the connection between the effects of violence. Genocide of Indigenous people is acceptable or normalized because society refuses to educate itself or listen. Family violence, partner violence, community violence, lateral violence, gang violence, human trafficking, and rising addictions, mental health crisis, and the general inability to live life to the fullest is seen as a failing of Indigenous people rather than as a result of colonialism and ongoing systems of oppression.

The Indigenous leaders who engaged in Treaty-making did so to ensure the success of future generations; the suffering of Indigenous peoples is a breach of the sacred spirit and intent of the Treaties.

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APPENDIX A



SASKATCHEWAN SEXUAL VIOLENCE EDUCATION INITIATIVE (SSVE)



You are invited to participate in a research study entitled: Preventing & Addressing Sexual Violence & the Gendered Impacts of COVID-19 through Education & Awareness

Researcher(s):

Dr. Isobel M. Findlay, professor emerita, Edwards School of Business, University of Saskatchewan; University Co-Director, CUIRS; findlay@edwards.usask.ca; tel: 306-966-2120

Dr. Marie Lovrod, associate professor, Women's and Gender Studies, University of Saskatchewan; Community-University Institute for Social Research (CUISR); marie.lovrod@usask.ca; tel: 306-966-7538

Shaylyn White, graduate researcher, Women's, Gender, and Sexuality Studies and CUIRS, University of Saskatchewan; srw873@usask.ca; tel: 306-966-7083

Haleh Mir Miri, graduate researcher, Women's, Gender and Sexuality Studies and CUIRS, University of Saskatchewan; ham688@usask.ca; tel 306-966-2120

Emilia Gillies, graduate researcher, Community Health and Epidemiology and CUIRS, University of Saskatchewan; emilia.gillies@usask.ca; tel: 306-966-2120

Somiya Tabassum, Lead Program Coordinator, Sexual Assault Services of Saskatchewan (SASS); somiya@sassk.ca; tel: 306-807-6866

Purpose and Objective of the Research:

- α. The purpose of this study is to provide evidence-based and trauma-informed support for the SASS/Federation of Sovereign Indigenous Nations Saskatchewan Sexual Violence Education (SSVE) Initiative to educate about and to bring awareness to experiences of sexual violence in Saskatchewan. The initiative also aims to explore how COVID-19 has affected experiences surrounding sexual assault for people of different genders. Saskatchewan needs comprehensive educational programming that ensures appropriate training to address the various and complex forms of sexual violence experienced in Saskatchewan by Indigenous Peoples, newcomers, 2SLGBTQIA+, seniors, and those living with disabilities. **The complex historical and social dynamics which contribute to their continued and disproportionate victimization need to be better understood.**

The research has these two main objectives:

1. Document current sexual violence educational programming, identifying gaps and lessons learned, promising educational programming models in the literature, as well as promising practices in provincial and national initiatives;
2. Determine Saskatchewan-based sexual violence education needs through an online survey.

Procedures:

You are invited to complete the following survey on **Preventing & Addressing Sexual Violence & the Gendered Impacts of COVID-19 through Education & Awareness** hosted by Survey Monkey. The survey should take approximately 15 minutes to complete.

Participants without access to computer or uncomfortable with an online environment may mail their responses in **paper form** to Dr. Findlay, CUI SR, University of Saskatchewan, R.J.D. Williams Building 428 - 221 Cumberland Avenue, Saskatoon, SK S7N 1M3. All data collected in paper format will be scanned into electronic format and stored in a password-protected computer in a locked office at CUI SR; paper copies will be shredded. Access to files and raw data will be restricted to the research team.

Funded by:

Sexual Assault Services of Saskatchewan. There is no actual or potential conflict of interest on the part of the researchers or sponsors.

Potential Risks:

There are no anticipated harms from participating, although sharing your educational experience and needs could cause anxiety and/or stress. **Questions have been formulated carefully to reduce this risk.** You may answer only those questions with which you are comfortable.

If you experience continuing distress, we can refer you to one of these SASS counselling services:

Envision Counselling and Support Centre

Estevan Office: 1 (306) 637-4004

Weyburn Office: 1 (306) 842-8821

Carlyle Office: 1 (306) 453-2405

Oxbow Office: 1 (306) 483-5555

General E-Mail: info@envisioncounsellingcentre.com; envisioncounsellingcentre.com

Society for the Involvement of Good Neighbours

Yorkton Area 83 North St. location: 306-783-9409

345 Broadway St. location: 306-783-9424

sign-yorkton.org

North East Outreach & Support Services

Melfort Area 306-752-9464; adm@neoss.ca; neoss.ca

Heart-Song Complex Trauma Program

Saskatoon Area (306) 659 - 5815 or (639) 317- 8104; lorie@heart-song.ca

Hope Restored Canada

Saskatoon Area (306) 371-4673; Info.hoperestoredcanada.org; hoperestoredcanada.org

Prince Albert Sexual Assault Program

Prince Albert Area Sexual Assault Crisis Line: (306) 764-1039

Administration Line: (306) 763-8181; pacrisis.ca

West Central Crisis and Family Support Centre

Kindersley Area (306) 463-6655; 24hr Crisis Line: (306) 463-1860; westcentralcrisis.ca

Piwapan Women's Centre

La Ronge Area 306-425-3930; 24hr Crisis Line: 306-425-4090; pwcprograms.ca

Partners Family Services

Humboldt Area (306) 682-4135; partnersfamilyservices.ca

SouthWest Crisis Services

Swift Current Area (306) 778-3386; Crisis Line: (306) 778-3386 or 1-800-567-3334
swcsoutreachmanager@sasktel.net; swcrisis.ca

Potential Benefits:

By participating, you have the opportunity to assist in developing sexual violence education and training that is evidence-based, trauma-informed, and culturally appropriate.

Confidentiality:

Your answers are **anonymous** and we collect no identifying information. The data will be presented in aggregate form, so that it will not be possible to identify individuals. This survey is hosted by SurveyMonkey. Data will be stored on secure servers in facilities in Canada. Please see the following for more information on the Survey Monkey Privacy Policy.

Storage of Data:

Electronic survey data will be stored for analysis purposes in an electronic format on the **Principal Investigator's** password-protected computer in a locked office and backed up on OneDrive U of S at the University of Saskatchewan; data will then be stored for 5 years after publication on OneDrive U of S to prevent loss. Once the data are no longer required and following the required storage period of 5 years after publication, the data will be destroyed beyond recovery.

Right to Withdraw:

Participation in this survey is voluntary. You can decide not to participate at any time by closing your browser or choose not to answer any questions you do not feel comfortable with. Since the survey is anonymous, once it is submitted it cannot be removed. Whether you choose to participate or not will have no effect on your position (e.g., employment, academic status, access to services) or how you will be treated.

Follow up:

To obtain results from the study, please contact CUISR by phone (306-966-2121) or by email (cuisr.oncampus@usask.ca) for a summary of findings (**available July 2022**) or for the final report or visit our website <https://cuisr.usask.ca> where a summary and final report will be available. **In addition**

to the final report, findings may also be published in academic journals, and/or presented at public and professional conferences.

Questions or Concerns:

Contact the researcher(s) using the information at the top of page 1. This research project has been approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office: ethics.office@usask.ca; 306-966-2975; out of town participants may call toll free 1-888-966-2975.

By completing and submitting this survey, your free and informed consent is implied and indicates that you understand the above conditions of participation in this study.



SASKATCHEWAN SEXUAL VIOLENCE EDUCATION INITIATIVE (SSVE)

Survey

Fill in the circle beside your chosen response.

1. How do you identify your gender? Please, select **ALL** that apply.
 - Transgender
 - Gender Neutral
 - Non-binary
 - Pangender
 - Genderqueer
 - Two-spirit
 - Third Gender
 - Cisgender
 - Genderfluid
 - Agender
 - Female
 - Male
 - Other: _____

2. Are you a person with a disability?
 - Yes
 - No

3. **Do you consider yourself to be a senior?**
 - Yes**
 - No**

4. How do you identify ethnically? Please, select **ALL** that apply. **(E.g.)**
 - Indigenous (Métis/First Nations, Inuit)
 - Arab
 - South Asian (East Indian/Sri Lankan)
 - Southeast Asian (Vietnamese/Cambodian)

- West Asian (Iranian/Afghan)
- Black (African American)
- Chinese
- Japanese
- Korean
- Filipino/**Filipina**
- Latin America
- White (British/Dutch/Irish/Scottish/German/Scandinavian)
- Other: _____

5. What was the first language(s) that you first learned at home in childhood? Please, select **ALL** that apply. (E.g.)

- French
- Cantonese
- Mandarin
- English
- Italian
- German
- Michif
- Cree
- Dene
- Punjabi
- Spanish
- Polish
- Portuguese
- Arabic
- Tagalog
- Hindi**
- Russian**
- Urdu**
- Ukrainian**
- Other: _____

6. If you had a choice, what language would you choose to learn educational programming pertaining to sexual assault, abuse, harassment and/or healthy relationships/attitudes/beliefs? Please, select **ONE**.

- French
- Cantonese
- Mandarin
- Cantonese
- English
- Italian
- German
- Michif

- Cree
 - Dene
 - Punjabi
 - Spanish
 - Polish
 - Portuguese
 - Arabic
 - Tagalog
 - Other: _____
7. I feel that educational programming specific to sexual assault, abuse, harassment and/or healthy relationships/attitudes/beliefs is available and accessible in my community.
- Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
 - Other: _____
8. I feel that I have sufficient educational resources in my community for me to access sexual violence information-based supports.
- Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
 - Other: _____
9. What is your preferred duration for attending/learning educational programming (classes/sessions/training/certifications)? Please, select **ONE**.
- 37.5 hours (5 days/1 week)
 - 4 hours (half a day)
 - 3 hours
 - 1.5 hours
 - Less than 1 hour
10. Due to the stipulations of COVID-19, virtual platforms are being used more often. Would you be comfortable learning online about sexual violence educational programming specific to sexual assault, abuse, harassment and/or healthy relationships/attitudes/beliefs?
- Yes
 - No
 - Please explain:

11. What type of sexual violence educational programming specific to sexual assault, abuse, harassment and/or healthy relationships/attitudes/beliefs do you believe would be a positive addition to resources in your community?



SEXUAL VIOLENCE SERVICE PROVIDER PARTICIPANTS NEEDED FOR RESEARCH ON SEXUAL VIOLENCE EDUCATION AND AWARENESS

We are looking for volunteers to take part in a study entitled ***Preventing & Addressing Sexual Violence & the Gendered Impacts of COVID-19 through Education & Awareness***

As a study participant, you would be asked to *answer anonymous survey questions*.

Your participation would take approximately 15 minutes.

For more information about this study, sponsored by Sexual Assault Services of Saskatchewan (SASS) and Federation of Sovereign Indigenous Nations (FSIN), contact Dr. Isobel M. Findlay, Principal Investigator and CUISR University Co-Director, at findlay@edwards.usask.ca; tel: 306-966-2120



To participate in the study, please contact Somiya Tabassum, Lead Program Coordinator, Sexual Assault Services of Saskatchewan (SASS); somiya@sassk.ca; tel: 306-807-6866

This study has been reviewed and approved by the University of Saskatchewan Behavioural Research Ethics Board



APPENDIX B: PROJECT CHARTER AND PROJECT ADVISORY



SASKATCHEWAN SEXUAL VIOLENCE EDUCATION INITIATIVE

Preventing & Addressing Sexual Violence & the Gendered Impacts of COVID-19 through Education & Awareness

Vision

Prevent and address sexual violence and the gendered-impacts of COVID-19 in Saskatchewan through an evidence-based, trauma-informed, and intersectional sexual violence education program(s) supported by a provincial framework for sustainability including diverse platforms for information dissemination, resource sharing and skill-building.

Objectives

1. Research to determine Saskatchewan-based sexual violence educational needs.
2. Develop and implement an evaluation plan for the Saskatchewan sexual violence education initiative.
3. Develop evidence-based, trauma-informed sexual violence education program(s), reflective of Saskatchewan intersectional complexities. The education will include the lifespan, sectoral and pandemic analysis of sexual violence and it will be designed with virtual adaptations for remote/rural learning.
4. Develop a training guideline for new facilitators to ensure that helping professionals in communities across Saskatchewan can access the education to assess, screen, and respond effectively to disclosures of sexual violence and the gendered-impacts of COVID-19.
5. Pilot the Saskatchewan sexual violence education program(s), reaching both urban and rural/remote communities and utilizing the newly trained facilitators.
6. Host a Leadership Forum as a platform to launch new resources developed, for skill-building and collaborative leadership for service providers and community members. The forum will serve as a platform for improving the caliber of sexual violence expertise in Saskatchewan through sharing of relevant research, emerging best-practices, new understandings of trends and patterns. The forum will also serve as an opportunity for networking, development and capacity-building throughout the targeted trainings and engagement with organizations serving marginalized groups including but not limited to Indigenous Peoples', newcomers, LGTBQ2+, seniors and those living with disabilities.

Partnership(s)

Federation of Sovereign Indigenous Nations is SASSs' key partner for this project. FSIN Women's Advisory and the Project Advisory (representative of subject matter experts inclusive of intersectional complexities) will support core activities throughout the project. It is our intention that the guidance of these robust advisory's, will best support the affected populations sexual violence educational needs.

SHINING A LIGHT.

| 1



Rationale

Saskatchewan needs comprehensive education programming that addresses the intersectional forms of sexual violence experienced in Saskatchewan by Indigenous Peoples', newcomers, LGTBQS2+, seniors and those living with disabilities, including complex neocolonial dynamics that contribute to their continued, and disproportionate victimization and to ensure the appropriate training is available. The development of a grassroots, intersectional, evidence-based, and trauma-informed educational programming will address the gaps identified by survivors, service providers and volunteers, including training and resources that reflect the realities of violence perpetration in Saskatchewan. The evaluation of this initiative will be a critical asset to ensure the efficacy of the sexual violence educational program(s) developed.

Secondly, the COVID-19 pandemic has highlighted the need for training designed for remote delivery and a training guideline that ensures facilitators are adequately equipped to safely manage inevitable trauma triggers and potential participant conflicts during a virtual presentation. Our members (front-line agencies) have also, become increasingly aware of the surge in cases and the emerging trends and patterns of sexual violence perpetration and victimization during the pandemic. This has generated unusual ways for survivors of sexual violence and service providers to effectively deliver and receive support. In Saskatchewan, agencies are faced with providing services remotely to clients across the province and many survivors have fallen through the gaps due to poor infrastructure. Restrictions, isolation orders, and reduced safe shelter capacity have contributed to increased mental health challenges and increased victimization incidents for adults and children. The pandemic has exacerbated systemic barriers and intensified inequality; based on gender, ability, race, income, immigration, and citizenship status, education, and employment.

The education program(s) developed, and the Leadership Forum event will increase the competency of helping professionals and community members who work or live alongside sexual violence survivors. The Saskatchewan-based sexual violence training will be adaptable for online delivery and will include new understandings of the shadow pandemic. This will increase our capacity to support Indigenous Peoples', newcomers, LGTBQS2+, seniors and those living with disabilities, by ensuring that helping professionals and community members are provided with tools and resources designed to evolve with changing trends and patterns, and limitations imposed by the pandemic guidelines.

For more information, please contact:

Jenna Ives

Lead Program Coordinator

Email: jenna@sassk.ca

Phone: 306-757-1941

Funded by:



Femmes et Égalité
des genres Canada

Women and Gender
Equality Canada



Community
Initiatives
Fund



South
Saskatchewan
Community
Foundation



Department of Justice
Canada
Ministère de la Justice
Canada

SHINING A LIGHT.

| 2

SASS SSVE RESEARCH SUPPORT/ PROJECT ADVISORY



**OCTOBER 2021
REQUESTED INFORMATION**

**PROGRAM COORDINATOR
SOMIYA TABASSUM**

KEY PARTNERSHIP



Federation of Sovereign Indigenous Nations (FSIN) is SASS's key partner for this initiative. FSIN has decided it is best if the Women's Council-with the support of the Chiefs Assembly elects a minimum of two representatives to participate in the SSVE Advisory. One FSIN staff member representative and one community member representative.

SSVE ADVISORY

This group will be comprised of representatives from the provincial government, community service providers, and partner organizations. The SSVE Advisory will be comprised of experts in the field and representative of affected population groups, which will build a strong provincial framework for accountability, quality-control, and sustainability of the SSVE Initiative. This collaborative cooperation will be accomplished by the SASS Program Coordinators' active relationship-building engagement with stakeholders who are subject matter experts and representative of Saskatchewan's intersectional complexities.

The SSVE Advisory members will abide by the SASS Mission:

“To provide a united voice for organizations who support and serve survivors of sexual assault in Saskatchewan and Canada “and Vision “A society without sexual assault and violence”.

EXTERNAL STAKEHOLDER

Non-Profit Community Organizations

The Canadian Advisory of Women
Immigrants (CAWI)

- Hani Rukh E Qamar Education Coordinator:
hani.rq@cawicanada.com
- Saif Waseem Health Care Resource Manager;
saif.waseem@hotmail.com

Envision Counselling and Support Services;
Raven & Tanya

North East Outreach and Support Services
-Ashley Schwanke; aschwanke@
northeastoutreach.ca

University of Regina Students Union
-Robin Hilton Sexual Outreach Worker;
sexualhealth@ursu.ca

Tell it like it is Team
-Inclusion Saskatchewan Kirby; kirbyb@
inclusion.sk.com
-Creative Options Regina Krysten; kristyn@
inclusionregina.ca
-Saskatoon Sexual Health Natalie;

Listen to dis
-Tracy Foster
-John Loepky; shelby.lowe@listentodis.com

Sexual Violence & Prevention UofR Respect
Lynn Thera; lynn.thera@uregina.ca

Prince Albert Sexual Assault Program
-Executive Director; v.stewart@pacrisis.ca

Flying Dust First Nations
-Prevention Worker patricia.main@flyingdust.
net (306-240-4797)

Astonished
-Bonnie Cummings-Vickaryous Bonnie.
Cummings-Vickaryous@beingastonished.com

Estevan Public Youth Centre
-Julie Dzuba juli.dzuba@theepyc.ca

ESTABLISHED SUPPORT

Saskatchewan Polytechnic Adult Education Curriculum Team

- Lisa Erickson Contact Coordinator;
erickson6467@saskpolytech.ca
- Dalton Mervold Team Lead; Mervold@
saskpolytech.ca

Ministry of Education K-12 Curriculum Development Experts

- Sherry Van Hesteren School Board;
lavertyt@spsd.sk.ca
- Tracy Laverty First Nations and Inuit Metis
Consultant; lavertyT@spsd.sk.ca

EXTERNAL STAKEHOLDERS OF INTEREST

Government Organizations with Policy Making/Changing Power

Ministry of Education

Ministry of Advanced Education

Early Years Learning

Community Member Organizations

Prevention Institute

TransSask Support Services

Saskatchewan Voice of People with Disability

Elizabeth Fry Association

Coaching Association of Saskatchewan

“LET’S WORK TOGETHER TO PREVENT AND ADDRESS SEXUAL VIOLENCE IN SASKATCHEWAN!”

WHAT IS THE NEED FOR EDUCATIONAL PROGRAMMING AROUND SEXUAL VIOLENCE SUCH AS THE FIRST RESPONDER TO SEXUAL ASSAULT AND ABUSE TRAINING (FRT) HERE IN SASKATCHEWAN?

Here’s what past participants have said:

“This is the best training session I have ever been involved in!”

“There is an increased sort of appetite for this information. People are seeking it out and want to be informed and capable.”

“There’s other training available in communities that FRT can build on, find them, and connect with them and potentially use a database to inform participants, do not recreate something that already exists and is specific to Saskatchewan.”

APPENDIX C: CONTACT LETTER



Letter of Initial Contact

Project Title: Preventing & Addressing Sexual Violence & the Gendered Impacts of COVID-19 through Education & Awareness

Research Team:

Dr. Isobel M. Findlay, professor emerita, Edwards School of Business, University of Saskatchewan; University Co-Director, CUI SR; findlay@edwards.usask.ca; tel: 306-966-2120

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Shaylyn White, graduate researcher, Women's, Gender, and Sexuality Studies and CUI SR, University of Saskatchewan; srw873@usask.ca; tel: 306-966-7083

Haleh Mir Miri, graduate researcher, Women's, Gender and Sexuality Studies and CUI SR, University of Saskatchewan; ham688@usask.ca; tel: 306-966-2120

Emilia Gillies, graduate researcher, Community Health and Epidemiology and CUI SR, University of Saskatchewan; emilia.gillies@usask.ca; tel: 306-966-2120

Somiya Tabassum, Lead Project Coordinator, Sexual Assault Services of Saskatchewan (SASS); somiya@sassk.ca; tel: 306-807-6866

You are invited to participate in the research project **Preventing & Addressing Sexual Violence & the Gendered Impacts of COVID-19 through Education & Awareness**. This study, to be carried out by the Community-University Institute for Social Research (CUISR), is funded by Sexual Assault Services of Saskatchewan (SASS). It has been approved by the Behavioural Research Ethics Board at the University of Saskatchewan.

The purpose of this study is to assess Saskatchewan-based sexual violence education needs and provide evidence-based and trauma-informed support for the SASS/Federation of Sovereign Indigenous Nations Saskatchewan Sexual Violence Education Initiative to educate about and to bring awareness to experiences of sexual violence in Saskatchewan. The initiative also aims to

explore how COVID-19 has affected experiences surrounding sexual assault for people of different genders. Saskatchewan needs comprehensive educational programming that ensures appropriate training to address the various and complex forms of sexual violence experienced in Saskatchewan by Indigenous Peoples, newcomers, 2SLGBTQIA+, seniors, and those living with disabilities. The complex historical and social dynamics which contribute to their continued and disproportionate victimization need to be better understood. The research aims to document current sexual violence educational programming, identifying gaps and lessons learned, and promising educational programming models.

Interviews will be used to collect study data. Interview guides (attached) have been developed by the CUISR research team. Data collection will take place by telephone or virtually if participants choose. The interviews will include up to 75 participants and will last up to an hour. If participants agree, interviews will be audio recorded for transcription purposes. Interviews will be transcribed by the CUISR research assistant who has signed a confidentiality agreement. You may choose to review, add or delete before approving the transcript. Please feel free to ask any questions regarding study procedures and goals or your role.

Your participation is voluntary and will remain confidential, unless you choose to be acknowledged in the publication. You may withdraw from the study at any time (up to one month after your participation) without any penalty. The results of the study, in the form of a formal report, will be given to the funders and published by CUISR. Your confidentiality will be fully protected in reporting of the findings unless otherwise specified by you. Your choice to participate or not in the study will not impact in any way services you receive. See attached consent form.

Study participants are welcome to contact the research team for more information. If you have questions, please contact Dr. Isobel M. Findlay at 306-966-2120 or findlay@edwards.usask.ca or cuisr.oncampus@usask.ca. To participate, please contact **Somiya Tabassum, Lead Project Coordinator, Sexual Assault Services of Saskatchewan (SASS); somiya@sassk.ca; tel: 306-807-6866**

Your time and interest in this study are very much appreciated.

Somiya Tabassum, Lead project Coordinator
Sexual Assault Services of Saskatchewan (SASS)
somiya@sassk.ca; 306-807-6866

APPENDIX D: INTERVIEW CONSENT FORM



INTERVIEW

Participant Consent Form

Project title: Preventing & Addressing Sexual Violence & the Gendered Impacts of COVID-19 through Education & Awareness

Researcher(s): Dr. Isobel M. Findlay, professor emerita, Edwards School of Business, University of Saskatchewan; University Co-Director, CUIISR; findlay@edwards.usask.ca; tel: 306-966-2120

Dr. Marie Lovrod, associate professor, Women's and Gender Studies, University of Saskatchewan; Community-University Institute for Social Research (CUIISR); marie.lovrod@usask.ca; tel: 306-966-7538

Shaylyn White, graduate researcher, Women's, Gender, and Sexuality Studies and CUIISR, University of Saskatchewan; srw873@usask.ca; tel: 306-966-7083

Haleh Mir Miri, graduate researcher, Women's, Gender and Sexuality Studies and CUIISR, University of Saskatchewan; ham688@usask.ca; tel 306-966-2120

Emilia Gillies, graduate researcher, Community Health and Epidemiology and CUIISR, University of Saskatchewan; emilia.gillies@usask.ca; tel: 306-966-2120

Somiya Tabassum, Lead Project Coordinator, Sexual Assault Services of Saskatchewan (SASS); somiya@sassk.ca; tel: 306-807-6866

Purpose(s) and Objective(s) of the Research:

The purpose of this study is to assess Saskatchewan-based sexual violence education needs and provide evidence-based, trauma-informed, and culturally appropriate support for the SASS/ Federation of Sovereign Indigenous Nations Saskatchewan Sexual Violence Education Initiative to educate about and to bring awareness to experiences of sexual violence in Saskatchewan. The initiative also aims to explore how COVID-19 has affected experiences surrounding sexual assault for people of different genders. Saskatchewan needs comprehensive educational programming that ensures appropriate training to address the various and complex forms of sexual violence experienced in Saskatchewan by Indigenous Peoples, newcomers, 2SLGBTQIA+, seniors, and those

living with disabilities, The complex neocolonial dynamics that contribute to their continued and disproportionate victimization need to be better understood. The research aims to document current sexual violence educational programming, identifying gaps and lessons learned, and promising educational programming models.

Procedures: Data for this project will be gathered via individual interviews lasting approximately 60 minutes.

Telephone or virtual interviews (via a password enabled Zoom meeting) lasting about 60 minutes will be used to gather data. The USask agreement with Zoom ensures that all data will be routed through servers in Canada.

- You are free to turn off your video camera if you choose not to be video-recorded.
- Please note that, when conducting the interview from home, the researcher(s) will conduct the interview from a location where they cannot be overheard. To the extent possible, you are also requested to maintain the privacy of our conversation at your end as well.
- If participants agree, the interviews will be recorded by the researcher and the audio recordings will be saved on the researcher's local password protected computer (and backed up on One Drive-University of Saskatchewan); researchers and participants agree not to make any unauthorized recordings of the interviews. You may ask for the recording to be turned off at any point without giving any reason.
- If participants do not agree to recording, the researcher(s) will take fieldnotes.
- The audio files will be transcribed by a research assistant who has signed a confidentiality agreement.
- Once the interview has been transcribed a copy will be sent to you if you choose for your final approval. You have a deadline of two weeks to respond and return any transcript revisions. A reminder email will be sent to participants after one week. If there is no response by the deadline it will be assumed that participants accept the transcript as sent to them.
- Please feel free to ask any questions regarding the procedures and goals of the study or your role in this research.

Potential participants will have the opportunity to review the consent form and interview questions (when they receive their invitation), prior to agreeing to participate in the interview.

Funded by: Sexual Assault Services Saskatchewan

Potential Risks: There are no anticipated harms from participating, although sharing your educational experience and needs could cause anxiety and/or stress. Questions have been formulated carefully to reduce this risk. You may answer only those questions with which you are comfortable.

If you experience continuing distress, we can refer you to one of these SASS counselling services:

Envision Counselling and Support Centre

Estevan Office: 1 (306) 637-4004

Weyburn Office: 1 (306) 842-8821

Carlyle Office: 1 (306) 453-2405

Oxbow Office: 1 (306) 483-5555

General E-Mail: info@envisioncounsellingcentre.com; envisioncounsellingcentre.com

Society for the Involvement of Good Neighbours

Yorkton Area 83 North St. location: 306-783-9409

345 Broadway St. location: 306-783-9424

sign-yorkton.org

North East Outreach & Support Services

Melfort Area 306-752-9464; adm@neoss.ca; neoss.ca

Heart-Song Complex Trauma Program

Saskatoon Area (306) 659 - 5815 or (639) 317- 8104; lorie@heart-song.ca

Hope Restored Canada

Saskatoon Area (306) 371-4673; Info.hoperestoredcanada.org; hoperestoredcanada.org

Prince Albert Sexual Assault Program

Prince Albert Area Sexual Assault Crisis Line: (306) 764-1039

Administration Line: (306) 763-8181; pacrisis.ca

West Central Crisis and Family Support Centre

Kindersley Area (306) 463-6655; 24hr Crisis Line: (306) 463-1860; westcentralcrisis.ca

Piwapan Women's Centre

La Ronge Area 306-425-3930; 24hr Crisis Line: 306-425-4090; pwcprograms.ca

Partners Family Services

Humboldt Area (306) 682-4135; partnersfamilyservices.ca

SouthWest Crisis Services

Swift Current Area (306) 778-3386; Crisis Line: (306) 778-3386 or 1-800-567-3334

swcsoutreachmanager@sasktel.net; swcrisis.ca

Potential Benefits: By participating, you have the opportunity to assist SASS in developing sexual violence education and training that is evidence-based, trauma-informed, and culturally appropriate—with education and training designed to benefit and help make safer each of our communities in Saskatchewan.

- **Confidentiality:** The data will be presented in aggregate form, so that it will not be possible to identify individuals. All personal data will be removed before the responses are analyzed and reported. This means that any direct quotes, opinions, or expressions will be presented without revealing names. Confidentiality will be further protected by allowing only the research team access to the recordings of the interviews and by storing the signed consent forms separately from transcriptions. The only case where confidentiality will be waived is when the participant has agreed to have their contributions acknowledged. Contact information will be coded, and the master list stored separately from the data collection. The master coding sheet will be destroyed once the data are analyzed and integrated into the draft report (likely within two-six months of interviews).
- The final report will be published on CUISR and SASS websites. We may use direct quotations from your responses in the final report and findings may also be published in academic journals, and/or presented at public and professional conferences. There will be no identifying information linked to any quotations used.
 - The privacy policy of Zoom Video Communications, which hosts the Zoom platform, is available at <https://www.zoominfo.com/about-zoominfo/privacy-policy>
 - Please note that despite privacy policy of the organizations supporting the above-mentioned platforms, there is no guarantee of the privacy of data with the use of any web-based platform.
- **Storage of Data:** Data will be securely stored in a locked office at CUISR by Dr. Findlay for a period of five years after publication at which time it will be destroyed. Electronic files and recordings will be kept in CUISR password protected computer files (backed up on One Drive—U of Saskatchewan). Hardcopy data will be stored in locked filing cabinets

in a locked CUISR office and, as mentioned above, transcripts will be stored separately from signed consent forms.

Right to Withdraw:

- Your participation is voluntary and you can answer only those questions that you are comfortable with. You may withdraw from the research project for any reason, at any time up to one month after your participation has ended, without explanation or penalty of any sort. Your participation or non-participation will not affect your access to services (such as health care or school), employment, or how you will be treated.
- Should you wish to withdraw from an interview, your data will be deleted.
- After the withdraw date, some dissemination may have occurred and it will no longer be possible to withdraw your data.

Follow up:

To obtain results from the study, please contact CUISR by phone (306-966-2121) or by email (cuivr.oncampus@usask.ca) or visit our website <https://cuivr.usask.ca>. A summary of the findings will be available July 2022.

Questions or Concerns:

- Contact the researcher(s) using the information at the top of page 1;
- This research project has been approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free 1-888-966-2975.

Consent

Option 1 - SIGNED CONSENT

Your signature below indicates that you have read and understand the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

Name of Participant Signature

Researcher's Signature Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Option 2 - ORAL CONSENT

By signing this segment, the researcher acknowledges having read and explained this Consent Form to the participant before receiving the participant's consent, and the participant had knowledge of its contents and appeared to understand it.

Researcher's Signature Date

I consent to audio recording of my interview Yes _____ No

I would like to review a transcript of my interview Yes _____ No

APPENDIX E: INTERVIEW GUIDE

SASKATCHEWAN SEXUAL VIOLENCE EDUCATION INITIATIVE (SSVE)
Preventing & Addressing Sexual Violence & the Gendered Impacts of COVID-19
through Education & Awareness

KEY INFORMANT INTERVIEW GUIDE

	<p>1. Is there educational programming accessible and available in your community specific to sexual violence, inclusive of anti-violence continuum intersectional complexities?</p> <p>"... "</p> <p>-----</p> <p>-----</p> <p>If so, can you please share the title, provider and access information?</p> <p>"... "</p>
	<p>2. Is there a key sexual violence (<i>inclusive of anti-violence continuum intersectional complexities</i>) educational program that in your professional opinion, you believe your community would benefit from, that (<i>to your knowledge</i>) is not currently accessible or available?</p> <p>"... "</p> <p>-----</p> <p>-----</p> <p>Are there other sexual violence educational programs that you would like your community to have access to?</p> <p>"... "</p> <p>-----</p> <p>-----</p> <p>Can you think of any specific needs due to COVID-19, that could be barriers towards the delivery of sexual violence education in your community?</p> <p>"... "</p>

	<p>3. Can you explain the ideal purpose/rationale for sexual violence (inclusive of anti-violence continuum intersectional complexities) education for the community your organization serves? "..." ----- -----</p>
	<p>4. Drawing on your experiential knowledge what do you think could be three specific course learning goals for new sexual violence (inclusive of anti-violence continuum intersectional complexities) education that would positively impact community members of your organization? "..." ----- -----</p>
	<p>5. In your professional opinion what is the most productive amount of time the sexual violence (inclusive of anti-violence continuum intersectional complexities) educational programming (sessions/ classes/course) should be? [For consistency the researcher can convert the participants' response to be measured in hours.] "..." ----- -----</p>
	<p>6. What are some base ideal features (such as: real-life scenarios/ direct quotes/ links to resources/self-reflective exercises) that sexual violence educational programming could include to increase impact and/or support for participants and their community? "..." ----- -----</p>

	<p>7. What is the ideal learning environment that you believe would best support individuals accessing sexual violence (inclusive of anti-violence continuum intersectional complexities) educational programming (e.g. class size, face-to-face, online and ext.)? "..."</p> <p>-----</p> <p>-----</p> <p>Would your organization be open to exploring virtual sexual violence educational programming? "..."</p>
	<p>9. Are there specific sexual violence (inclusive of anti-violence continuum intersectional complexities) educational needs that have been requested by community members? "..."</p> <p>-----</p> <p>-----</p> <p>If there is more than one, please list and prioritize? "..."</p> <p>-----</p> <p>-----</p> <p>Has there been an increase in requests during COVID-19, specific to sexual violence educational needs/resources? "..."</p>

	<p>10. Has your organization faced language barriers when delivering programming for your community? "..."</p> <p>-----</p> <p>-----</p> <p>If so, which languages need more supports? "..."</p> <p>-----</p> <p>-----</p> <p>If applicable, please list sexual violence educational resource language specific needs? "..."</p>
	<p><u>Additional Information</u></p>

APPENDIX F: FOCUS GROUP INITIAL CONTACT LETTER



Re: Invitation to participate in a focus group on a research study entitled: Preventing & Addressing Sexual Violence & the Gendered Impacts of COVID-19 through Education & Awareness

Researcher(s):

Dr. Isobel M. Findlay, professor emerita, Edwards School of Business, University of Saskatchewan; University Co-Director, CUI SR; findlay@edwards.usask.ca; tel: 306-966-2120

Dr. Marie Lovrod, associate professor, Women's and Gender Studies, University of Saskatchewan; Community-University Institute for Social Research (CUISR); marie.lovrod@usask.ca; tel: 306-966-7538

Shaylyn White, graduate researcher, Women's, Gender, and Sexuality Studies and CUI SR, University of Saskatchewan; srw873@usask.ca; tel: 306-966-7083

Haleh Mir Miri, graduate researcher, Women's, Gender and Sexuality Studies and CUI SR, University of Saskatchewan; ham688@usask.ca; tel 306-966-2120

Emilia Gillies, graduate researcher, Community Health and Epidemiology and CUI SR, University of Saskatchewan; emilia.gillies@usask.ca; tel: 306-966-2120

Somiya Tabassum, Lead Project Coordinator, Sexual Assault Services of Saskatchewan (SASS); somiya@sassk.ca; tel: 306-807-6866

You are invited to participate in a focus group of 3-10 community members (lasting 60-90 minutes) to discuss Saskatchewan needs for comprehensive education and training programming that addresses the intersectional forms of sexual violence experienced in Saskatchewan by Indigenous peoples, newcomers, 2SLGBTQIA+, seniors, and those living with disabilities. This study, to be carried out by the Community-University Institute for Social Research (CUISR), is funded by Sexual Assault Services Saskatchewan (SASS) led by a partnership of SASS and Federation of Sovereign Indigenous Nations (FSIN). It has been approved by the Behavioural Research Ethics Board at the University of Saskatchewan.

Please read this letter carefully and feel free to ask any questions you may have about the study.

Purpose(s) and Objective(s) of the Research:

The purpose of this study is to provide evidence-based, trauma-informed, and culturally appropriate support for the SASS/Federation of Sovereign Indigenous Nations Saskatchewan Sexual Violence Education (SSVE) Initiative to educate about and to bring awareness to experiences of sexual violence in Saskatchewan. The initiative also aims to explore how COVID-19 has affected experiences surrounding sexual assault for people of different genders.

The research has these two main objectives:

1. Document current sexual violence educational programming, identifying gaps and lessons learned, promising educational programming models, as well as promising practices in and beyond Saskatchewan;
2. Determine Saskatchewan-based sexual violence education needs, wishes, and preferred formats.

Procedures:

- Focus groups will be used to collect study data. A focus group guide is attached.
- Individual community members recruited for focus groups by SASS and FSIN member agencies are required to be in the sixth (final) stage of healing described by the Worell and Remer 1992 model of the *Sexual Assault Trauma: Six Stages to Survivors Healing Process* whereby the individual positively integrates the sexual assault into his/her life and acknowledges it as part of their identity.
- All participants will be taken through an informed consent process (consent form attached).
- If in-person gatherings are not permitted, you may choose to participate in a password-protected Zoom meeting. You may choose to participate by telephone, to use or turn off video.
- If you agree, the focus group will be recorded and transcribed by research assistants who have signed confidentiality agreements. You may ask to have the recording turned off at any point.
- If one or more participants do not consent to be audio-recorded as part of the focus group, the researchers will take notes instead, or will work with the dissenting participants to omit their statements from the transcript.
- Audio captioning will be provided using Zoom to assist participants who may have hearing impairments.
- The researcher(s) will conduct the focus group from a location where they cannot be

overheard. You are also requested to maintain the privacy of our conversation at your end as well.

- Because this discussion will occur in a group setting, we cannot guarantee that all participants will protect your confidentiality. We will emphasize to all participants that the information shared in the focus group is considered confidential and should not be shared outside of the focus group

COVID Procedures:

- All participants will be taken through COVID safety protocol if public health measures allow for in-person focus groups.
- **For in-person focus groups**, we will be collecting personal contact information that we must retain in order to follow up with you and/or conduct contact tracing if you may have been exposed to COVID-19 in coming to the research site. Contact information will be kept separate from data collected for the study.

Funded by: Sexual Assault Services of Saskatchewan (SASS)

You are invited to participate in one of up to 30 focus groups of community members at one of the SASS or FSIN locations listed below. Your participation is voluntary and will remain confidential, unless you choose to be acknowledged in the publication. You may withdraw from the study at any time up to the completion of the focus group. The results of the study, in the form of a formal report, will be given to the funders and published by CUISR. Your confidentiality will be fully protected in reporting of the findings unless otherwise specified by you. Your choice to participate or not in the study will not impact in any way services you receive.

Study participants are welcome to contact the research team for more information. If you have questions, please contact Dr. Isobel M. Findlay at 306-966-2120 or findlay@edwards.usask.ca or cuisr.oncampus@usask.ca. If you wish to participate, please contact **Somiya Tabassum, Lead Project Coordinator, Sexual Assault Services of Saskatchewan (SASS); somiya@sassk.ca; tel: 306-807-6866**

Your time and interest in this study are very much appreciated.

SASS member agencies

- **Estevan:** Envision Counselling and Support Centre
- **Yorkton:** Society for the Involvement of Good Neighbours

- **Melfort:** North East Outreach & Support Services
- **Saskatoon:** Heart-Song Complex Trauma Program
- **Saskatoon:** Hope Restored Canada
- **Prince Albert:** Prince Albert Sexual Assault Program
- **Kindersley:** West Central Crisis and Family Support Centre
- **La Ronge Area:** Piwapan Women's Centre
- **Humboldt:** Partners Family Services
- **Swift Current:** SouthWest Crisis Services

FSIN member tribal councils

- **Fort Qu'Appelle:** File Hills Qu'Appelle Tribal Council at All Nations Healing Hospital (11)
- **Spiritwood:** Agency Chiefs Tribal Council (3)
- **North Battleford:** Battlefords Agency Tribal Chiefs (5)
- **North Battleford:** Northwest (BTC) Professional Services Corp. (4)
- **Meadow Lake:** Meadow Lake Tribal Council (9)
- **Prince Albert:** Prince Albert Grand Council (12)
- **Saskatoon:** Saskatoon Tribal Council (7)
- **Regina/Muskowekwan:** Touchwood Agency Tribal Council (4)
- **Yorkton:** Yorkton Tribal Administration (6)
- **Saskatoon:** Unaffiliated First Nations at FSIN (13)

Somiya Tabassum, Lead Project Coordinator, Sexual Assault Services of Saskatchewan (SASS); somiya@sassk.ca; tel: 306-807-6866

APPENDIX G: FOCUS GROUP CONSENT FORM



FOCUS GROUP

Participant Consent Form

Project title: Preventing & Addressing Sexual Violence & the Gendered Impacts of COVID-19 through Education & Awareness

Researcher(s):

Dr. Isobel M. Findlay, professor emerita, Edwards School of Business, University of Saskatchewan; University Co-Director, CUI SR; findlay@edwards.usask.ca; tel: 306-966-2120

Dr. Marie Lovrod, associate professor, Women's and Gender Studies, University of Saskatchewan; Community-University Institute for Social Research (CUI SR); marie.lovrod@usask.ca; tel: 306-966-7538

Shaylyn White, graduate researcher, Women's, Gender, and Sexuality Studies and CUI SR, University of Saskatchewan; srw873@usask.ca; tel: 306-966-7083

Haleh Mir Miri, graduate researcher, Women's, Gender and Sexuality Studies and CUI SR, University of Saskatchewan; ham688@usask.ca; tel 306-966-2120

Emilia Gillies, graduate researcher, Community Health and Epidemiology and CUI SR, University of Saskatchewan; emilia.gillies@usask.ca; tel: 306-966-2120

Somiya Tabassum, Lead Project Coordinator, Sexual Assault Services of Saskatchewan (SASS); somiya@sassk.ca; tel: 306-807-6866

Purpose(s) and Objective(s) of the Research:

The purpose of this study is to support the SASS/Federation of Sovereign Indigenous Nations Saskatchewan Sexual Violence Education Initiative to educate about and to bring awareness to experiences of sexual violence in Saskatchewan. The initiative also aims to explore how COVID-19 has affected experiences surrounding sexual assault for people of different genders. Saskatchewan needs comprehensive educational programming that ensures appropriate training to address the various and complex forms of sexual violence experienced in Saskatchewan by Indigenous Peoples, newcomers, 2SLGBTQIA+, seniors, and those living with disabilities. The complex historical and

social dynamics which contribute to their continued and disproportionate victimization need to be better understood.

The research has these two main objectives:

1. Document current sexual violence educational programming, identifying gaps and lessons learned, promising educational programming models, as well as promising practices within and beyond Saskatchewan;
2. Determine Saskatchewan-based sexual violence education needs, wishes, and preferred formats.

Procedures:

Data will be gathered via focus groups, designed to reach a broad spectrum of community members in 30 communities across the province (from Fond du Lac to Estevan) in cooperation with local service providers of SASS and FSIN member agencies. All participants will be taken through an informed consent process. Potential participants will have the opportunity to review the consent form and focus group questions (when they receive their invitation), prior to agreeing to participate in the focus group. Data collection will occur in a **SASS or FSIN location in your community**. The focus group will consist of between approximately 3 and 10 people and will take roughly 60 - 90 minutes. If participants agree, the focus group will be audio recorded for transcription purposes. If participants do not agree to recording, the researcher(s) will take fieldnotes.

COVID Procedures:

All participants will be taken through the COVID-19 safety protocol. Data collection will take place in person ONLY if public health measures allow or by telephone or virtually if participants choose or public health conditions require social distancing. We are taking all safety precautions to reduce the risk of spread of COVID-19 (e.g., use of masks for researchers and participants throughout (disposable masks will be provided), sanitizing of surfaces and shared items, hand washing, physical distancing, etc.) and expect you to follow public health directives as well.

Self-assessment/screening questions (for researchers and participants): Do you have any of the following new or worsening symptoms or signs:

- New or worsening cough
- Shortness of breath, sore throat, runny nose, hoarse voice, difficulty swallowing
- New smell or taste disorders
- Nausea, vomiting, diarrhea, abdominal pain

- Unexplained fatigue, chills, or headache
- Have you travelled outside Canada or had close contact with anyone who has travelled outside Canada in the last 14 days? Or travelled to a community under public health advisory?
- Have you had close contact with anyone with respiratory illness or confirmed or probable case of COVID-19?
- If researcher or focus group participant answers “yes” to any of these questions, the interview will be postponed and advice will be given about contacting Saskatchewan Health Authority.

If you feel that you are from a vulnerable group with respect to COVID-19 effects (e.g., senior, immuno-compromised), please discuss your participation with the research team before consenting. You are under no obligation to participate and nothing bad will happen if you change your mind about participating in the research.

- The research team members adhere to the USask vaccine mandate and are fully vaccinated to reduce the risk of spread of COVID-19.
- Researchers and participants will abide by any additional COVID protocols in place at the location of the focus group.
- We will be collecting personal contact information that we must retain for 14 days in order to follow up with you and/or conduct contact tracing if you may have been exposed to COVID-19 in coming to the research site. Contact information will be kept separate from data collected for the study; after 14 days it will be destroyed securely.
- Should a researcher or participant be diagnosed with COVID, we will follow the latest directives available at Saskatchewan website
- If in-person gatherings are not permitted, you may choose to participate in a password-protected Zoom meeting. You may choose to participate by telephone, to use or turn off video.
- The USask agreement with Zoom ensures that all data will be routed through servers in Canada.
- The privacy policy of Zoom Video Communications, which hosts the Zoom platform, is available at <https://www.zoominfo.com/about-zoominfo/privacy-policy>
- Please note that despite privacy policy of the organizations supporting the above-mentioned platforms, there is no guarantee of the privacy of data with the use of any web-based platform.

- If you agree, the focus group will be recorded and transcribed by research assistants who have signed confidentiality agreements. You may ask to have the recording turned off at any point.
- The recording will be saved to the researcher's local USask-managed computer rather than to the cloud with the added security protection of encryption for that recording.
- If one or more participants do not consent to be audio-recorded as part of the focus group, the researchers will take notes instead, or will work with the dissenting participants to omit their statements from the transcript.
- Audio captioning will be provided using Zoom to assist participants who may have hearing impairments.
- The researcher(s) will conduct the focus group from a location where they cannot be overheard. You are also requested to maintain the privacy of our conversation at your end as well and make no unauthorized recording of the content of the meeting, although we cannot guarantee that all participants will refrain from recording the session.
- Because this discussion will occur in a group setting, we cannot guarantee that all participants will protect your confidentiality. We will emphasize to all participants that the information shared in the focus group is considered confidential and should not be shared outside of the focus group.

Please feel free to ask any questions regarding the procedures and goals of the study or your role.

Funded by: Sexual Assault Services of Saskatchewan

Potential Risks: You will be asked to share your experience, needs, and wishes for education and training on sexual assault in Saskatchewan, and this could cause anxiety and/or stress. Questions have been formulated carefully to ensure that the possibility of this risk is very low. If there are any questions that you find uncomfortable, you are not required to answer them. If at any time you do not wish to continue, please feel free to leave the focus group. Please let us know if you need counselling.

Risk(s) will be addressed by: ensuring the presence of a trained representative from Sexual Assault Services Saskatchewan, at all focus groups. If you experience continuing distress, we can refer you to one of these SASS counselling services:

Envision Counselling and Support Centre

Estevan Office: 1 (306) 637-4004

Weyburn Office: 1 (306) 842-8821

Carlyle Office: 1 (306) 453-2405

Oxbow Office: 1 (306) 483-5555

General E-Mail: info@envisioncounsellingcentre.com; envisioncounsellingcentre.com

Society for the Involvement of Good Neighbours

Yorkton Area 83 North St. location: 306-783-9409

345 Broadway St. location: 306-783-9424

sign-yorkton.org

North East Outreach & Support Services

Melfort Area 306-752-9464; adm@neoss.ca; neoss.ca

Heart-Song Complex Trauma Program

Saskatoon Area (306) 659 - 5815 or (639) 317- 8104; lorie@heart-song.ca

Hope Restored Canada

Saskatoon Area (306) 371-4673; Info.hoperestoredcanada.org; hoperestoredcanada.org

Prince Albert Sexual Assault Program

Prince Albert Area Sexual Assault Crisis Line: (306) 764-1039

Administration Line: (306) 763-8181; pacrisis.ca

West Central Crisis and Family Support Centre

Kindersley Area (306) 463-6655; 24hr Crisis Line: (306) 463-1860; westcentralcrisis.ca

Piwapan Women's Centre

La Ronge Area 306-425-3930; 24hr Crisis Line: 306-425-4090; pwcprograms.ca

Partners Family Services

Humboldt Area (306) 682-4135; partnersfamilyservices.ca

SouthWest Crisis Services

Swift Current Area (306) 778-3386; Crisis Line: (306) 778-3386 or 1-800-567-3334

swcsoutreachmanager@sasktel.net; swcrisis.ca

Potential Benefits: By participating, you have the opportunity to share your stories and experience and assist SASS in developing sexual violence education and training that is evidence-based, trauma-informed, and culturally appropriate—with education and training designed to benefit and help make safer each of our communities in Saskatchewan.

Confidentiality: The data will be presented in aggregate form, so that it will not be possible to identify individuals. All personal data will be removed before the responses are analyzed and reported. This means that any direct quotes, opinions, or expressions will be presented without revealing names. Confidentiality will be further protected by allowing only the research team access to any recordings of the focus group and by storing the signed consent forms separately from transcriptions. The only case where confidentiality will be waived is when the participant has agreed to have their contributions acknowledged. Contact information will be coded, linking participant identities to pseudonyms, and the master list stored separately from the data collection files. The master coding sheet will be destroyed once the data are analyzed and integrated into the draft report (likely within two months of interviews).

We will not collect identifying information. Further, we will ask all participants not to share names or identifying information of fellow participants with anyone. All participants are asked to respect one another's confidentiality and not share anything from the focus group discussion outside of the group. However, we cannot guarantee that all members will respect our request.

Confidentiality will be waived if SASS or its researcher has a reasonable suspicion that a child's physical or mental health or welfare has been, or may be, impacted by abuse or neglect. SASS and its researchers have a legal duty to report such information immediately to a local Ministry of Social Services Child Protection Office, First Nations Child and Family Services Agency or law enforcement.

The research findings will be presented to SASS, FSIN, and the Project Advisory before public dissemination of the final report via the CUISR, SASS, and some FSIN tribal council websites. In addition to the final report, findings may also be published in academic journals, and/or presented at public and professional conferences. Any participants who wish to receive a summary of the findings may request from the listed researchers or contact CUISR at cuisr.oncampus@usask.ca or telephone 1-306-966-2121. We may use direct quotations from your responses in the final report and in public presentations. There will be no identifying information linked to any quotations used.

Storage of Data: Recordings and notes will be secured in password-protected computers in locked vehicles during transportation and any paper copies of consent forms will be stored in a locked

cabinet at the Principal Investigator's CUISR researcher offices separate from recordings or other data. Once data have been transferred to electronic format, backup copies will be stored securely on One Drive-U of Saskatchewan on the University of Saskatchewan server. Study data, including recordings, will be stored separately from signed consent forms and securely stored for 5 years following publication, after which they will be deleted beyond any possible recovery.

Right to Withdraw:

- Your participation is voluntary and you can answer only those questions that you are comfortable with. You may withdraw from the research project for any reason, at any time without explanation or penalty of any sort. Your participation or non-participation will not affect your access to services (such as health care or school), employment, or how you will be treated.
- Should you wish to withdraw, you may leave the focus group meeting at any time; however, data that have already been collected cannot be withdrawn as it forms part of the context for information provided by other participants.

Follow up: If you wish to receive a copy of the final report of this research, please contact us and we will email or mail a copy to you when the report is released. A summary of findings will be available July 2022. The report will be published on the CUISR website at <https://cuivr.usask.ca/publications.php>

Questions or Concerns:

- Contact the researcher(s) using the information at the top of page 1;
- This research project has been approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free 1-888-966-2975.

Consent

Option 1 - SIGNED CONSENT

Your signature below indicates that you have read and understand the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

Name of Participant Signature

Researcher's Signature Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Option 2 - ORAL CONSENT

By signing this segment, the researcher acknowledges having read and explained this Consent Form to the participant before receiving the participant's consent, and the participant had knowledge of its contents and appeared to understand it.

Researcher's Signature Date

I consent to audio recording of our focus group Yes _____ No

PLEASE NOTE: If one or more participants do not consent to be audio-recorded as part of the focus group, the researchers will take notes instead, or will work with the dissenting participants to omit their statements from the transcript. Since transcripts from focus groups often tend to be thematic in nature, we will seek confirmation through our member agencies only of direct quotes that will appear anonymously in the report.

APPENDIX H: FOCUS GROUP DISCUSSION GUIDE

SASKATCHEWAN SEXUAL VIOLENCE EDUCATION INITIATIVE (SSVE)

Preventing & Addressing Sexual Violence & the Gendered Impacts of COVID-19
through Education & Awareness

FOCUS GROUPS DISCUSSION GUIDE

1. Is there educational programming accessible and available in your community specific to sexual violence, inclusive of anti-violence continuum intersectional complexities? If so, can you please share the title, provider and access information?

2. What type of sexual violence educational programming specific to sexual assault, abuse, harassment and/or healthy relationships, attitudes and beliefs do you believe would be a positive addition to resources in your community?

3. What are some key learning target goals that you think new sexual violence (inclusive of anti-violence continuum intersectional complexities) educational programming should have?

4. How has COVID-19 impacted your ability to access support, including educational programming specific to sexual assault, abuse, harassment and/or healthy relationships, attitudes and beliefs?

5. Due to the stipulations of COVID-19 virtual platforms are being used more often, would you be comfortable learning about sexual violence educational programming specific to sexual assault, abuse, harassment and/or healthy relationships, attitudes and beliefs, online? Please, explain:

6. Who do you think needs access to sexual violence educational programming in your community the most?

7. Is there anything further that you would like to add to this discussion, specific sexual violence educational needs?

ADDITIONAL INFORMATION:



APPENDIX I: TRANSCRIPT RELEASE FORM



TRANSCRIPT RELEASE FORM

Research Project Title: **Preventing & Addressing Sexual Violence & the Gendered Impacts of COVID-19 through Education & Awareness**

Please send us your completed transcript release form within **TWO WEEKS** from the date when we e-mail you the transcript.

I, _____, have reviewed the complete transcript of my personal interview in this research study.

I hereby authorize the release of **ALL** or **SOME** (circle which option) of this transcript to the researchers to be used in the manner described in the Consent Form. I have received a copy of this Transcript Release Form for my own records. In the event that you consent to release only selected portions of the transcript, clearly indicate these as an attachment to this transcript release form.

Signature of Participant

Signature of Researcher

Date

Date

APPENDIX J: DATA INPUT AND TRANSCRIPTION CONFIDENTIALITY AGREEMENT



DATA INPUT AND TRANSCRIBER CONFIDENTIALITY AGREEMENT

Preventing & Addressing Sexual Violence & the Gendered Impacts of COVID-19 through Education & Awareness [Internal ID 355148]

Please read through the entirety of this form carefully before signing.

Electronic signatures are not valid for this form. After completing the required fields, please print and sign this form in blue or black ink. After this form has been signed by the transcriber, it should be given to the principal investigator of the research study for submission.

The transcriber should keep a copy of the *Transcriber Confidentiality Agreement* for their records.

Confidentiality is the treatment and maintenance of information that an individual has disclosed in a relationship of trust and with the expectation that it will not be divulged to others in ways that are inconsistent with the understanding of the original disclosure (the consent form) without permission.

As a transcriber you will have access to research information (e.g. audio or video recordings, DVDs/CDs, transcripts, data, etc.) that include confidential information. Many participants have only revealed information to investigators because principal investigators have assured participants that every effort will be made to maintain confidentiality. That is why it is of the utmost importance to maintain full confidentiality when conducting your duties as a transcriber during a research study. *Below is a list of expectations you will be required to adhere to as a transcriber. Please carefully review these expectations before signing this form.*

I, [**name of transcriber**], agree to transcribe data for this study. I agree that I will:

1. Keep all research information shared with me confidential by not discussing or sharing the information in any form or format (e.g., disks, tapes, transcripts) with anyone other than Drs. Isobel M. Findlay and Marie Lovrod, the principal investigators on this study;

2. Keep all research information in any form or format (e.g., disks, tapes, transcripts) secure while it is in my possession. This includes:
 - using closed headphones when transcribing audio-taped interviews;
 - keeping all transcript documents and digitized interviews in computer password-protected files;
 - closing any transcription documents when temporarily away from the computer;
 - keeping any printed transcripts in a secure location such as a locked file cabinet; and
 - permanently deleting any e-mail communication containing the data;
3. Give all research information in any form or format (e.g., disks, tapes, transcripts) to the primary investigator when I have completed the research tasks;
4. Erase or destroy all research information in any form or format that is not returnable to the primary investigator (e.g., information stored on my computer hard drive) upon completion of the research tasks.

By signing this form I acknowledge that I have reviewed, understand, and agree to adhere to the expectations for a transcriber described above. I agree to maintain confidentiality while performing my duties as a transcriber and recognize that failure to comply with these expectations may result in disciplinary action

Signature of data input/transcriber

Date

APPENDIX K: 22-STEP ACTION PLAN SUMMARY

ACTION PLAN



Sexual violence crosses all social boundaries and affects people of every age and culture. Everyone has a role to play in order to effect purposeful and broad attitudinal change.

Many people are not clear on what is a healthy relationship and often sexual violence becomes an accepted part of family life, dating life and community perspective.

ACTION 1

- Develop and deliver wide-ranging education and public awareness initiatives that encourage people in Saskatchewan to challenge the attitudes and norms that perpetuate sexual violence.

Education is fundamental in changing attitudes and behaviours. Bystanders within families, communities, workplaces and peer groups are also affected.

ACTION 2

- Engage with individuals and communities in the development and delivery of culturally affirming training for bystanders that builds confidence in their knowledge and enhances their skills to intervene and prevent sexual violence.

Technological innovation and the introduction of social media (e.g. Facebook, Instagram, Snapchat, Twitter) have generated additional spaces for sexual violence to occur. The sites can also be used to counteract negative messages.

ACTION 3

- Inclusive engagement with children, youth and young adults in the development of peer mentoring models that support individuals to be advocates of positive interpersonal relationships.

ACTION 4

- Develop and deliver comprehensive healthy relationships programming that includes clarification on what constitutes sexual consent.

Media reporting that is non-stigmatizing and uses culturally competent language can help challenge myths and promote positive societal behaviors

ACTION 5

- Develop a media training package that focuses on trauma sensitive reporting language that challenges myths and promotes non-violent behaviours.

ACTION PLAN

Sexual violence is most often hidden and while only a minority of survivors formerly report through the formal legal system its' impact reaches beyond the victim, often affecting families and communities. Although difficult, it is essential that conversations about sexual violence are initiated with everyone.

Innovative approaches that enhance and integrate existing initiatives build community capacity and ensure Saskatchewan people who experience sexual violence have their unique needs met.

ACTION 6

- Explore and modify existing multi-media capacity to improve access to educational information and support services for all people who experience sexual violence (inclusive of race, ethnicity, LGBTQ2SA+, newcomers to Canada, persons living with disability and seniors).

ACTION 7

- Explore existing specialized crisis and referral services to inform the development and implementation of a provincial 24 hour sexual violence crisis and referral service that can be accessed by phone, text and web-based networks.

Prior to formally reporting an assault survivors of sexual violence most often tell a friend, family member or a person of trust within their workplace, school or community.

ACTION 8

- Expand Sexual Violence First Responder training to include individuals, community leaders, employers, faculty and staff in post-secondary institutions and all human services sectors.

Response to sexual violence from an Indigenous perspective begins with culture and requires specific supports that encompass the spiritual, emotional, physical and mental impact on the victim, the perpetrator and their families.

ACTION 9

- Explore methods to expand the knowledge of sexual violence first responders, front-line workers in health, education, social services and justice, crisis and counselling centres, police and policy-makers on the impacts of historical trauma to improve their response and support for Indigenous individuals and families who experience sexual violence.

ACTION 10

- Strengthen and support the existing capacity for culturally-affirming and traditional healing practices that may include Elders, ceremonies, faith-based supports, counselling and healing circles.



The timing of a person's sexual violence disclosure and their subsequent healing path may vary with different stages along the way.

Access to trauma and violence-informed crisis and counselling services at the time of need is critical for the people who experience sexual violence to work through their trauma and build constructive coping mechanisms.

ACTION 11

- Expand existing trauma and violence-informed counselling and training capacity by building collaborative partnerships to effectively respond to the distinct circumstances of Saskatchewan people who experience sexual violence.

Healthcare facilities that demonstrate a timely and consistent trauma and violence-informed response ensure persons who have experienced sexual violence have access to the highest quality of specialized care to address their individual health and forensic needs.

ACTION 12

- Engage with provincial and federal healthcare policy developers to review provincial and Indigenous healthcare facilities' protocols and processes to ensure Trauma and Violence-Informed Care principles are applied when responding to persons who have experienced sexual violence.

ACTION 13

- Ensure medical health facilities have access to trained trauma and violence-informed medical teams to provide skilled post-sexual assault medical care.

ACTION 14

- Explore methods to expand Sexual Assault Nurse Examiner (SANE) training to nurses working in urban, rural and remote emergency health facilities.



SEXUAL ASSAULT SERVICES OF SASKATCHEWAN

Improving sexual violence legal and justice systems response must involve collaboration with experienced victim advocates and community service providers.

Survivors of sexual violence require a responsive and culturally affirming intervention team to assist with their navigation through a complex legal and justice system.

ACTION 15

- Strengthen and promote a multi-disciplinary community of practice model to improve response at each stage of the criminal and other legal processes.

ACTION 16

- Enhance and promote resources for survivors that explain reporting options, the function of a criminal trial, roles of each person involved in the legal process, their rights throughout the legal processes and what to do if things go wrong.

ACTION 17

- Strengthen the administration of sexual assault forensic evidence kits through collaborative partnerships between law enforcement, Saskatchewan Health Authority and trained medical professionals.

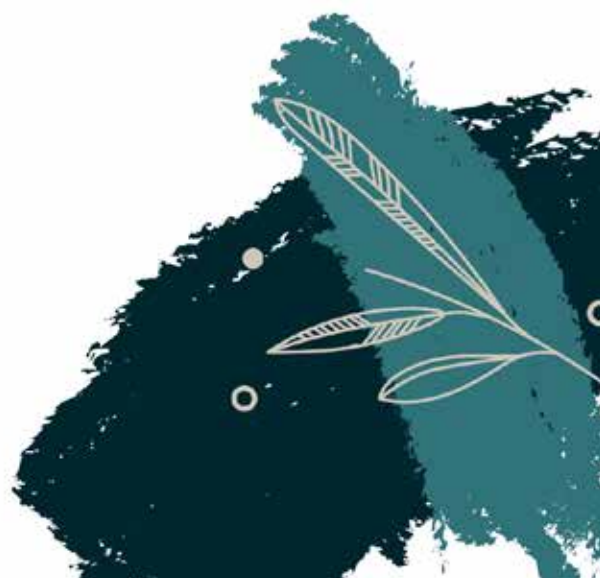
Sexual violence survivors expect fairness from a trauma and violence-informed justice system and must be treated with respect.

ACTION 18

- Ensure the behaviours and actions of trauma survivors are fully understood by reviewing and enhancing education for all members of the criminal and non-criminal justice systems resulting in an improved restorative and responsive justice system.

ACTION 19

- Conduct integrated victim advocate case reviews of police services sexual violence files to determine the systemic challenges in investigating gender-based and sexual violence and to identify potential opportunities to improve investigation outcomes.





Shared responsibility and resources with a commitment to take action will require Champions at each step of the action plan in order to achieve a sustainable reduction of sexual violence in the province.

Changing societal attitudes on sexual violence issues occurs when respected, well-known leaders become engaged in the public dialogue.

ACTION 20

- Build partnerships with leaders at all levels of governments, business sectors and diverse communities to effectively deliver measureable and sustainable results.

ACTION 21

- Create combined digital and in-person networking opportunities for relationship-building and regular exchange of information between service providers and amongst partners working across sexual and gender-based violence.

Public Education and Awareness Campaigns are effective when adequately resourced, sustained over-time, monitored and measured for impact and held accountable by Leadership oversight.

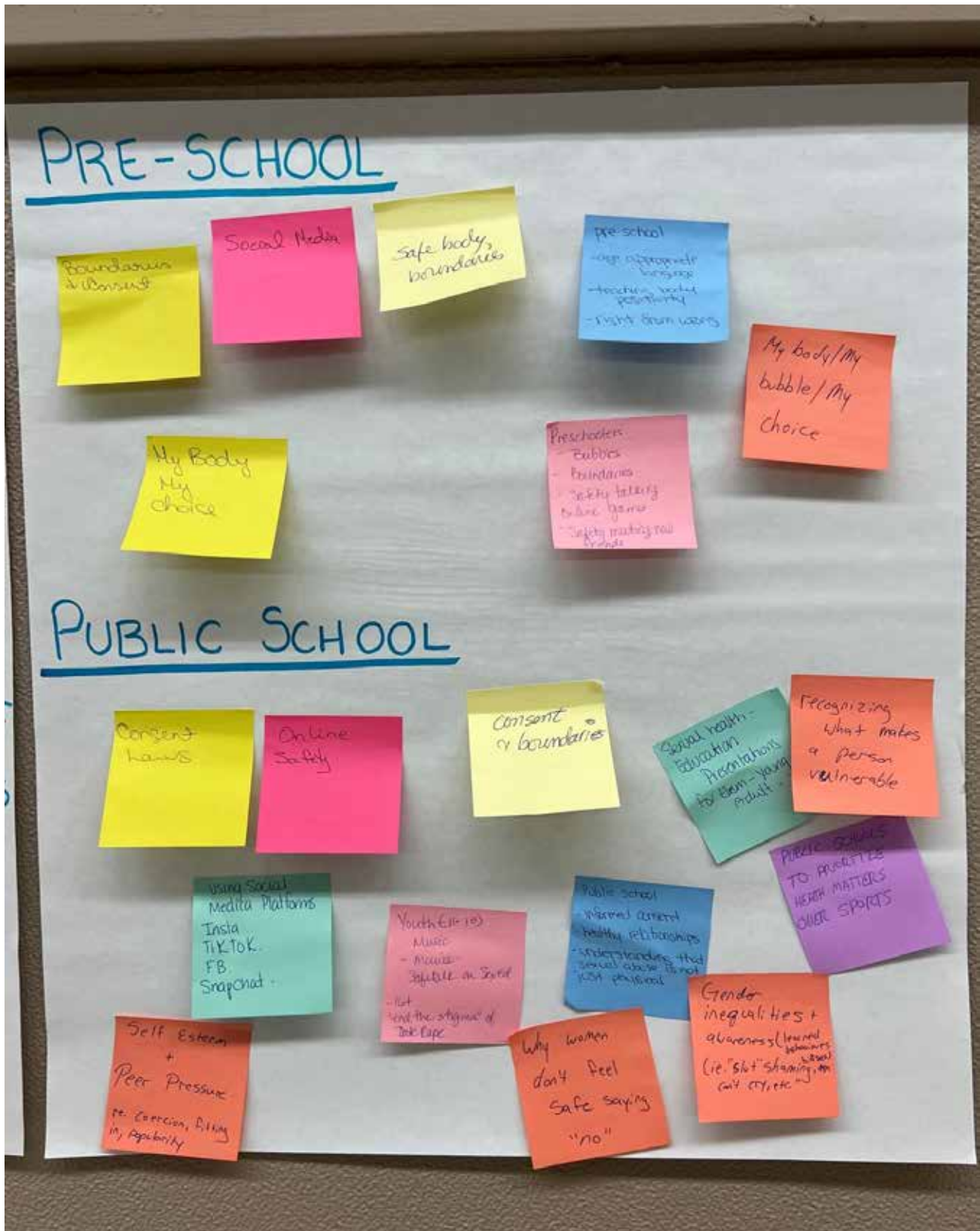
ACTION 22

- Identify new and emerging Champions to support and advance sexual violence education, public awareness campaigns, existing services and the development of new sustainable programs and services.

APPENDIX L: FOCUS GROUP MUTUAL RESPECT AGREEMENTS



APPENDIX M: FOCUS GROUP COMMUNITY CO-BIOGRAPHY



POST-SECONDARY/YOUNG ADULT

Consent +
Boundaries

Respectful
Relationships

Informed
(informed over
every aspect (ie.
sexual, social, discipline)

Sexism/
Gender-based
Violence

MORE INFO
ON HEALTHY
RELATIONSHIPS
+
RULES

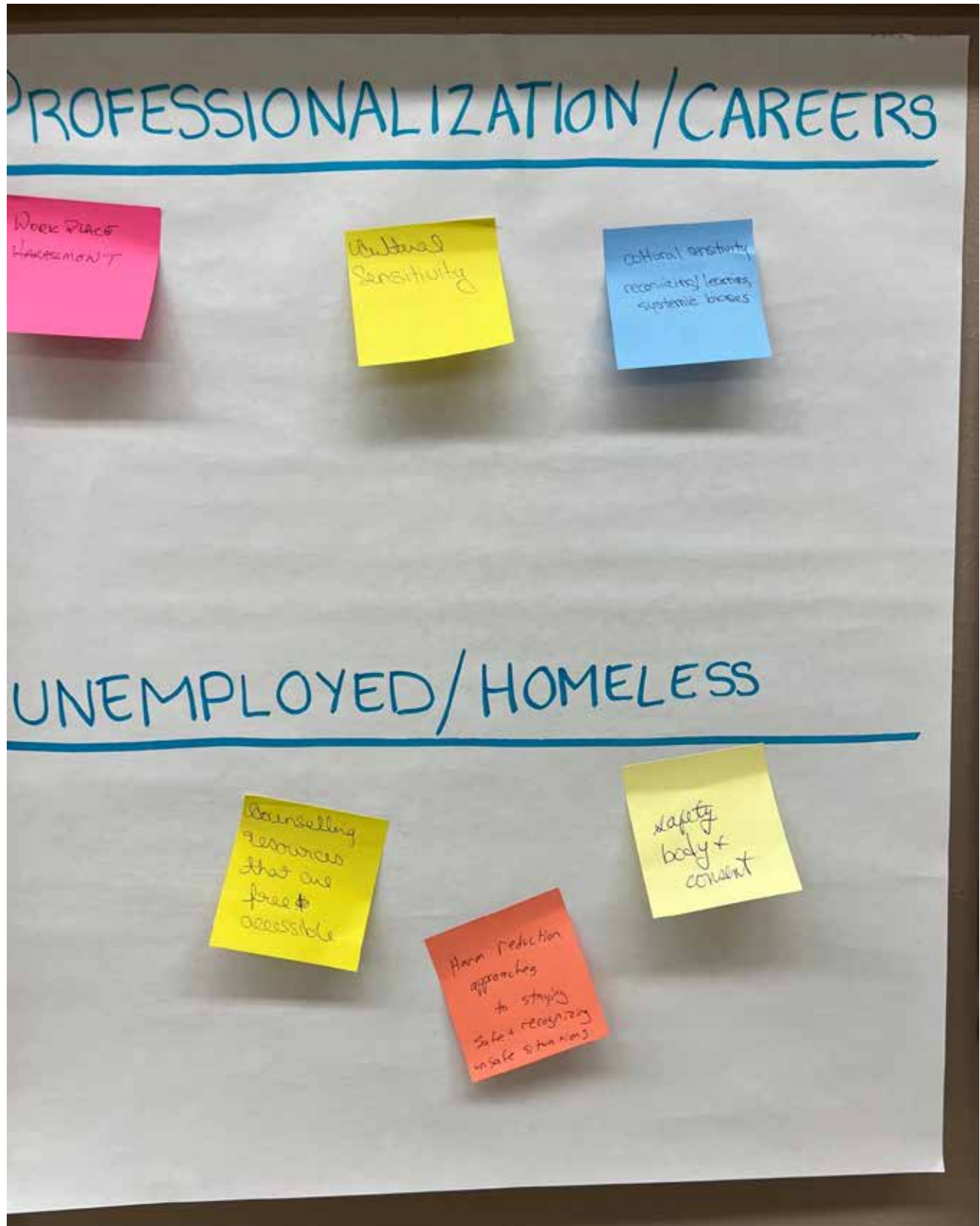
PARENTHOOD/ KIDS + CARE

Healthy
relationships

age
appropriate
material
& ^{care} talk
parent to ^{to}

Developing
Self-Reliance
children

Modeling behaviors
"I don't allow
anybody to hit
my body"







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