



# Sexual Violence in Saskatchewan

VOICES, STORIES, INSIGHTS,  
& ACTIONS FROM  
THE FRONT LINES

EXECUTIVE SUMMARY

## ABOUT SASS

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

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

## ABOUT CUISR

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

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

## ABOUT THE ADVISORY GROUPS

The study design was developed by the project's Research Advisory Team comprised of university and community-based researchers, and was approved by the project's steering committee, the Saskatchewan Sexual Violence Action Plan Advisory Committee.

Significant contributions were made by the Federation of Sovereign Indigenous Nations Women's Secretariat, the Saskatchewan First Nations Women's Commission and the Prince Albert Grand Council Women's Commission by providing expertise throughout research process, and in the subsequent development of **Working Together: Saskatchewan Sexual Violence Action Plan**.

# ABOUT THE RESEARCH PROJECT

This research project aims to garner a comprehensive understanding of sexual violence in Saskatchewan through an examination of sexual violence experiences and the existing strengths and gaps in service provision. The findings of this report informed the development of **Working Together**, Saskatchewan's first five-year Sexual Violence Action Plan. The Action Plan is a guide to help us move forward towards ending sexual violence in Saskatchewan.

For more information on the Action Plan, visit [www.sassk.ca](http://www.sassk.ca).

This project has been funded through the Women and Gender Equality Canada's Women's Program as part of the Government of Canada's response to gender-based violence: **It's Time: Canada's Strategy to Prevent and Address Gender-Based Violence June 2017**.



Women and Gender  
Equality Canada

Femmes et Égalité  
des genres Canada

Copyright © 2020 Patience Umereweneza, Marie Lovrod, Isobel M. Findlay, Crystal Giesbrecht, Manuela Valle-Castro, Natalya Mason, Jaqueline Anaquod, and Renee Hoffart

Community-University Institute for Social Research  
University of Saskatchewan

All rights reserved. No part of this report may be reproduced in any form or by any means without the prior written permission of the publisher. In the case of photocopying or other forms of reprographic reproduction, please consult Access Copyright, the Canadian Copyrighting Licensing Agency, at 1-800-893-5777.

Community-University Institute for Social Research  
Printed in Canada

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



## EXECUTIVE SUMMARY

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

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

No characteristic or combination of characteristics of any individual survivor is responsible for attracting sexual violence. Focusing on the "risk factors" of victims in relation to identity categories (gender, age, ethnicity, disability, for example) turns attention away from the role of disciplinary power (that is, the ability of the powerful to coerce compliance among those who are less powerful) in maintaining cultures of perpetration. A much more useful focus might be to examine the "risk factors" that produce perpetrators, challenging the inequitable divisions of labour and social bias that position diverse social groups in subordinate positions within hierarchies that breed abusive

entitlement. In other words, sexual violence can be well understood only after examining the effects of historically produced layers of structural violence on present conditions. Failure to do so would be complicit with rationalizations of that violence.

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



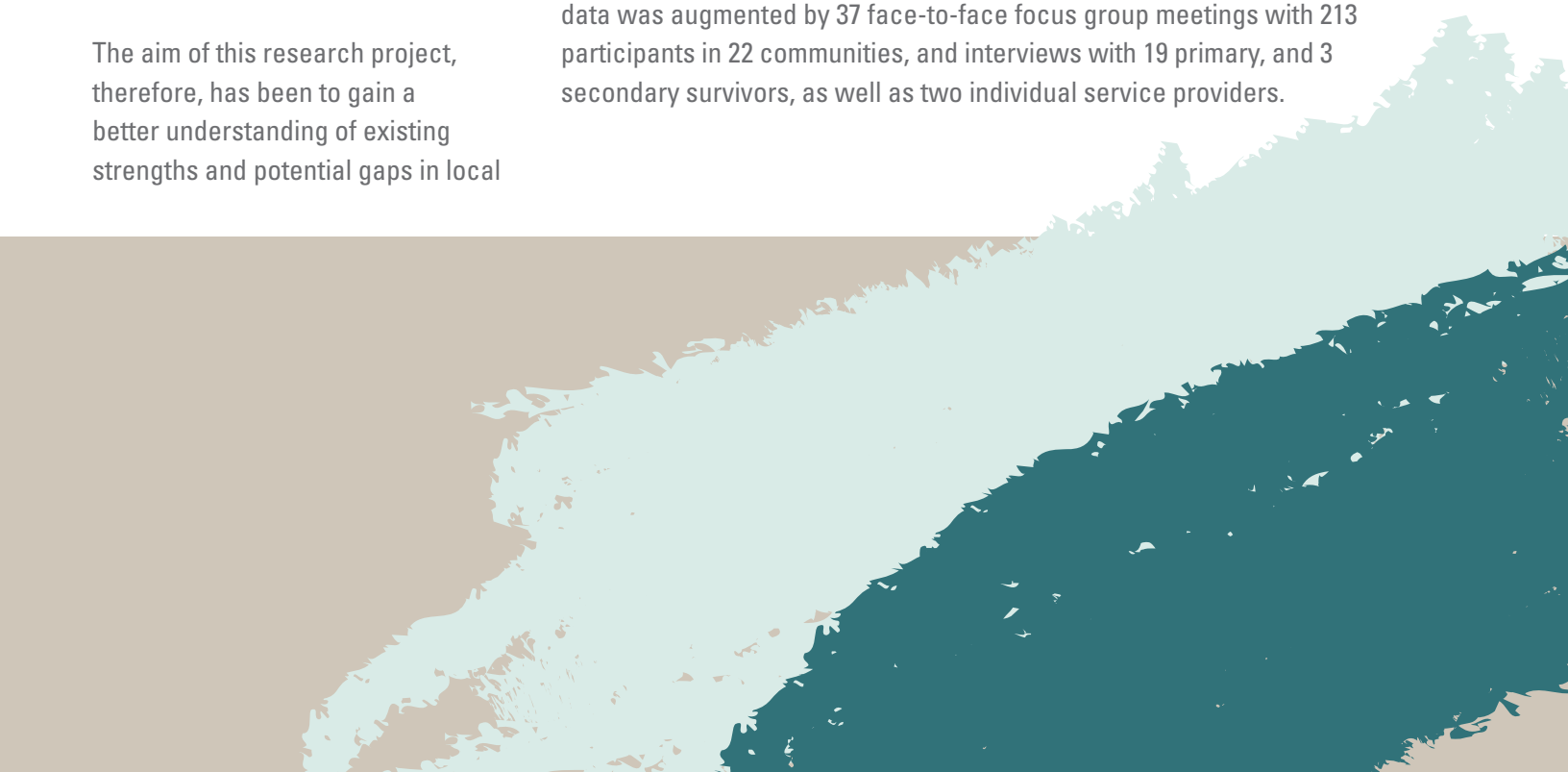
The operations of multiple models of patriarchy, which are reinforced through masculinized competition in business, sports, and war, for example, are ubiquitous in targeting women, children, and the vulnerable for victimization. This structural facilitation of aggression toward others by dominant masculinities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


The aim of this research project, therefore, has been to gain a better understanding of existing strengths and potential gaps in local

and regional service provision as they relate to sexual violence across Saskatchewan. This aim is supported by the project’s guiding principles and practices; a thorough review of the relevant literature, and other sexual assault action plans implemented within and beyond Canada; and a province-wide environmental scan, needs assessment, and review (using online surveys, key informant interviews, and focus groups) of experiences of sexual assault and service provision as it currently exists in Saskatchewan. The study design was approved by the project’s steering committee (The Saskatchewan Sexual Violence Action Advisory Committee) and Research Advisory Team.

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

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





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

This report and the action plan draw from the international context and research on what has been effective in other geographic regions, each with their unique population demographics and social condition. The Sexual Violence Research Initiative (SVRI) was established in 2003 by the Global Forum for Health Research in response to a growing need for research on sexual violence in resource-poor settings. Initially hosted by the World Health Organization, the SVRI moved to the South African Medical Research Council in 2006. Comprised of researchers, activists, and policy makers, the SVRI, a collaborative research effort, identifies six priority areas:

1. Nature, prevalence, social context, and risk factors associated with sexual violence
2. Sexual violence prevention
3. Appropriateness and effectiveness of sexual violence services
4. Childhood sexual abuse
5. Sexual violence in conflict and emergency settings
6. HIV sexual violence

Its comprehensive review of sexual violence policies in 192 countries identifies six countries (Ireland, Australia, Belize, Finland, United Kingdom, and South Africa) that have developed exceptional sexual violence policies. Each policy shares a number of commonalities including a focus on evidence-based best practices, a multi-sectoral approach and collaborative focus, detailed monitoring and evaluation plans, and a focus on sexual violence as part of the broader context of gender-based violence.

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

## SUMMARY

# FINDINGS

### Who is being assaulted?

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

### Perpetrator Identity

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

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

### Disclosure

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

### Formal Reporting

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

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

### Accessing Services and Supports

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

### Satisfaction Rate with Services

Primary survivors were asked to rate their satisfaction with the services they used. Of the most commonly used services, survivors were most satisfied with Sexual Assault Centre/Counsellor (78.9%), Mental Health/Counselling (77.9%), and Family Members (74.5%). Though used infrequently, chiefs and band councillors were listed first in satisfaction rating followed by Elders, employer, teacher/school counsellor, and minister/spiritual leader. Primary survivors were least satisfied with Police (38.5%), Criminal Justice System (40%) and Legal Services (47%).

### Treatment by Service Providers

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

### **Barriers to Accessing Services and Supports**

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

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

### **Travel to Receive Services**

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

### **Symptoms Resulting from Sexual Assault**

Primary survivors were asked about the symptoms they experienced as a result of the sexual assault. The most common symptoms reported include lowered self-esteem (69.0%), anxiety/panic attacks (68.4%), depressive symptoms (67.2%), intrusive thoughts (66.2%), sleep disturbances (61.1%), change in sexual behaviour (57.5%), loss of a feeling of control (54.6%), fear of men/women (53.8%), hypervigilance (49.3%), loss of concentration (48.7%), isolation (47.1%), increased use of alcohol, drugs, or medications (43.1%), changes in lifestyle (42.0%), increase in distractibility (41.4%), and suicidal thinking (40.3%).

### **Location**

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

### **Medical Attention and Forensic Examination**

Service providers stated that survivors never (0.8%), rarely (42.3%), sometimes (44.7%), often (11.4%), and always (0.8%) seek medical attention related to the assault. Service providers were asked about the most common reasons survivors do not seek medical attention. The most common cited reasons included shame/humiliation (82.8%), lack of knowledge of the process (71.3%), fear of being judged (67.2%), and anonymity concerns (55.7%).



## #MeToo Movement

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

## Continuum of Sexual Violence

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

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

participants across the lifespan, with many women feeling vulnerable to sexual assault their entire lives:

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

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

## Indigenous youth experience of sexual victimization

National statistics and other research indicate that Indigenous people were more likely to experience sexual victimization than their non-Indigenous counterparts: rates approximately three times higher than rates among non-Indigenous people at 58 versus 20 per 1,000 population.

In a province where the last residential school was closed within recent memory (1996), and where investment in a rigid gender binary continues to inform public discourse, right down to the forms used to





document sexual assaults, the province is facing a tremendous range of survivors and contexts for abuse and assault, with very uneven tracking.

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

The removal of Saskatchewan Transportation Company (STC) buses from northern communities has amounted to the reinstatement of a “pass” system for Indigenous communities, whereby treaty individuals who do not have their own means of transportation must apply to the band and disclose the reason for their request for assistance, and non-treaty community members must do the same with the local government. We were also advised that sexual assault is so common in Northern communities as to be non-remarkable, with survivors in crisis being advised to “suck it up,” like everyone else. Survey respondents confirmed this finding.

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

the multiple barriers survivors face and the related mistrust of medical and legal professionals:

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

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

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

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

### **People with disabilities are targets for sexual victimization**

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

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

*Most have been abused their whole lives.*

### **Sexual assault victimization is high among members of 2SLGBTQIA+ communities**

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





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

*I don't even know what is like to have a stable home because I was moved from one foster home to another every year. I have lived on the streets more often than in a home and that is what I know to be constant in my life.*

*Sometimes it is safer on the streets than it is in the home.*

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

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

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

*From this community, 9 out of 10 have been assaulted before 18 years of age. People are not reporting. It's a touchy subject and no one wants to talk about it.*

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

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

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

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

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

### **Alcohol, drugs, or other substance use**

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

When people in positions of leadership and community support are not always well informed about the impacts of sexual assaults, it is unlikely that victims or

perpetrators will be either. One respondent demanded “comprehensive sex education, including education about consent. I’m sure most of the men who assaulted me don’t even consider what they did to be assault. Also make reporting easier/to an officer of your chosen gender.”

### **Medical and Health Services**

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

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

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

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

### Law Enforcement Services

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

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

### Court Services

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

There were numerous accounts of lawyers, judges, court staff and police officers lacking understanding of sexual violence trauma, leading to poor treatment and revictimization of the survivor throughout court proceedings. Delays and what were deemed as frivolous court date extensions were commonplace, leading to trials extending for years at a time. Court facilities in rural and remote communities are often situated in public community centers and lacked adequate facilities and technology to ensure that survivors are treated with dignity and respect throughout the court process.

### Sexual Assault and Counselling Services

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

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

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

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

Our preliminary analysis identified both historical and structural factors that shape and enable sexual violence and, more specifically, violent masculinities in Saskatchewan. We would not be able to understand how deep the culture of male sexual violence runs in



our province without pondering the roles of colonialism and the persistence of Victorian models of female sexual respectability. In addition, we need to understand the impact of nation-building processes, such as the construction of the railroad and the development of a provincial economy based on resource extraction (Saskatchewan is the second highest producer of oil after Alberta), which gives Saskatchewan a sense of identity within Canada.

**The Way Forward**

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

- Prevention and Awareness
- Service Coordination: First Responder Coordination across the Entire Province
- Crisis Intervention
- Counselling and Healing Services
- Child Welfare
- Education: Pre-Kindergarten— Grade 12
- Advanced Education: Post- secondary
- Healthcare System
- Social Welfare
- Law Enforcement
- Justice System
- Correctional Services
- Offender Services
- Culture and Language Issues Affecting Indigenous Peoples
- Culture and Language Issues Affecting Newcomers



# SASS

SEXUAL ASSAULT SERVICES  
OF SASKATCHEWAN

WWW.SASSK.CA



306.757.1941



info.sass@sasktel.net



facebook@com/sass.sask



@sexualassaultservices.sask



@SexAssaultSK



335 Maxwell Crescent, Regina, SK, S4N5X9