



Ending
Violence
ASSOCIATION OF CANADA

2023

National Survey of Sexual Violence Organizations and Services in Canada: **Research Findings**



ACKNOWLEDGEMENTS

The Ending Violence Association of Canada (EVA Canada) would like to thank the over 100 sexual violence organizations (SVOs) who completed this survey and contributed to deepening our collective understanding of the vital role SVOs play in Canada.

In particular, EVA Canada would like to thank the 20 representatives from SVOs who participated in our survey development focus groups and reviewed multiple iterations of the survey. The feedback you provided helped to strengthen the survey and its applicability for advocates across the country. Finally, we want to extend deep gratitude to Salina Abji (PhD) and Ashley Major (LL.M, JD) for leading this research initiative from the start. Your vision, academic rigour, and persistence were key to the success of this initiative, and we greatly value your contribution to research that makes visible the work of sexual violence organizations across the country.

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The Ending Violence Association of Canada (EVA Canada) is a national non-profit organization based that works to amplify the collective voice of those who believe it is possible to end sexual and gender-based violence. Through research, policy-change and advocacy, EVA Canada works collaboratively with gender-based violence organizations from coast to coast to coast, and serves as an umbrella organization for provincial/territorial sexual violence networks, as well as other community-based organizations committed to ending sexual violence.

Ending Violence Association of Canada acknowledges that the work it does in Ottawa takes place on the traditional, unceded territories of the Algonquin Anishnaabeg people.

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Each of these research briefs are designed to be used as stand alone documents therefore the page numbers restart at the beginning of each brief. To access the individual briefs, please visit: endingviolencecanada.org.

EXECUTIVE SUMMARY

Sexual violence is a gendered crime and public health crisis that is disproportionately, though not exclusively, perpetrated against those who identify as women, transgender, or gender non-binary. The negative outcomes associated with sexual violence are significant and well-documented and the consequences reach far beyond individual survivors, stretching across families, communities, provinces/territories, and the country. Important work to respond to, and prevent, sexual violence is being done by organizations across Canada.

Sexual violence organizations (SVOs) are non-governmental organizations focused on preventing and/or addressing sexual violence, whether through the provision of services, conducting public education, and/or advocating for better laws and policies. These include community-based sexual assault centres, as well as other organizations that offer specialized sexual violence programming.

In this report, we present findings from a broad-based study of sexual violence organizations (SVOs), conducted by the Ending Violence Association of Canada (EVA Canada). The bilingual National Survey of Sexual Violence Organizations and Services was initiated to address a significant and persistent gap in up-to-date national data on community-based sexual assault centres and related sexual violence services across the country. The survey was administered to 114 SVOs across Canada between June and November 2022, with a final sample size of 102 organizations. Designed using a participatory approach, the 80-question survey had strong representation by geographic region and by organization type.

Overall, this report provides a snapshot of the history and structure of SVOs in Canada, the range of services they deliver and to whom, and the strengths and challenges of SVOs nationally, as well as provincial/regional realities. The findings show that SVOs play an important role in their communities and work closely with a network of organizations to support survivors of sexual violence. They provide free, low-barrier counselling services to survivors, while at the same time acting as sites of prevention, intervention and policy-change work.

However, access to specialized sexual violence services is not consistent across the country and equity-seeking groups disproportionately experience more barriers to services. The findings point to chronic underfunding of SVOs by governments despite increasing demand. Waitlists for at least some SV services, a key indicator of high demand and unmet needs for survivors of sexual violence, are being used by a majority of SVOs. Recruitment, hiring and retention of staff was found to be challenging due to the stress of the work, coupled with lower salaries and less (or no) access to health and pension benefits than similar work done outside the SV sector. These challenges were reported to be more pronounced in northern, rural and remote locations. Despite these challenges, SVOs are mobilizing for better supports for sexual violence survivors and their workforce.

EXECUTIVE SUMMARY

Findings of the National Survey of Sexual Violence Organizations and Services are presented as seven research Briefs organized by topic. The Briefs are intentionally structured as tools for sexual violence organizations and others to use for advocacy, knowledge sharing or communications.

The Briefs cover the following topics:

- **Brief 1: Covid-19** explores COVID-19 impacts on demand for sexual violence services.
- **Brief 2: Languages** examines the interconnections between language and the provision of sexual violence services in Canada.
- **Brief 3: Partnerships** maps the different kinds of partnerships SVOS utilize and explores their strengths and challenges.
- **Brief 4: Governance** explores the current governance structures and practices of SVOs.
- **Brief 5: Waitlists** documents the presence and length of waitlists for various SV services, as well as the impact of wait times on survivors.
- **Brief 6: Social Identity** presents a national snapshot of current social identity data collection practices among SVOs.
- **Brief 7: Eligibility** details current eligibility requirements and explores how funding and other contextual factors influence eligibility for SV programs and services.

METHODOLOGY

The Ending Violence Association of Canada (EVA Canada) undertook a unique national survey aimed at collecting current national data on sexual violence organizations (SVOs). This National Survey of Sexual Violence Organizations allowed for data collection on a range of key issues, including organizational structure and infrastructure; types and accessibility of services; strengths and challenges facing the sexual violence sector at organizational, regional, and national levels; and information about funding, finances, human resources, and governance within community-based sexual assault centres and related sexual violence services.

Survey Development

The first phase of survey development consisted of focus groups with key informants from across the sexual violence sector in Canada. In consultation with two researchers, EVA Canada conducted two focus groups in November 2021 with 20 key informants, gathering information on key elements of survey design and engagement. Key informants were leaders and representatives from independent and community-based sexual violence centres as well as representatives of national and provincial sexual violence associations or policy-focused organizations. In addition to the focus groups, EVA Canada's Strategic Engagement Coordinator conducted 2 interviews with Francophone organizations in the sector. The researchers analyzed meeting notes and recordings for emerging themes relevant to the design of the national survey.

The survey was developed using the analyzed data received from key informants, in addition to consulting relevant surveys in the area of sexual violence. The final survey instrument was comprehensive, consisting of 84 questions and available in both English and French. The survey was designed to be completed by organizations (e.g., the Executive Director as representative of the SVO), not by individuals within and associated with the SVO. Therefore, there was controlled access to the digital survey link. The survey was however downloadable along with a guide and technical support.

Recruitment

The recruitment criteria were broad but with the capacity to disaggregate. Recruitment letters and consent forms were emailed to Executive Directors of SVOs in each province and territory, asking for their participation in the survey. If they consented, the digital survey link was emailed to them directly. In some cases where an Executive Director was not available, the researchers allowed for an executive level representative with sufficient knowledge of the organization to complete the survey. Follow-up phone calls were made by the researchers and staff of EVA Canada to encourage completion of the survey.

| METHODOLOGY

Sample

The survey was administered to 114 SVOs across Canada between June and November 2022, with a final sample size of 102 organizations. The data reflected sufficient representation from independent community-based sexual violence organizations and a range of other providers of services to survivors of sexual violence. There was a strong completion rate of >85%, representing a significant time investment by organizations.

For further information about the research methodology please contact:
communications@endingviolencecanada.org.

Brief #1: COVID-19

Findings of the National Survey of Sexual Violence Organizations & Services

The Impact of the COVID-19 Pandemic on Sexual Violence in Canada

It is well-known that **violence, including sexual violence, increases during natural disasters and in times of stress** and unemployment. **The COVID-19 pandemic brought with it unique factors**, such as stay-at-home orders, social distancing measures, and virtual-only services, **which impacted the contexts of sexual and gender-based violence in countless ways.**

Most COVID-19 research published between 2019-2022 on sexual and gender-based violence examined the impact on domestic violence rates. Such research provided important insights on how stay-at-home measures contributed to increased isolation and vulnerability to domestic violence, as well as barriers to related support.

However, **the impacts around other forms of sexual and gender-based violence remain relatively understudied.**



The findings in this brief could be used by SVOs and advocates to highlight the pandemic's impact on programming and demand for services compared to long-standing issues which preceded COVID and persist within the sector.

ABOUT THE SURVEY PROJECT

This research brief is one of a series produced by the Ending Violence Association of Canada (EVA Canada) about its 2022 National Survey of Sexual Violence Organizations and Services (SVOs).

SVOs refer to non-governmental organizations focused on preventing and/or addressing sexual violence, whether through the provision of services, conducting public education, and/or advocating for better laws and policies. These include community-based sexual assault centres, as well as other organizations that offer specialized sexual violence programming.

The national bilingual survey was administered to 114 SVOs across Canada between June and November 2022, with a final sample size of 102 organizations. Designed using a participatory approach, the 80-question survey had strong representation by geographic region and by organization type.

In This Brief

This brief presents a snapshot of the impacts of COVID-19 on the sexual violence (SV) sector in Canada, drawn from findings conducted by the Ending Violence Association of Canada (EVA Canada) in 2022.

Specifically, this brief explores **COVID-19 impacts on demand for sexual violence services**, as well as indicators on **how SVOs are faring in their response to this demand** in light of the pandemic.

Survey Approach

While the survey addressed a broad range of questions about sexual violence organizations in Canada, six of them focused specifically on COVID-19 impacts.

This allowed us to situate data on **pandemic effects within broader contexts of sexual violence services and approaches, public education and advocacy work, partnerships, governance, funding, and operations.**



KEY FINDINGS

Overall, the survey data demonstrate that the **pandemic impacted sexual violence organizations (SVOs) and services in ways that are both similar and distinct from that of domestic violence services and organizations.**

Other key findings include:

- Survey findings showed unique impacts of the pandemic on sexual violence **in terms of increased numbers of sexual violence survivors reaching out for support and greater complexity of mental health issues and systemic challenges exacerbated** by the pandemic.
- While SVOs already fill gaps in other social service responses for survivors, their role during the pandemic meant **not only assisting survivors navigate the impact of sexual violence but also helping them access other systems and services**, such as housing, mental health, addictions, etc.
- **SVOs used creative ways to keep their doors open and pivot their services** in line with fluctuating COVID-19 restrictions.
- **The pandemic created or worsened human resource challenges** facing many SVOs.
- **Emergency funding was an important tool** during the pandemic, but it was **largely used to address long-standing under-resourcing** rather than increased demand.
- As emergency funding is coming to an end, **the long-standing precarity of the sexual violence sector may be exacerbated further.**

Responding to Pandemic Effects: The pivotal role of SVOs

Were SVOs ideally positioned to witness the ramifications of the pandemic within Canada's sexual violence sector?

Yes -- as frontline providers of sexual violence counselling, accompaniment, and referral, SVOs were in a unique position to observe impacts of the pandemic on sexual violence.

Demand for sexual violence services increased for the majority of organizations in our sample, suggesting unique impacts on sexual violence distinct from domestic violence impacts typically reported.

For example:

- **60% of SVOs reported increases in demand for services** compared to pre-pandemic levels.
- **23% reported that demand for services were consistent with pre-pandemic levels** — although *for many this included continuous fluctuations in demand* — depending on pandemic restrictions.
- **Only 6% reported a decrease in demand**, which some explained as being due to gathering restrictions on groups and accompaniments combined with digital access barriers for more vulnerable groups.
- **An additional 6% reported continuous ups and downs without any discernible trend**, while 5% said not sure/not applicable.

Some participants elaborated on how significant increases in demand were:

"We saw a 65% increase in clients last year."

"Our agency is now seeing 4x the number of clients..."

"We used to serve 200 annually, last year [2021] we served 500, due to increased demand on service and increased funding, [which enabled us] to hire more counsellors for direct service."

What caused the spike in demand for sexual violence support services?

While our survey did not ask follow-up questions on the reasons for increased demand, comments shared by participants suggested the following factors:

- **Restrictions on in-person supports as a compounding factor for sexual violence survivors:**

Several participants pointed to the “essential” importance of in-person counselling, accompaniment, and support in cases of sexual assault and sexual violence more broadly. The pivot to remote services and restrictions on gathering may have had a compounding effect for survivors in these cases.

Some SVOs described **hesitancy among survivors to reach out in cases where in-person support was not a viable option.**

Others described the **increased feelings of “immobilization, hopelessness, and isolation” for survivors seeking access to justice and/or treatment** from the effects of sexual violence during this period.

- **Increased mental health impacts of the pandemic on historical trauma from sexual violence:**

The **impact of lockdowns and stay-at-home measures on sexual assault survivors may have been a factor in explaining increased demand** for services.

A common theme brought up by participants was demand for counselling and mental health support in response to historical trauma from sexual violence which, for some, may have been triggered during the pandemic.

- **Increased complexity of needs was another factor raised by participants:**

We know that experiences of sexual violence do not exist in a vacuum, but rather are exacerbated by systemic barriers.

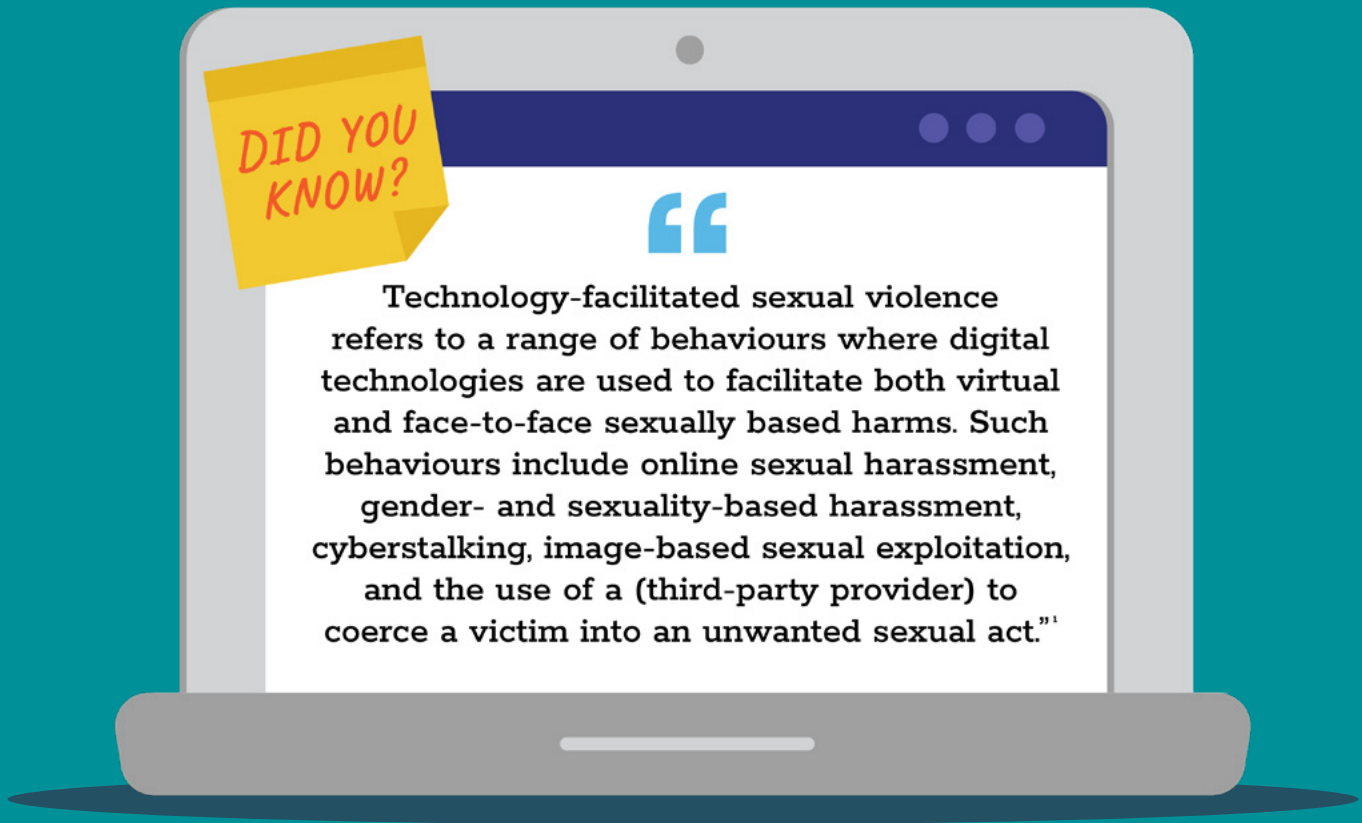
Many SVOs reported **increased complexity of housing, employment, health, mental health, and addiction issues for survivors during the pandemic.**

These **systemic barriers worked to increase vulnerability to violence** during the pandemic and created additional barriers to support.

- **Exposure to online sexual violence:**

At the time of the survey, **88% of SVOs also provided services for victims of technology-facilitated sexual violence.** Given broader shifts towards hybrid workplaces and education delivery, the extent to which the pandemic increased exposure to technology-facilitated violence is an issue worthy of further investigation.

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¹ Henry, N., & Powell, A. (2018). *Technology-Facilitated Sexual Violence: A Literature Review of Empirical Research*. *Trauma, Violence, & Abuse*, 19(2), 195–208. <https://doi.org/10.1177/1524838016650189>

In response to these trends, SVOs used creative strategies to keep their doors open and adapt to a continually changing landscape. **Despite valiant efforts to curb the effects of the pandemic on sexual violence, demand for services continued to outpace capacity.**

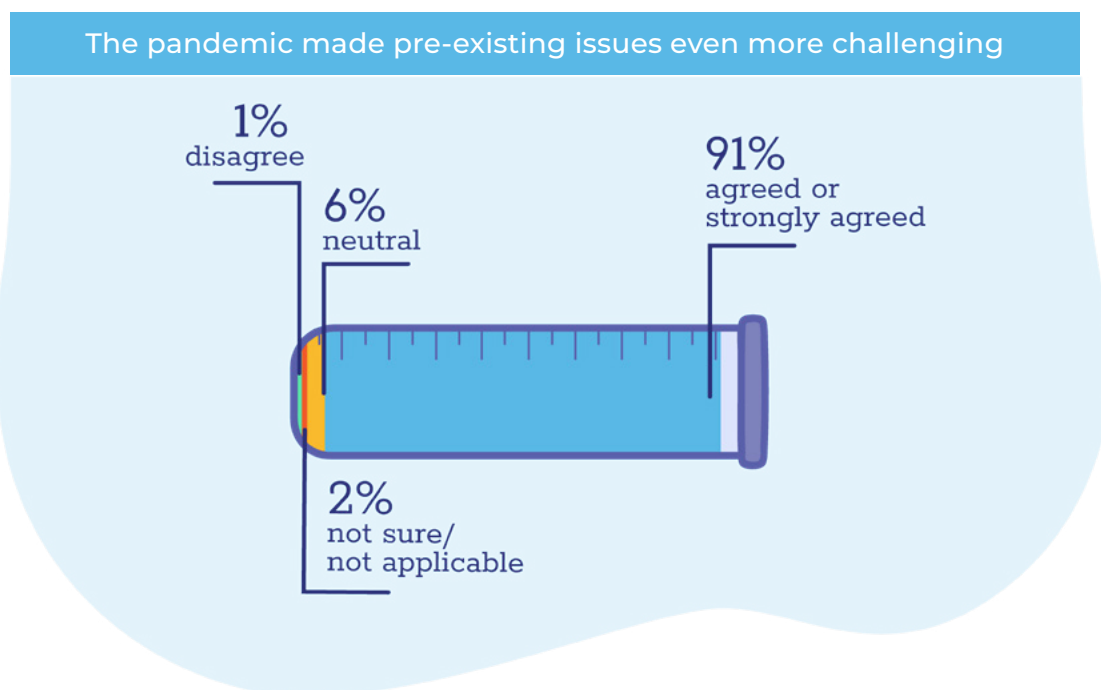
These **effects were also cumulative, with some SVOs noting an increased strain on referral networks**, particularly when referring partners had closed their operations or they themselves experienced increases in demand beyond their capacity.

Pre-Existing Challenges Faced by the Sexual Violence Sector

Systemic issues pre-dated burdens associated with the pandemic

While the pandemic certainly posed unique challenges for the sexual violence sector (as outlined earlier in this document), it primarily **exacerbated the many long-standing challenges that SVOs have been facing for years.**

Indeed, 91% of survey respondents agreed or strongly agreed that the pandemic made their pre-existing issues even more challenging (with 6% neutral, 2% not sure/not applicable, and 1% disagreeing).



Thus, it is **important to not overemphasize the weight of the pandemic's impact, but rather to situate its effects in the broad range of systemic and other pre-existing issues** that have long impacted SVOs.

The following sections explore the intersection of COVID-19 and pre-existing challenges relating to funding, waitlists, staffing, and governance.

Long-term under-resourcing affected pandemic response efforts

Survey respondents emphasized that **one of the largest pre-pandemic challenges was longstanding financial and structural precarity:**

“As a local sexual assault centre, we are deeply underfunded and under-resourced. We have not received any type of permanent increase in years and do not receive cost of living increases. We do so much with so little.”

“Our core funding has not increased since 1996.”

“We are consistently experiencing an increase in demand for services but have received no additional funding or increase, as promised by the government years ago.”

“Our funding envelopes from provincial funders have not at all kept pace with demand for our services or rising economic costs. We are grossly underpaid considering the complex work we do.”

SVOs also explained that **precarious funding has long hindered their ability to offer competitive wages and permanent contracts to their staff, resulting in staff turnover and gaps in services.**

One SVO also explained that *“insecure funding prevents innovation. We are operating on programs developed during more secure funding periods.”*

During the pandemic, the federal government released emergency funds to public sector organizations to help keep their doors open.

In our sample, 83% of the SVOs applied for and received short-term emergency funding. This funding enabled many SVOs to hire staff and adapt their service models to continual changes in pandemic restrictions:

“

...The federal COVID funding received within the past two years has offered an unprecedented opportunity for us to staff more comprehensively, provide a more equitable wage/benefits, engage in more public education activities, acquire much-needed items for programming, etc. It has been wonderful to have a period of time where we are not dwelling in scarcity and lack.”

However, due to long-standing financial precarity, many SVOs may have felt compelled to use emergency pandemic funds to support basic operations rather than supplement additional or new activities and programming.

Despite these additional funds, **some SVOs explained that they still struggled to keep up with pandemic changes and adaptations**, or struggled with discomfort in offering precarious work to new staff:

- “Our agency has adapted to the need for online service, but our struggle is adapting the ‘back end’ administration to match the new virtual service delivery. Moving from a paper-based system to digital was done quickly and we are still changing procedures to meet the new virtual needs.”
- “Waitlist times are dependent on funding (grants) available to hire another counsellor. Having more counsellors on staff decreases the waitlist times. However, it is very difficult to offer precarious work to someone and we try not to do it.”

With the emergency funding anticipated to end in Fall 2023, any positive impacts arising from the increased resources are uncertain.

Pandemic compounded wait times for services

Before the pandemic, **many SVOs were already experiencing an increased demand for services, largely since the onset of the #MeToo movement.**

As a result, **long waitlists and/or outright lack of available services have often become the norm** for the past several years, particularly in rural and remote regions.

As a pre-existing challenge, **waitlists for sexual violence services were compounded by the pandemic for just over half of the SVOs** in our sample:

- 54% of SVOs reported an increase in wait times for services over the pandemic, particularly when it came to individual counselling.
- 22% reported that wait times remained the same, in many cases with continuous ups and downs.
- Only 2% reported that wait times decreased compared to pre-pandemic levels.
- An additional 19% reported continuous ups and downs in wait times, with no discernible trend, while 8% said not sure/ not applicable.

SVOs emphasized the consequences that expanding waitlists can have upon survivors:

“Survivors who wait too long on a waitlist may no longer be ready to get support when we finally call -- other pressing priorities, emotionally unready, etc. We lose that window of opportunity...”

*“...the demand far exceeds our capacity and means that survivors are having to wait for essential services. We are constantly checking in with folks on our waitlist **to do assessments to ensure that folks facing acute trauma/crisis are able to access some of our emergency supports while waiting.** This poses challenges for triaging and frequent management and monitoring, especially in light of these scarce resources/capacity...”*

Some survey participants proposed local and provincial strategies for offsetting the effects of growing wait times for sexual violence services.

One described developing psycho-educational workshops that survivors could attend, *“as a bridge to counselling and to keep them engaged”* while waiting for services.

A more far-reaching solution proposed by several participants was the creation of a provincial crisis line to alleviate immediate needs, allowing SVOs to focus their operations on longer-term support.

- ***“A specific provincial crisis line (with volunteers/staff trained to support sexual assault survivors) that support sexual assault survivors in crisis would help alleviate the need for that support to happen at the community-based organization level and would help us shift our services to meet other needs of survivors (e.g., more longer-term trauma counselling, group supports and disclosure training for community members).”***
- ***“Being in a position to support survivors when they reach out for support is vital. They have made a decision to seek support and long waitlists can disrupt that momentum wanting to seeking support and healing. A strategy to support long waitlists is often local/provincial crisis lines that operate 24 hours so survivors can access support in the moments it is needed. A provincial crisis line specific for survivors of sexual assault would be a resource used by sexual assault centres who cannot offer that 24-hour support.”***

Systemic factors impacted coordination of response efforts

Another long-standing challenge is the impact of political will on sexual violence services.

Health, education, legal access barriers, cross-ministerial collaboration, and focused attention on sexual violence issues ebb and flow depending on economics and the priorities of the current political parties:

“Health is still behind, where sexual assault kits are not available, doctors are not available, and doctors do not want nurses trained to do forensic exams -- again no consistency which translates to a lack of access and/or large wait times for victims of sexualized violence.”

“Cross-ministerial cooperation does not occur on the level that it should... Nor do ministries always consult with leading experts in sexual violence. Thus, as an example, where education may be used as a vehicle to address areas of consent, it is not.”

“Although legal aid may be the directive for protecting victims in cross-examinations...there is no measurement to see if the legal aid service is effective, successful or even fulfilling its role.”

Pandemic impacts on staffing & governance

SVOs reported large impacts to their staffing and operations during the pandemic. The survey found that 7% had to layoff staff or introduce hiring freezes during this time; this falls slightly under data from Statistics Canada showing an 8.2% decline in employment in 2020 for the economy as a whole.²

However, 54% of respondents reported facing challenges recruiting/retaining qualified staff, and nearly 18% had staff who retired early or left the workforce altogether.

One SVO highlighted the impact of low wages and vicarious trauma on staff turnover:

“Since the pandemic there has been a high transition in front-line crisis staff and counsellors. They are leaving non-profit positions for government-paid positions which can offer a higher wage. Also, working within the field of sexual violence has a high risk of vicarious trauma. Staff left positions for other ‘less stressful’ work in schools, or to take time away from the workforce.”

Another SVO explained:



We have excellent staff retention and have, for the most part, been able to attract excellent staff. We prioritize staff health and collective care with flexible policies that account for work/life balance, mental health, family/life responsibilities, ability, etc. Wages remain low, but likely somewhat above average for the non-profit sector.

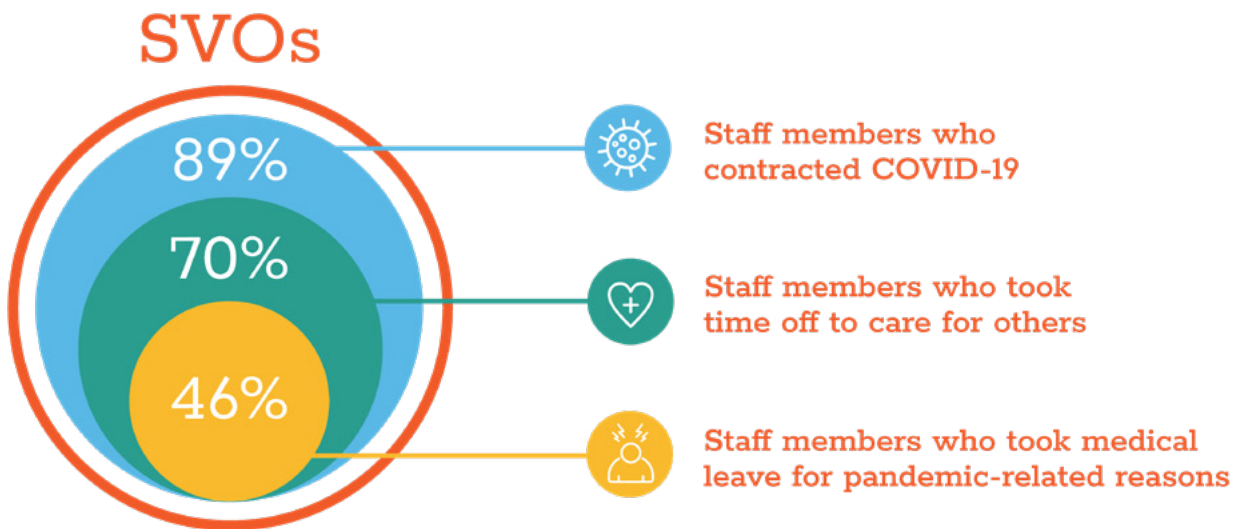
(As of) 2021, however, it has become extremely challenging to attract quality applicants for positions.

For us, in an ‘employee market’, it is nearly impossible for us to compete with government jobs (benefits, security, higher wages). This becomes even less possible when we are looking for qualified bilingual staff (which is necessary for some of our positions).”

² Statistics Canada, “Impact of COVID-19 on Non-profit Organizations in Canada, Fourth Quarter of 2021” (6 December 2021) at page 3, online: <https://www150.statcan.gc.ca/n1/en/>

In addition, **SVOs saw large impacts on staff members who remained employed:**

- 89% of SVOs reported having staff members who contracted COVID-19;
- 70% had staff take time off to care for others; and
- 46% reported having staff take medical leave for pandemic-related reasons (e.g., stress/burnout, illness).



This finding was supported by one SVO who commented that:

“...although no medical leaves as of yet, a number of our staff have experienced stress/burnout, this has resulted in staff leaving their positions. There has been a general increase in need for attention to staff wellness. There has been an increase in staff exhibiting mental health issues.”

A significant minority of organizations felt that **the pandemic negatively impacted their relationship with their Board/Collective:**³

- 21% felt that Board/Collective members were less available for governance work during COVID-19;
- 21% likewise reported having trouble recruiting and/or retaining Board/Collective members; and
- 10% had less capacity to manage governance issues as a result of the pandemic.

³ For more information on the pandemic impacts on Boards/Collectives, see Brief #4: Governance.



CONCLUSIONS & IMPLICATIONS

The survey data demonstrates that **the COVID-19 pandemic had a significant impact on sexual violence survivors and on the SVOs themselves.**

SVOs responded quickly to ensure operability, with the vast majority:

- introducing new health and safety protocols on-site;
- creating work-from-home measures; and
- strengthening online communications and services.

Many SVOs reported operational challenges, with the majority also reporting **difficulty recruiting/retaining staff and having to adapt work schedules** and tasks because of a lack of available staff for pandemic-related reasons.



SVOs reported an overall increase in client demand for services, clients served, and wait times.

The impact of fluctuations in demand, services rendered, and wait times on the staffing and operability of SVOs is an open empirical question worthy of further investigation.



Overall, the data tell a story of COVID-19 exacerbating pre-existing issues, not just for clients but for SVOs and the sector itself.

However, in feedback consultations on our survey findings, some SVOs felt that it was **important not to overemphasize the role of the pandemic, but rather to understand its effects in the broader range of systemic and other pre-existing issues** that have long impacted SVOs.

The sector was already experiencing financial and structural precarity prior to the pandemic.

Additional conclusions continued ➔



CONCLUSIONS & IMPLICATIONS

continued

In addition, SVOs were **already experiencing an increased demand for services, largely since the onset of the #MeToo movement.**

COVID-19 may have worsened these issues, but they were long-standing concerns that required attention and directed action well before the onset of the pandemic.



The data also revealed various unprecedented opportunities that emerged in response to the pandemic.

For example, **the move to online services and communications allowed some SVOs to expand contact with clients and board members.** For other SVOs, opportunities came in the form of increased emergency funding.



As COVID-19 emergency funding comes to an end, the benefits gained through these additional resources may not be long-lasting.

Future research may want to canvas SVOs about a range of systemic and other pre-existing factors that have been affected.

Follow-up research on **the impact of new programming or services created expressly via pandemic funding is another area worthy of exploration.**

For questions or more information, please contact: communications@endingviolencecanada.org

Brief #2: LANGUAGES

Findings of the National Survey of Sexual Violence Organizations & Services

Language Matters When Accessing Sexual Violence Services

Being able to report abuse or receive counselling in one's mother tongue can be a critical component for feeling safe and healing from violence.

Indeed, **language barriers can increase a survivor's sense of isolation and are a relevant risk factor** when it comes to preventing sexual and gender-based violence.



The findings in this brief could be used by SVOs and advocates to highlight the impact of language on the ability of certain individuals and populations to access sexual violence services in Canada.

In This Brief

This brief presents a snapshot of the languages that sexual violence services are offered in across Canada, along with findings from a broad-based study of sexual violence organizations (SVOs), conducted by the Ending Violence Association of Canada (EVA Canada) in 2022.

Specifically, this brief explores the **interconnections between language and the provision of sexual violence services in Canada.**

Survey Approach

The survey posed four questions, including inquiries about **in which languages SVOs provide direct services, and in which languages they provide services via translation/interpretation.**

The survey also specifically posed questions about official language minority communities as an equity-seeking population.

ABOUT THE SURVEY PROJECT

This research brief is one of a series produced by the Ending Violence Association of Canada (EVA Canada) about its 2022 National Survey of Sexual Violence Organizations and Services (SVOs).

SVOs refer to non-governmental organizations focused on preventing and/or addressing sexual violence, whether through the provision of services, conducting public education, and/or advocating for better laws and policies. These include community-based sexual assault centres, as well as other organizations that offer specialized sexual violence programming.

The national bilingual survey was administered to 114 SVOs across Canada between June and November 2022, with a final sample size of 102 organizations. Designed using a participatory approach, the 80-question survey had strong representation by geographic region and by organization type.

To learn more about this project, visit endingviolencecanada.org



KEY FINDINGS

Overall, the survey data demonstrate that **language can be a critical conduit or barrier to accessing sexual violence services — particularly for linguistic minorities.**

Key findings include:

- **Most SVOs ask clients about their preferred language (80%).**
- **SV services across Canada can generally be found in both official languages** (French and English) – either directly, through translation/interpretation, or referral. However, **most SVOs reported a lack of services for official language minorities in their regions**, suggesting that they may still struggle to refer clients to appropriate supports.
- SVOs were **more likely to rely on interpreters for French compared to English, and significantly more likely for non-official languages.**
- **Many SVOs provide access to services in multiple languages** (50-70% on average, depending on the language).
- **Language access is a resource-intensive issue.** Organizations explained that interpretation/translation services and resources are costs that they are not always able to bear.
- **Language access is also a staffing issue.** Some respondent organizations explained that there are few bilingual or multilingual interpreters/translators available to address language needs in their areas.
- **In rural or remote areas, there are additional barriers.** For example, multilingual interpreters/translators may be related to the victim or otherwise pose risks to confidentiality and conflicts of interest based on their relationship.

Snapshot of Official¹ Language ACCESS among Sexual Violence Organizations in Canada

How many SVOs collect data on a client's preferred language?

Asking clients about their preferred language is a promising practice that can help survivors feel more comfortable accessing sexual violence services, particularly in circumstances where a survivor's fluency in an official language is unclear or unknown.

80% of the SVOs in our sample formally ask their clients what their preferred language is for service delivery. Of those who ask, 69% said yes they collect this data, while 11% said sometimes they collect this data.

Of the remaining respondents, 17% said no, they do not ask about preferred language, and 3% indicated they were not sure/not applicable.

How available are services in both of Canada's official languages?

The survey revealed that **sexual violence services are generally available in both official languages: English and French.**

When it came to services in English, 88% of the SVOs in our sample provided services directly in English, while 25% provided English services via an interpreter/translator.

Notably, 4% said that there was no English language interpretation available.²

When it came to services in French, 40% offered services directly in French, and 50% provided services in French via an interpreter/translator, while 10% said that there was no French language interpretation available.

Some organizations also commented that they used partnership agreements with Francophone organizations to refer clients who wanted direct service in French.

¹ For the purposes of this brief, English and French are the official languages of Canada as laid out in the Official Languages Act. We note however that in Nunavut and the Northwest Territories, some Indigenous languages are recognized as official languages in addition to English and French.

² Percentages can add up to more than 100% when participants select more than one option. It may be that some organizations provided services directly in English as well as via an interpreter, depending on the service provider and client preferences.

Is there a notable gap regarding specialized services for Official Language Minority Groups?

Yes. Beyond providing access to services for individuals, **we can also think about language as an equity issue affecting official language minority groups.**



The survey asked SVOs to comment on whether they saw gaps in services for official language minorities in their local contexts. In the results:

- **68% agreed or strongly agreed that there is a lack of services available in the language of official language minorities in their province/territory;**
- 14% disagreed or strongly disagreed; while
- 16% were neutral and 2% were N/A on this indicator.

³ To learn more about services for equity-seeking groups, see the Survey Briefs on Social Identity Data (Brief #6) and Eligibility for Services (Brief #7).

Snapshot of Language DIVERSITY among Sexual Violence Organizations in Canada

How available are SV services in non-official languages?¹

Between 50-70% of the organizations in our sample provided services in multiple languages, whether directly or via an interpreter/translator. The likelihood of providing services directly in a non-official language was much lower compared to official languages — in most cases, SVOs relied on interpreters/translators.

Language	Provided directly	Provided via interpreter/ translator	No interpreter/ translator available	Not sure/ not applicable
Arabic	9.78%	57.61%	20.65%	19.56%
Cantonese	8.7%	59.79%	20.65%	20.65%
Cree	0%	56.53%	18.47%	26.08%
German	5.44%	56.53%	20.65%	22.82%
Inuktitut	0%	50%	22.82%	27.17%
Italian	4.35%	58.7%	20.65%	21.74%
Mandarin	9.78%	58.7%	18.47%	20.65%
Ojibway	0%	51.09%	22.82%	26.08%
Other Indigenous languages	1.09%	57.61%	18.47%	27.17%
Portuguese	6.52%	54.35%	21.74%	23.91%
Punjabi (Panjabi)	7.61%	57.61%	21.74%	20.65%
Sign language(s)	6.52%	58.7%	20.65%	19.56%
Spanish	18.48%	53.27%	19.56%	20.65%
Tagalog (Pilipino, Filipino)	4.35%	57.61%	21.74%	22.82%
Urdu	7.61%	52.18%	21.74%	23.91%



Services provided directly in a non-official language:

The top languages among organizations in our sample where direct services were provided included: Spanish (19%), Arabic (10%), Mandarin (10%), and Cantonese (9%). Few organizations in our sample offered services in Indigenous languages (just over 1%).⁴



Services using an interpreter/translator:

Between 50-60% of SV organizations provided services in certain languages by using an interpreter/translator.

Some agencies described having internal capacity for providing interpretation services, while others described having to rely on external agencies and/or partnership agreements to be able to provide translation/interpretation.

In certain instances, the ability to provide access to interpretation/translation was contingent upon funding.

Numbers were similar across different languages, with Cantonese language services being the most often provided (60%). Two Indigenous languages (Ojibway and Inuktitut) were the least provided (50%).



Service gap identified — no interpreter/translator available:

Between 18-23% of service organizations reported having no access to an interpreter/translator for specific languages. Inuktitut and Ojibway were the most often identified languages (at 23%) for which no interpreter/translator was available. This was followed by Portuguese (22%), Punjabi (22%), Tagalog/Filipino (22%), and Urdu (22%).



Not sure/not applicable:

Between 20-30% of service organizations indicated that specific languages were either not applicable to their clients, or they were not sure if interpretation/translation services were available. These languages tended to be the same, with a few exceptions.

Like the figures outlined above, Indigenous languages were most likely to be identified as not applicable or not sure (26-27%). Portuguese (24%), Urdu (24%), and Tagalog (23%) were also in this group.



Other barriers to interpretation/translation:

The comments offered further insight into the barriers to offering interpretation/translation to sexual violence survivors. Organizations explained that **interpretation/translation services and resources are costs that they are not always able to bear.**

In a sector where resources are already over-stretched, providing language services is just not feasible for all organizations.

While organizations often refer survivors to outside services (see Brief #3 on Partnerships), the inability to serve survivors in their preferred languages is a gap.

Additionally, **there are issues surrounding the availability of interpreters/translators themselves.**

Some respondent organizations explained that there are few bilingual or multilingual translators available to address particular language needs in their areas.

In rural or remote areas, there are additional barriers. For example, interpreters/translators may be related to the victim or otherwise pose risks to confidentiality and conflicts of interest based on their relationship.

⁴ Our sample may not include organizations that provide sexual violence services in non-official languages if they are not focused specifically on preventing and/or addressing sexual violence or do not offer specialized sexual violence programming.



CONCLUSIONS & IMPLICATIONS

The survey data revealed several key findings. The first is that **most agencies (80%) collect data on a survivor's preferred language** (69% answered yes and 11% answered sometimes). **As a promising practice** that can help survivors feel more comfortable accessing sexual violence services, this should be implemented across the sector — particularly in circumstances where a survivor's fluency in an official language is unclear or unknown.

The survey also revealed that **sexual violence services are generally available in both official languages**. Some organizations also commented that they used partnership agreements with Francophone organizations to refer clients who wanted direct service in French.

The SV sector also provides direct services and/or interpretation in other languages, where appropriate. **A notable gap exists regarding services in Indigenous languages.**

Barriers to providing interpretation/translation services also include the costs of doing so, lack of funding for this aspect of service provision, and **challenges hiring staff who are bilingual or multilingual.**

When we asked participants about the availability of services more generally in their provinces, most reported a lack of available services for official language minorities in their province or territory (68%). This suggests that **language barriers also affect the capacity of organizations to refer SV survivors appropriately to other services** in their community.

Generally, a **central question remains regarding whether the use of an interpreter/translator is an adequate form of support** for all minority language groups in all regions, or whether this is a stop-gap measure on the road to a truly multilingual access base.

Given the diversity gaps featured in other Briefing Notes (BNs), and the barriers that survivors may experience when accessing services in their non-preferred language, **this is an area where the SV sector may wish to pursue strategic expansion and further research.**

For questions or more information, please contact: communications@endingviolencecanada.org

Brief #3: Partnerships

Findings of the National Survey of Sexual Violence Organizations & Services

Partnerships Are a Vital – But Largely Hidden – Part of the Work to Prevent & Address Sexual Violence

The work of preventing and addressing sexual violence cannot be done in isolation – rather, it requires coordinated action and accountability.

In this research brief, we set out to understand how sexual violence organizations (SVOs) across Canada are collaborating with one another and with stakeholders in other sectors to enhance services and promote change.

We also asked SVOs about the strategic role that partnerships and other relationships play in their work, along with what strategies and resources might help address challenges or gaps in how collaboration is currently being done.



The findings in this brief could be used by organizations and sexual violence advocates to highlight the strengths and challenges of partnerships both within the SV sector itself as well as relationships with other sectors.

In This Brief

This brief presents a **snapshot of sexual violence organization (SVO) partnerships and collaboration** drawn from a broad-based study of SVOs conducted by the Ending Violence Association of Canada (EVA Canada) in 2022.

Specifically, this brief **maps the different kinds of SVO partnerships and explores their strengths and challenges.**

Survey Approach

The survey posed 14 questions on partnerships and collaboration. These questions **explored formal and informal SVO partnerships with other service organizations**, as well as **relationships with community groups, government, and corporations**, among others.

The survey also asked SVOs for their perspectives on local and national collaboration within the SV sector. These questions arose from survey design consultations conducted by EVA Canada, which revealed that **not all SVOs view the sector as a coordinated body.**

ABOUT THE SURVEY PROJECT

This research brief is one of a series produced by Ending Violence Association of Canada about its 2022 National Survey of Sexual Violence Organizations and Services (SVOs).

SVOs refer to non-governmental organizations focused on preventing and/or addressing sexual violence, whether through the provision of services, conducting public education, and/or advocating for better laws and policies. These include community-based sexual assault centres, as well as other organizations that offer specialized sexual violence programming.

The national bilingual survey was administered to 114 SVOs across Canada between June and November 2022, with a final sample size of 102 organizations. Designed using a participatory approach, the 80-question survey had strong representation by geographic region and by organization type.

To learn more about this project, visit endingviolencecanada.org



KEY FINDINGS

Overall, the survey data demonstrate that **partnerships and collaboration are fundamental aspects of how the work to address and prevent sexual violence gets done.**

Key findings include:

- **99% of SVOs in our survey utilized inter-agency partnerships and/or multi-sectoral relationships with other organizations to strengthen their activities.¹**
- Connections among SVOs were also important for **sharing best practices, enhancing organizational resiliency, as well as reducing isolation and burnout.**
- **While partnerships came with many benefits, there were also significant challenges.** Many SVOs reported not having enough dedicated staffing, resources, or networking opportunities to invest in quality inter-agency partnerships. 90% of SVOs agreed or strongly agreed that there are not enough opportunities to build partnerships at the national level.

A lack of connection between English-speaking, French-speaking, and bilingual organizations was also a major gap in current partnership and collaboration among SVOs.

- **Multi-sectoral relationships were seen as important for systems change** and advocating against harmful practices, **particularly when it came to police, child protection, and the criminal justice system.**

However, some SVOs reported **struggling to balance their critiques of these institutions with their need to establish strong working connections** so they could advocate for individual survivors and continue to hold institutions accountable.

- Survey participants also shared insights on what is needed to enhance collaboration to prevent and address sexual violence.

The findings illustrate that there are **three key strategies to strengthening partnerships and collaboration:**

- 1) Fostering more opportunities** for SVOs to connect locally and nationally -- ideally through national or provincial/territorial bodies;
- 2) Providing dedicated staff and resources** for partnership/relationship development; and
- 3) Increasing accountability** among police, government, and non-SVO stakeholders.

¹ Inter-agency partnerships are between organizations within the SV sector. Multi-sectoral relationships are between SVOs and organizations outside the SV sector, such as those in healthcare, education, law enforcement, children's services, etc. There may be some overlap, however, due to each organization's view of the parameters of the SV sector.

Snapshot: The Importance of Partnerships & Collaboration

Are partnerships and collaboration fundamental components of the work to end sexual and gender-based violence?

Absolutely. The survey findings revealed that partnerships and collaboration are critical to SVOs' daily operations and ongoing sustainability in three key ways:

- **Prevalence of partnerships:** 99% of survey participants currently have partnerships or relationships with other organizations.

When we asked participants to explain the role that partnerships play, many described this as central to the work:

"Sexual violence is a complex issue, affecting all populations, and all aspects of a person's life — how else could we address sexual violence?"

- **Collective approach:** Many emphasized that this work cannot be done in isolation, but rather requires allies and a collective approach.

As one SVO put it:

"Ending sexual and gender-based violence cannot be done in isolation and one agency cannot fulfil all the needs of a client. Allies and partnerships strengthen our collective approach."

- **Protection against vicarious trauma:** Connections between SVOs can also be an important mechanism for mitigating the effects of vicarious trauma.

As one SVO explained:

"There is a 'homeness' to speaking with other sexual violence centres — this has often served as a resiliency balm against the trauma exposure we experience."

What kinds of partnerships do SVOs in Canada typically have?

SVOs partner with a variety of stakeholders, for a range of reasons. Our survey provided a snapshot of **two primary types of collaboration**:

1. **Inter-agency partnerships** between service organizations; as well as
2. **Multi-sectoral relationships** with government, corporations, and other stakeholders.

Spotlight on INTER-AGENCY Partnerships

What did the survey findings reveal about the prevalence and benefits of partnering with other SVOs?

Partnerships with other SVOs were the most common form of collaboration, with at least 94% of SVOs having at least one type of inter-agency partnership.

Other results around inter-agency partnerships included:

- **Almost all SVOs in our sample partnered with agencies for client referrals (94%) and on collaborative projects** addressing a broad range of issues (85%).
- **Inter-agency partnerships were also used to promote equity.**

A significant number of SVOs leveraged partnerships to enhance services for equity-seeking or under-served groups, such as through cross-service-sectoral referral connections (67%).

- Recognizing that survivors may also seek out support from informal organizations, our survey also found that **more than half of SVOs had established relationships with grassroots or community-based groups such as social movements, neighbourhood associations, parenting groups, and faith-based communities (57%)**.
- **Case management partnerships were the least prevalent in how SVOs worked with other agencies (55%).**

Still, more than half of SVOs had partnerships with other agencies for consulting on client issues or to do case conferencing around providing support.

Many SVOs partnered for client referrals and special projects rather than for work directed at broader systemic equity issues. This may be a reflection of the way funding is directed.

When it came to inter-agency partnerships between SVOs, many reported **strong connections at the provincial/territorial level**, specifically:

- Nearly three-quarters (**74%**) of survey participants agreed that there is an **organization or association that represents the interests of SVOs** in their province/territory.
- **58% of SVOs agreed that organizations meet regularly** in their province/territory to coordinate activities.

However, nearly one quarter (**24%**) disagreed with this indicator, **suggesting that not all SVOs are sufficiently connected locally.**

What are the challenges of inter-agency partnerships?

Many SVOs in our sample identified the challenge of having enough staffing resources and networking opportunities to invest in quality inter-agency partnerships. Specifically, two major gaps were identified in the research:

➔ **Lack of connections established at the national level**

90% of participants agreed or strongly agreed that “there are too few opportunities for sexual violence organizations to build relationships at the national level.”

➔ **Lack of connections between English and French organizations**

Only 8% agreed or strongly agreed that there are strong connections between English-speaking, French-speaking, and bilingual organizations in Canada.

51% disagreed or strongly disagreed, with 17% neutral and 25% not sure/not applicable.






Spotlight on MULTI-SECTORAL Relationships

What did the research show regarding the connections between SVOs and organizations outside the SV/GBV sector?

While inter-agency partnerships were the most common, a **strong majority of SVOs also emphasized the importance of building strategic relationships with institutions and sectors beyond service organizations within the field of SV.**

“We need to actively engage a diverse group of stakeholders — so they are part of the solution seeking... at the systems level that means engaging with various levels of government; health; law enforcement; corrections; legal; education; advanced education; children’s services.” – SVO survey respondent

Other results around multi-sectoral relationships included:

-  At least **67% of SVOs had established formal or informal relationships with stakeholders outside of their sector.**
-  **The most common relationships were with police (67%), child protection (62%), and legal system actors** such as lawyers, court support workers, and the Crown (57%).
-  **Roughly half had relationships with the Canadian government,** including 50% with federal government departments and 48% with provincial/territorial governments.
-  **Participants reported fewer relationships with the RCMP (39%), corporations/ small businesses (29%), Corrections Canada (15%), and the Canadian Armed Forces (7%).**
-  **The list of multi-sector relationships was much broader than we originally anticipated** in our survey design. “Other” stakeholders that were mentioned by survey participants included municipal governments, Indigenous organizations, hospitals and health-care providers, media, education facilities, housing services, multicultural and settlement organizations, and human rights commissions.

What are the challenges of multi-sectoral relationships?

While SVOs emphasized the importance of multi-sectoral relationships, several respondents also noted the challenges of this type of collaboration, identifying three major gaps:

Opposition to harmful practices:

Establishing relationships with police or child protection services could be challenging for SVOs that were openly critical of these institutions due to legacies of colonization and/or systemic discrimination.

However, SVOs also indicated that relationship-building with police could be helpful in better advocating for clients and opposing harmful practices:

“Although we have very robust critiques of the legal system and policing institutions, we have found that better relationships with these services has generally yielded better outcomes for our service users. Establishing relationships based upon mutual respect, some trust, and an awareness of different service models has enabled us to advocate and challenge harmful practices when we see these being enacted by partner organizations.”

Resistance of institutions to connect with community organizations:

Several SVOs reported that **institutions (such as the police) were not always receptive to forming connections with SVOs or that the connection with such institutions could be difficult due to lack of trust and/or transparency.**

However, SVOs also noted that having connections with institutions like the RCMP could nevertheless be important for opposing the re-traumatization of survivors when reporting:

“Being connected formally with the RCMP would address the lack of cohesiveness when responding to sexual assault. It would also reduce re-traumatization, which has been identified as an issue when reporting to RCMP.”

Implications for decolonization and prison abolition:

Future research may want to consider how SVOs navigate relationships with police, the criminal justice system, and child protection services -- particularly for those organizations that use approaches centred around decolonization or prison abolition as **they often seek alternatives to those institutions and call for their abolition.**

This was a relevant concern in our sample, given that roughly 73% of SVOs indicated they used a decolonization approach in their work. The numbers aligned with prison abolition were lower at 9%.

For comparison, 96% of SVOs subscribed to a trauma- and violence-informed approach, 92% indicated a feminist focus, and 91% confirmed a survivor-centred perspective.

Strengthening Partnerships & Collaboration: Three Key Strategies

The survey identified three key strategies for strengthening partnerships and collaboration when it comes to preventing and addressing sexual violence:

The 3 Pillars of Strong Partnerships



Fostering opportunities for connection

Our research found that **SVOs wanted more opportunities to connect locally and nationally, without placing an additional burden on already-stretched resources**, particularly for smaller SVOs.

As one SVO described:

“[We want] more large collaborative gatherings of community partners — to discuss services, policies and create/strengthen partnerships. it would be lovely to have these hosted by a larger agency to reduce cost and capacity for smaller organizations to put on collaborations.”

In a question **regarding whether the national SV sector is coordinated**, only 4% said “yes” and 18% said “somewhat”. By contrast, a **combined 60% said “not really” or “not at all”**.

National and provincial/territorial coordinating bodies (where they exist) were often identified as a strategy for facilitating increased connections. In fact, **a majority of SVOs saw establishing a national body to lead efforts to address and prevent sexual violence as a priority (54%)**.

Those SVOs that did have collaboration within their province/territory spoke positively about the experience, whereas those without a coordinating body were hopeful about its potential.

For example, one SVO described their positive experience participating in a Community of Practice, and how a national body could help facilitate this:

“... I belong to a Community of Practice, where I have had the opportunity to connect with other sexual assault centres (SACs) nationally. Speaking to other SACs that are experiencing the same challenges is validating and encouraging; it opens doors for program ideas exchange, partnership and advocacy. It would be beneficial to have this opportunity through a national body.”

Another respondent was hopeful that a **coordinating body might help foster increased connection** within their province:

“My province does not have a provincial group to coordinate all entities within the province. I hope it is coming soon.”

Others discussed **the challenges for rural organizations in collaboration efforts, which are largely occurring in urban areas.**

Dedicating staff and resources

Many survey participants pointed to **the need for dedicating staffing and resources to build quality partnerships.**

As one participant explained:

“Enhancing partnerships requires time and resources – it’s about relationship-building. It’s not a quick fix – we need the resources to be able to appropriately devote to this important task and not be derailed by trying to reach deadlines, deliverables and outcomes...”

Increasing and sharing accountability

Some SVOs discussed incentivizing government leaders and policy-makers, among others, to form more relationships. This could lead to shared accountability amongst organizations and sectors:

- Where there were clear power differentials, some SVOs suggested having incentives for institutions to build relationships with community organizations: *“...it would be good to somehow incentivize governments and larger systems to build relationships with community-based organizations.”*
- One SVO saw a role for funders or inquests to help facilitate multi-sector collaboration: *“When there is resistance, it can be helpful if there is direction from funders/ministries or directives that come out of inquests and research that either ‘force’ or ‘strongly encourage’ working across sectors to help build buy-in.”*
- Another SVO described the creation of accountability systems as an important tool for dealing with challenges in relationships with institutions: *“Creating accountability for system partners to be engaged in these [challenging] issues and accountability [for] when things go wrong and [for institutions to be] committed to making change.”*



CONCLUSIONS & IMPLICATIONS

Partnerships and collaboration are fundamental components of the work to end sexual and gender-based violence.

Perhaps not surprisingly, **99% of survey participants currently have partnerships** with other service organizations.

Participants expressed **the value of having a diversity of perspectives in the room as a key benefit** of these partnerships. Many also emphasized that **the work of SVOs cannot be done in isolation and must involve organizations both within and outside of traditional SV sectors.**

Participants also described provincial/territorial SV networks as being more coordinated than the national SV sector.

Respondents gave especially low ratings to questions about connections between English-speaking, French-speaking, and bilingual SVOs in Canada.

Survey findings demonstrated that **strengthening SVO partnerships and collaboration requires three key strategies:**

- ✓ **Fostering more opportunities** for SVOs to connect locally and nationally;
- ✓ **Dedicating staff and resources** for partnership/relationship development; and
- ✓ **Increasing accountability** among police, government, and non-SVO stakeholders.



Investigation Ideas?

Future research could explore ways to resource and support multi-sectoral collaboration to better address SV and other equity issues at the systemic level. Examining the gap in partnership and collaboration between English, French-speaking, and bilingual SVOs is another area worthy of further study.

For questions or more information, please contact: communications@endingviolencecanada.org

Brief #4: GOVERNANCE

Findings of the National Survey of Sexual Violence Organizations & Services

The Work of Sexual Violence Organizations is Reflected and Shaped by the Structures that Govern Them

From their origins as grassroots movements to highly ordered Boards and Collectives, the **operations of today's Sexual Violence Organizations (SVOs) are directly influenced by their governance structures.**

More than just **the system by which an SVO is controlled and operates, governance also includes the mechanisms by which it, and its people, are held to account.**

This research brief examines **the history and types of governance models** used by SVOs, along with **the typical makeup of their Boards and Collectives.** It also considers **how the COVID-19 pandemic affected the relationship between SVOs and their Boards/Collectives.**



The findings in this brief could be used by SVOs and advocates to highlight the impact of governance and organizational structures on the provision of sexual violence services.

In This Brief

Along with their origins, **this brief explores the current governance structures and practices of the SVOs that responded to the survey.**

Recognizing the impact and influence that governance structures and Board composition can have on the vision, mission, and overall delivery of sexual violence services, **we sought to paint a picture of today's SVOs and highlight key issues relating to their governance.**

To learn more about this project, visit endingviolencecanada.org

Survey Approach

One section of the survey was dedicated to questions about funding, finances and governance.

Due to the potentially sensitive nature of these topics, this section was positioned at the back of the survey, and respondents were asked to confirm their consent to participate at the survey's conclusion. All questions were voluntary.

This section **asked several questions specifically relating to governance.**

For example:

- To help understand patterns in how organizations historically were governed, we asked **who founded the organization**;
- We included two indicators for governance as part of a question about **how the organization involves or engages survivors**;
- We asked about **the governance structure** of each respondent's SVO; and
- We posed several questions relating to **the Board/Collective** governing that particular SVO.

ABOUT THE SURVEY PROJECT

This research brief is one of a series produced by the Ending Violence Association of Canada (EVA Canada) about its 2022 *National Survey of Sexual Violence Organizations and Services (SVOs)*.

SVOs refer to non-governmental organizations focused on preventing and/or addressing sexual violence, whether through the provision of services, conducting public education, and/or advocating for better laws and policies. These include community-based sexual assault centres, as well as other organizations that offer specialized sexual violence programming.

The national bilingual survey was administered to 114 SVOs across Canada between June and November 2022, with a final sample size of 102 organizations. Designed using a participatory approach, the 80-question survey had strong representation by geographic region and by organization type.

To learn more about this project, visit endingviolencecanada.org



KEY FINDINGS

Overall, the survey data illustrate that **the type of governance model and the people who comprise it influence the way in which an SVO tackles the work of addressing and preventing sexual violence.**

Key findings include:

- **The majority of SVOs (77%) in the survey sample had grassroots, collective origins.** However, not all SVOs are governed in the same way today. **Our snapshot found a mix of hierarchical, modified, and feminist collectives today.**
- **Almost all SVOs were governed by a Board/Collective,** most of which were founded between the 1970s-90s.
- There were many kinds of groups or individuals represented on SVO Boards across the country. **Community members and health professionals were the *most likely* to sit on Boards. Groups *least likely* to sit on SV Boards were post-secondary students and police/RCMP.**
- **SVOs indicated that they regularly engaged survivors in shaping their services,** sometimes in the form of governance responsibilities. The involvement of survivors in governance was not always intentional on the part of the SVO, but rather because the survivors themselves often chose to engage in this role.
- **The COVID-19 pandemic impacted SVO governance in multiple ways,** particularly the relationship between organizations and their respective Board or Collective. For example, **some SVOs found communication and engagement with the Board had *improved* over the course of the pandemic, while others felt that it had *worsened*.**



DID YOU KNOW?

A **Board** is a hierarchical form of governance where members provide oversight to an organization. There are many types of Boards; some act in an advisory capacity only, while others guide strategic vision and daily operations.

A **Collective** is a non-hierarchical form of governance where an organization's members make decisions collaboratively.

The Evolution of SVO Governance

Did SVOs evolve from 'grassroots' origins?

Yes. Many of the women's shelters and rape crisis centres we have today originally started as community-based movements of 'women helping women', primarily in the 1970s and '80s.

These spaces of mutual aid and consciousness-raising around kitchen tables or in home basements were foundational to the feminist movement in Canada and, more broadly, across North America.¹

In the 1990s and 2000s, many of these feminist networks expanded into formal organizations with government funding and credentialed service providers although, initially, many retained their structures as non-hierarchical feminist collectives.

The majority of organizations in our sample were grassroots in their origins: **77% were founded by grassroots community members/feminist collectives** while 13% of organizations chose 'other' for this question.

DID YOU KNOW?

Grassroots refers to a 'bottom-up' approach, which allows citizens to define their own goals and how to achieve them.

The opposite is a 'top-down' approach, normally used by governments or corporations, to institute policies and regulations that affect the populations they serve.

Grassroots signifies the power that average people have in their numbers when they work together for a common goal.

In some cases, survey respondents named specific survivors or founders of their organization. In other cases, they added types of people or roles not included in our question, such as "Indigenous grandmothers from the community," university students, nurses, and social workers.

A few noted how their organizations began as another type of organization, such as a childcare centre, ethnic organization, or grassroots crisis line, which ultimately transitioned into the SVO it is today.

¹ Many organizations historically served and/or privileged the experiences of white, middle-class, and heterosexual cisgender women. Ensuring a more inclusive and intersectional approach to SV services remains an ongoing systemic gap in the sector. See for example: Bach et al, "Underserved Survivors of Sexual Assault: a Systematic Scoping Review" (2021) 12:1 *European Journal of Psychotraumatology*."

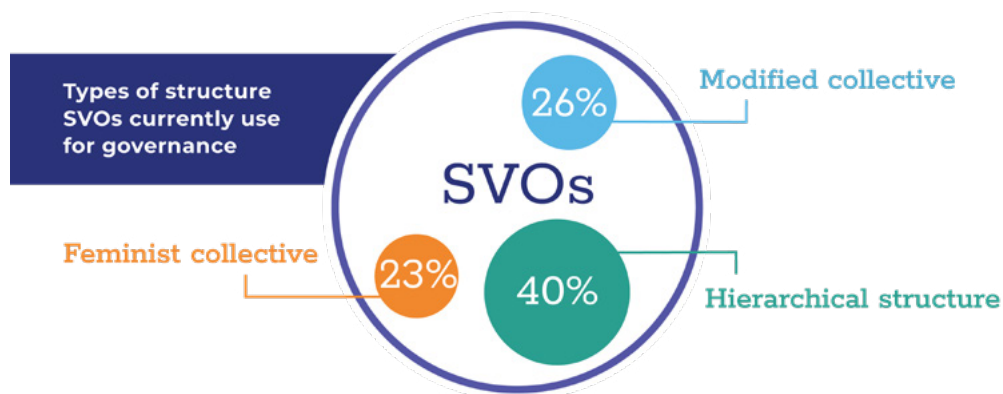
The Evolution of SVO Governance

How are SVOs governed today?

Given how many SVOs began as grassroots movements or collectives, organizational growth may have led some groups to shift from their original governance structure.

When we asked participants what type of structure their organization currently uses for governance, we received a mix of responses.

Most SVOs (40%) said they use a *hierarchical structure*. This was followed by a *modified collective* (26%) and a *feminist collective* (23%).



Several respondents noted how they modified a typical hierarchical structure:

- *“Modified hierarchy -- we have a formal structure on paper but work on a consensus model.”*
- Other respondents noted alternative models not listed on our survey, such as an Indigenous governance model.
- Others provided names of specific models that they used, i.e. the “Modified Carver Model of Governance”.

Some SVOs provided more details in the Comments section to clarify their governance structure. For example, one respondent described an evolving history of governance at their organization:

“We do have a ‘Board’ (i.e., Operations Committee) that has similar functions to a traditional Board. Even within the last 10 years, we have seen, as the organization grew, that there has been more of a divide between staff and volunteers. While we still refer to ‘the Collective’, we often are referring to the volunteers on the line, not always the entire organization.”

Snapshot: Today's Boards and Collectives

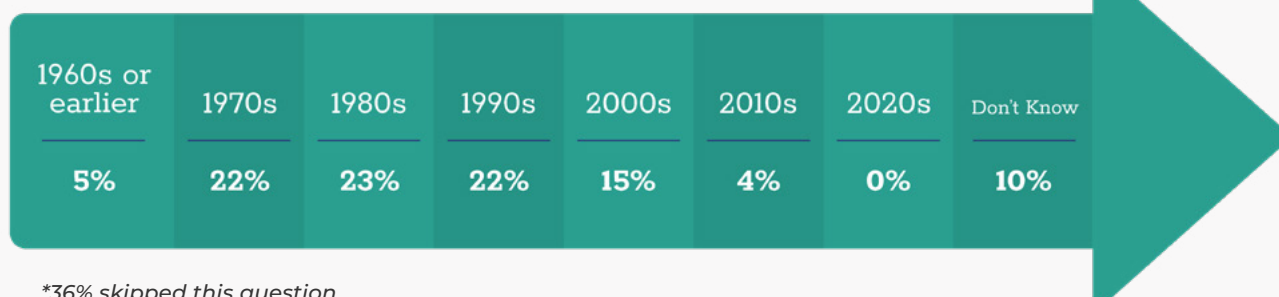
In our sample, **97% of SVOs were governed via a Board or Collective.**

When were Canadian SVOs established?

One survey question* of EVA Canada's national survey of SVOs asked participants what year their organization established its Board/Collective.

As the graphic of the responses to this query illustrates, most were formed sometime between the 1970s and the 1990s. This means that **50% of SVOs in the survey have been operating for 40 years or longer.**

ESTABLISHMENT TIMELINE: SVO BOARDS & COLLECTIVES



**36% skipped this question*

Who makes up the Boards/Collectives that govern most SVOs?

When we asked SVOs what types of members currently constitute their Boards or Collectives, a variety of categories were represented (16 different groups or individuals).

The majority of respondents answered that they had community members (84%) and medical/health professionals (53%) on their Board/Collective.

Several other Board-participant categories were noted:

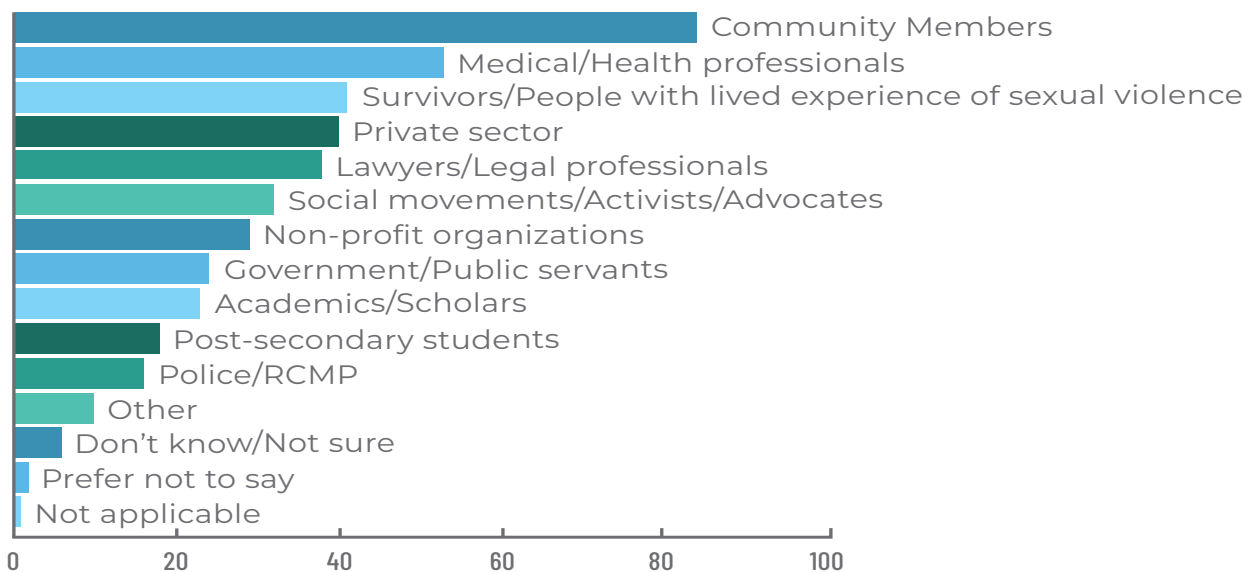
- **41% said survivors or people with lived experience of SV** were on their Board/Collective;
- **40% said individuals from the private sector;** and
- **38% said lawyers/legal professionals.**

About *one-third* said **social movements/activists/advocates** (32%) and **non-profit organizations** (29%).

About *one-quarter* said they had **government/public services on their boards** (24%) and **academics/scholars** (23%).

Groups *least likely* to be on SV boards were **post-secondary students** (18%) and **police/RCMP** (16%).

TYPES OF BOARD/COLLECTIVE PARTICIPANTS



Other participant examples offered in the survey's 'Comments' section included:

- Chiefs of the communities we represent
- Hospital Boards
- News/Media reps
- Education reps
- Retirees

In some cases, participants noted important connections/experiences rather than roles. For example, one explained: *"All Board members must have first served as a volunteer on the support line."*

FOCUS: Involving and Engaging Survivors in Governance

When were Canadian SVOs established?

Engaging survivors in governance structures is an important way to centre lived experience and knowledge in organizational decision-making and service provision.

In a question about how the organization involves or engages survivors, we included two indicators related to governance:

- Involving survivors in governance (e.g., as volunteer Board members); and
- Ensuring that survivors are on Advisory Boards

In our sample, **38% of respondents reported involving survivors in governance activities**, such as volunteer Board member positions, while **43% also ensured that survivors were on Advisory Boards.**

Respondent comments revealed **two distinct forms of survivor engagement in governance: active and passive recruitment.**

For instance, some SVOs actively recruited service users to participate once a minimum period of time had elapsed since they had accessed the service (e.g., one year).

Most of the comments described a more passive approach where organizations did not explicitly recruit survivors, it simply was common for volunteers to disclose their experience or self-identify as a survivor.

As one respondent explained:

“We do have individuals on our staff and governance Board who have been impacted by sexual violence; of course, this is not something that we ask or record, either directly or formally.”

While the respondent did not specify why this was the case, we can assume a general perspective that this is a sensitive and inappropriate question to ask as part of recruitment efforts.

FOCUS: COVID-19 Impacts on SVO Governance

We also asked about how the COVID-19 pandemic impacted³ the Board/Collective⁴.



Survey responses showed that for **approximately half of the SVOs in our survey (52%), the Board/Collectives played an important role in helping them navigate challenges** during the pandemic.



43% agreed that their Board/Collective helped them adapt or respond to changing circumstances related to COVID-19.



Pivoting to virtual meetings also increased participation for some respondents. As one participant noted, *“Meeting remotely has led to higher attendance at board and committee meetings.”*

However, a significant minority of organizations felt that the pandemic negatively impacted their relationship with their Board/Collective:



21% felt that Board/Collective members were less available for governance work during COVID-19;



21% likewise reported having trouble recruiting and/or retaining Board/Collective members; and



10% had less capacity to manage governance issues because of the pandemic.

A small percentage (4%) shifted their governance structure in response to the pandemic (e.g., from a ‘collective’ to a ‘modified collective’). One participant noted that their governance structure had already been in a state of change pre-pandemic.

³ For more information on the broader impacts of the pandemic on the SV sector, see Brief #1: COVID-19

⁴ For 16% of the sample, this was not applicable while another 10% said they were not sure.

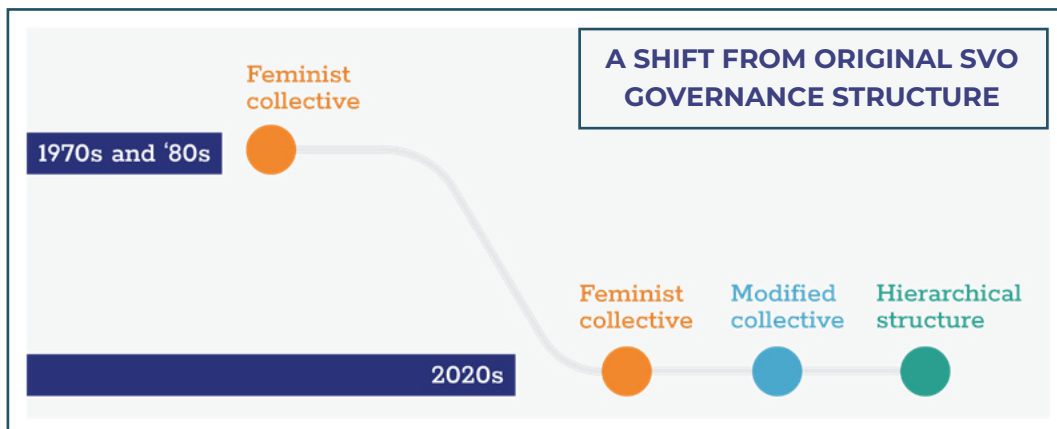


CONCLUSIONS & IMPLICATIONS

The survey revealed key findings relating to governance in SVOs.

Compared to historical governance structures for the delivery of sexual violence services, the data suggest a shift in how SV organizations are governed today.

- For example, while 77% of respondent SVOs were founded by grassroots community members/feminist collectives, at the time of the survey the number of SVOs that (still) used a feminist collective structure dropped to 23%.
- This was compared to 40% of SVOs that used a hierarchical structure and 26% that used a “modified collective” governance structure.



Given how many organizations began as grassroots/collectives, it may be the case that **organizational growth has led SVOs to shift from their original governance structure.**

Almost all SVOs in our sample (97%) had a Board of Directors or Collective. Most of these Boards or Collectives were established sometime between the 1970s to the 1990s.

Boards are composed of many different types of members, including medical/health professionals, private sector representatives, and lawyers/legal professionals.

Survivors also served as Board members for 41% of the organizations in our sample. Groups *least likely* to be on SVO Boards were post-secondary students and police/RCMP.

For more than half of our sample, Boards/Collectives played an important role in helping SVOs navigate the COVID-19 pandemic.

- For some, the pivot to meeting remotely helped increase Board attendance/engagement at meetings.
- Other organizations reported difficulty recruiting and/or retaining Board members during the COVID-19 pandemic and perceived that members were less available for governance work.

Lastly, **the SVOs in our sample tended to engage survivors in their organization**, including in governance activities.



LOOKING AHEAD: *Investigation Ideas?*



Future research could explore whether changes to the relationship between organizations and their Boards/Collectives (whether improved or worsened) endured in the “post-pandemic” years and what the long-term impacts of these changes have been.

Delving more deeply into the importance of including those with lived experience in governance activities is another area worthy of further study, as well as best practices for collecting this information about members, if and when appropriate.

For questions or more information, please contact: communications@endingviolencecanada.org

Brief #5: WAITLISTS

Findings of the National Survey of Sexual Violence Organizations & Services

Waitlists are a Key Indicator of High Demand and Unmet Need for Survivors of Sexual Violence

Many sexual violence organizations (SVOs) have experienced **an increased demand for services** in recent years, largely **since 2017, when the #MeToo movement became part of the public lexicon after going viral.**

The high prevalence of sexual violence (SV) in society, as well as the longstanding precarity of the sexual violence sector, has contributed to the presence of waitlists for SV services.

In this study, we set out to:

1. Gather data on the scale and scope of waitlists for SV services;
2. Understand the impact of waitlists on survivors and the SV sector; and
3. Highlight strategies and resources dedicated to mitigating the impact of long wait times for SV services.



The findings in this brief can be used by SVOs and advocates to highlight both the personal and systemic impacts of waitlists for SV services.

ABOUT THE SURVEY PROJECT

This research brief is one of a series produced by the Ending Violence Association of Canada (EVA Canada) about its 2022 National Survey of Sexual Violence Organizations and Services (SVOs).

SVOs refer to non-governmental organizations focused on preventing and/or addressing sexual violence, whether through the provision of services, conducting public education, and/or advocating for better laws and policies. These include community-based sexual assault centres, as well as other organizations that offer specialized sexual violence programming.

The national bilingual survey was administered to 114 SVOs across Canada between June and November 2022, with a final sample size of 102 organizations. Designed using a participatory approach, the 80-question survey had strong representation by geographic region and by organization type.

In This Brief

This brief presents a national snapshot of current waitlists for SV services and their impacts, drawn from a broad-based study of SVOs conducted by the Ending Violence Association of Canada (EVA Canada) in 2022.

It explores the presence and length of waitlists for various SV Services and **examines the impact of wait times** on survivors and SVOs themselves.

Survey Approach

The 80-question bilingual survey posed four questions on waitlists.

These questions explored **the kinds of services** SVOs had waitlists for, **the length** of these waitlists, the impact of COVID-19 on wait times, and **the overall impact that waitlists had on SVOs' capacity** to provide SV services.



KEY FINDINGS

- **Use of waitlists was fairly common**, with 80% of SVOs in our sample having waitlists for at least some of their SV services.
- SVOs highlighted the **negative impacts of wait times** on access to physical, emotional, and psychological support. This included the **potential for survivors who are unable to access immediate support to decide not to wait or return** for support.
- **Waitlists were most commonly used for individual and group counselling**, suggesting that targeted funding may be needed for these support services.
- **Wait times for counselling were also the longest**: 27% of SVOs reported having wait times of six months or longer for individual counselling. Of those, 16% were between six months and one year, while 11% were even longer than one year.
- **Wait times can also have systemic impacts**: for example, long waitlists for counselling can create an overreliance on crisis services.
- **COVID-19 has exacerbated this issue**: 54% of SVOs reported an increase in wait times for services during the course of the COVID-19 pandemic.
- **Dedicated funding and provincial support lines could help enhance SVO capacity** to address long wait times and provide further support.

Waitlists for SV Services

The survey asked organizations whether they currently had waitlists for several different kinds of SV services.

Among the SVOs in our sample:



47% currently had a **waitlist for individual counselling;**

39% currently had a **waitlist for group counselling/
support groups;**

15% currently had a **waitlist for intake;** and

12% currently had a **waitlist for crisis counselling.**

A smaller proportion of organizations indicated that they do not currently have a waitlist, but their reasons for this were varied:

- 26% said they do not currently have a waitlist, but use one when necessary;
- 20% do not use waitlists; and
- 3% closed all waitlists because demand was too high.¹

Several respondents mentioned having **other kinds of waitlists** in the comments section, including ones for follow-up services, program-specific waitlists, and waitlists for prevention education.

For example, one SVO described how their ***“Public Education program usually has to say ‘no’ to three requests for speakers per month because of the demand.”***

¹ Over the past few years, some SVOs have made the difficult decision to close their waitlist(s) due to extremely high demand. In these instances, SVOs decided that it was not ethical to have survivors be required to wait for such long periods of time for services. For example, see: <https://www.cbc.ca/news/canada/nova-scotia/nova-scotia-sexual-assault-centre-ava-lon-wait-list-1.5107364>

Wait Times by SV Service

The survey asked respondents to indicate the average wait times for different SV services, which ranged from less than 48 hours to more than one year. Of the survey participants, 54% responded to this question.

Among those, wait times were longest for individual and group counselling. Specifically:

- 27% of SVOs reported having wait times of six months or longer for individual counselling. Of those, 16% were between six months and one year, and 11% were more than one year.
- Likewise, 26% of SVOs in our sample reported having wait times of six months or longer for group counselling. Of those, 19% were between six months and one year, and 7% were more than one year.

While wait times were lower for intake, 10% indicated wait times of more than one month but less than six months. 2% had intake wait times of more than one year.

Causes of Wait Times

Although we did not ask directly about what causes wait times in their particular organization or region, many SVOs offered their insights on the causes. These included:



High demand for complex services:

“Complex crisis cases are at an all-time high. More clients are presenting with high crisis and suicidality, increased self-reports of chronic and persistent mental health challenges, increases in self-harm and reports of domestic violence, as well as an increased number of clients feeling immobilized, hopeless, defeated and isolated due to the ongoing impacts of the pandemic. This places extreme stressors on all staff and programs.”



Insufficient funding:

“We rely on unstable, short-term government funding which hinders our ability to offer programs sustainably.”



Challenges recruiting and retaining staff:

“Recruitment and retention is a challenge and, since the pandemic, there has been a high transition in front-line crisis staff and counsellors... Working within the field of sexual violence has a high risk of vicarious trauma. Staff left positions for other ‘less stressful’ work or to take time away from the workforce.”



COVID-19 pandemic:

There was an increase in wait times under COVID-19 for 54% of SVOs; 22% reported that wait times overall remained the same but with continuous ups and downs throughout the pandemic. An additional 19% reported continuous ups and downs in wait times, with no discernible trend, while 8% said not sure/not applicable. Only 2% reported that wait times decreased compared to pre-pandemic levels.²

Impacts of Wait Times

Survey responses revealed that **wait times can have a significant negative impact on survivors.**

For example, **there may be time-sensitive physical, emotional, and psychological needs that fail to be met due to the delay** in receiving SV services.

When survivors encounter a wait time, **this can lead to a missed opportunity for building trust and providing support** altogether.

SVOs explained:

“Survivors who wait too long on a waitlist may no longer be ready to get support when we finally call -- other pressing priorities, (being) emotionally unready, etc. – so we lose that window of opportunity...”

“Being in a position to support survivors when they reach out for support is vital; they have made a decision to seek support and long waitlists can disrupt that momentum of wanting to seek support and healing.”

“Wait times decrease client confidence in our services, and are frustrating for individuals needing support.”

“We are unable to meet the immediate need for individual counselling as the demand is high. Sometimes survivors are not interested in waiting so they move onto another service or decide to not seek services.”

SVOs also explained that a **failure to reach survivors immediately can put clients at risk for experiencing further harm and stigma:**

“Waiting for services risks victims/survivors receiving negative social responses — victim blaming, minimizing, etc. — further traumatizing and demoralizing them ahead of receiving appropriate and supportive social responses.”

“Delay in services can contribute to re-traumatization and put clients at risk for further harm.”

“Wait times mean that folks struggle with coping with the impacts of trauma on their own while they wait. It can lead to folks feeling isolated from the community and it may exacerbate those trauma reactions. Sometimes this leads to folks failing out of individual classes or their academic programs, which further compounds the stress of dealing with the traumatic experience.”

In addition to the impacts of wait times on individual survivors, there are also systemic impacts. Some SVOs explained that waitlists placed pressure on SVOs to end or shorten the length of service with existing clients to reach others in need.

Several SVOs also described how waitlists for longer-term services can affect agencies that provide crisis support, as those looking for longer-term services have nowhere else to go and end up relying on crisis services. This creates further bottlenecks in the SV sector and within multi-service agencies themselves.

Potential Strategies and Solutions

SVOs outlined creative strategies to try to mitigate the harms of waitlists.

Many SVOs described **using triage to help manage demand for services** based on acute need or identity rather than a ‘first come, first served’ approach.

As some SVOs described:

- *“We have created a list of triaged populations to ensure that those made most vulnerable by society have the most access: Indigenous folks, Two-Spirit, trans and gender-diverse folks, those under 18 or over 60, and anyone who is experiencing a suicidal crisis.”*
- *“We have a four-tier group model and offer individual crisis counselling only to individuals who can’t access groups.”*

However, some SVOs explained that **triage strategies can result in individuals being unsupported for extended lengths of time — or left behind altogether.**

As one SVO explained:

- *“We also prioritize recent assaults and crisis clients, but this makes wait times even longer for people with historic trauma who are ready to dig into that deep work.”*

Many described developing **a range of interim supports that could be offered while clients waited** for other kinds of service. The use of online self-directed materials, psycho-educational workshops, drop-in groups, and group counselling, were frequently cited by SVOs.

However, SVOs explained that these **stop-gap measures had limitations.**

For example, one SVO described the problems with reliance on group counselling, particularly in remote/rural communities:

- *“We have tried group therapy but there is a great reluctance (stigma, shame) to join a survivors group. With our small population base, there is a higher likelihood that you’d be in a group with someone you know.”*



INCREASED FUNDING

SVOs often linked limitations in their capacity to offer support to a lack of long-term, sustainable funding.

Additional funding was the most often cited solution as to what could help SVOs better manage their wait times, largely by hiring more staff.

As one SVO described:

“To alleviate these negative impacts, we’ve instituted some other levels of support like virtual and in-person drop-in crisis intervention sessions, systems navigation support, staff advocacy, and psychoeducational support groups. However, to do this we rely on unstable, short-term government funding which hinders our ability to offer programs sustainably, particularly with regards to recruiting and retaining talented staff.”

Other SVOs described how additional funding would allow them to innovate, such as by creating targeted intake and counselling streams and specialized programming.



DEDICATED SPECIALIZED SEXUAL VIOLENCE CRISIS LINES

In addition to increased funding, **some SVOs recommended creating or enhancing existing specialized sexual violence provincial crisis lines or support lines** that could help enhance their capacity to provide longer-term supports:

- *“A specific provincial crisis line (with volunteers/staff trained to support sexual assault survivors) that supported sexual assault survivors in crisis would help alleviate the need for that support to happen at the community-based organization level and would help us shift our services to meet other needs of survivors (e.g., more longer-term trauma counselling, group supports and disclosure training for community members).”*
- *“A strategy to support long waitlists is often local/provincial crisis lines that operate 24 hours so survivors can access support in the moments it is needed. A provincial crisis line specific for survivors of sexual assault would be a resource used by sexual assault centres who can not offer that 24-hour support.”*



CONCLUSIONS & IMPLICATIONS

Demand for SV services has increased over the past several years. Over half of SVOs in our sample reported an overall increase in the need for services since the onset of the COVID-19 pandemic.

Increases in demand and complexity of cases – combined with the precarity of SVOs and the SV sector – have contributed to the presence of waitlists for SV services at many SVOs (80% of the ones in our sample).

A small percentage of SVOs (3%) reported that they closed their waitlist because the demand was too high. This highlights **the need for nuanced interpretations** around organizations reporting a lack of waitlists.

SVOs most often reported waitlists for individual counselling (47% of SVOs).

Some also reported having waitlists for intake (15%) and for crisis counselling immediate need (12%). While low, **such waitlists are particularly concerning since both intake and crisis counselling are potentially more time-sensitive** in nature.

SVOs explained that they **often need to make strategic choices** around who to offer **services to due to high demand.**

For some SVOs, this involved **triage protocols that prioritized recent violence or crisis situations.** For others, it involved shortening programming to reach those on the waitlist or those deemed more in need of immediate support.

While necessary in the current environment, **these triage procedures can cut short vital supports and result in individuals not being able to access supports at all.**

SVOs are using creative strategies to support those waitlisted for individual counselling, including the provision of online support, self-directed courses, drop-in counselling, and group counselling.

However, these strategies have limitations and can put increased pressure on other aspects of SVO services.

SVOs stressed the need for increased funding and dedicated crisis lines to help alleviate the high demand and wait times SVOs are experiencing.

The Downsides of Delays

Delays in access to services can have detrimental impacts on the physical, emotional and psychological health of survivors.

SVO prioritization of acute and crisis needs can result in a delay or complete lack of access to services for those seeking support for historical SV.



For questions or more information, please contact: communications@endingviolencecanada.org

Brief #6: SOCIAL IDENTITY

Findings of the National Survey of Sexual Violence Organizations & Services

Equity-seeking Groups are Disproportionately Impacted by Sexual Violence

The collection of **social identity data** may help **Sexual Violence Organizations (SVOs)** **increase the reach and efficacy of their services** to all affected communities.

Sexual violence (SV) is not limited to any one community. In fact, this unique type of violence affects people of all backgrounds, ages, and positions in life.

However, **in Canada, equity-seeking groups are disproportionately vulnerable to SV and experience more barriers to support** because of persistent economic and social inequality.

Collecting social identity data (SID) about clients is an important step for understanding who is accessing SV services – and who is not – with the ultimate goal of making SV services more accessible for all.

Asking clients about their social identity can be challenging and cause harm if these personal details are not gathered in a manner that is both trauma-informed and culturally sensitive.

Guidelines around client privacy, data confidentiality, and the protection of vulnerable groups from discrimination are necessary components of sexual violence organizations' (SVO) data collection and use.



The findings in this brief may potentially be used by SV service providers to increase the efficacy and reach of their services, particularly around the collection of social identity data.

ABOUT THE SURVEY PROJECT

This research brief is one of a series produced by Ending Violence Association of Canada about its 2022 National Survey of Sexual Violence Organizations and Services (SVOs).

SVOs refer to non-governmental organizations focused on preventing and/or addressing sexual violence, whether through the provision of services, conducting public education, and/or advocating for better laws and policies. These include community-based sexual assault centres, as well as other organizations that offer specialized sexual violence programming.

The national bilingual survey was administered to 114 SVOs across Canada between June and November 2022, with a final sample size of 102 organizations. Designed using a participatory approach, the 80-question survey had strong representation by geographic region and by organization type.

In This Brief

This brief **presents a national snapshot of current SID collection practices among SVOs**, drawn from a broad-based study conducted by the Ending Violence Association of Canada (EVA Canada) in 2022.

SID refers to information about **the socio-demographic characteristics of individuals and groups**, such as Indigeneity, race, gender, income and socio-economic position, sexual orientation, and disability, among others.

Survey Approach

The survey posed eight questions about SVOs' current data collection practices.

Questions covered a range of topics, including:

- the challenges of collecting SID;
- specifics about the kinds of data collected by organizations; and
- the extent to which the clients served were representative of the local populations.



KEY FINDINGS

Overall, **the survey data underscore that the collection of social identity details is an important practice for SVOs**, given that equity-seeking groups are disproportionately affected by sexual violence. Key findings include:

- **The vast majority of SVOs collect social identity data (SID) at least some of the time (90%).** This is positive because this type of data can help organizations understand who is being served and identify gaps or barriers to service.
- **SVOs were most likely to collect SID on age, gender identity, Indigeneity, and language.** There was an observable data gap relating to identifiers for class or socio-economic status.
- Among SVOs that collected age-based and race-based data, national patterns in SV services emerged:
 - Regarding age, our data showed that **the vast majority of SVOs primarily served adults aged 18-64.**
 - Regarding race, our data showed that **just over half (52%) of respondent SVOs are serving a client base that is very representative of some or all of the local racial/ethnic populations.** Fewer SVOs (13%) said that the clients they serve are not generally representative of their local racial/ethnic population.
- **Collecting SID presents several challenges** that the sector and/or stakeholders may want to consider, **including balancing clients' privacy concerns and potential barriers to service** that data collection practices may cause **against the value of the information gleaned from SID.**

Collecting Social Identity Data: A common yet challenging practice

The vast majority of the SVOs in our sample (90%) collected social identity data (SID) at least some of the time. Several SVOs indicated that they are currently in the process of implementing new data collection activities or improving their existing methods.

Types of Social Identity Data

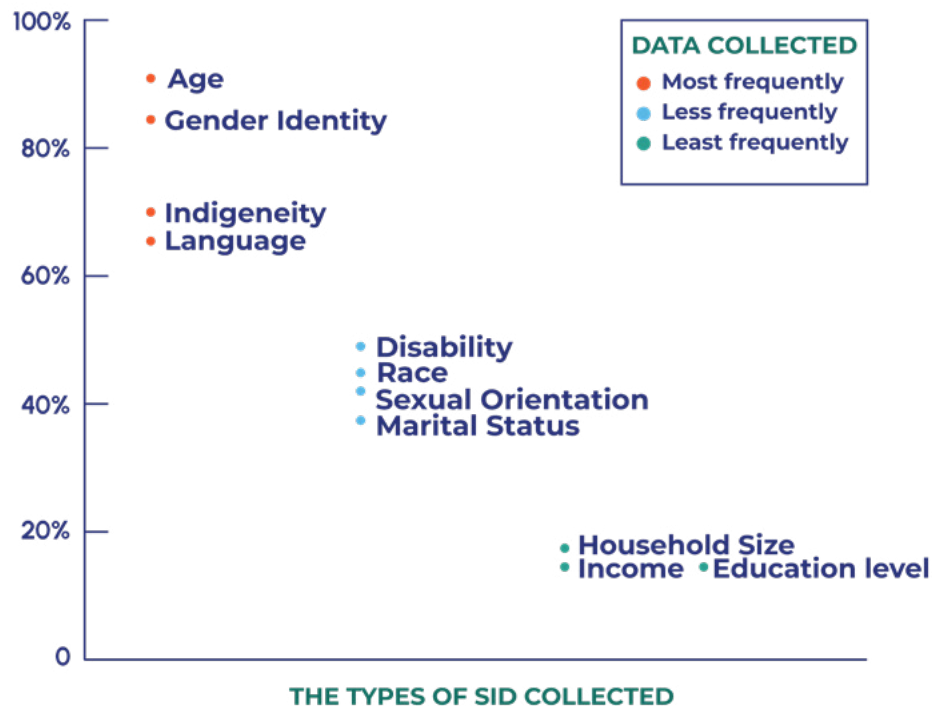
Of the SVOs that collect SID, the types of information collected were not consistent.

The types of SID **most frequently collected** were age (91%), gender identity (82%), Indigeneity (70%) and language (69%).

Less frequently, SVOs collected information about disability (49%), race (46%), sexual orientation (42%) and marital status (38%).

The types of SID that were collected the **least frequently** included income (15%), education level (15%) and household size (18%).

Notably, the data collected least frequently are all indicators of class/socio-economic status. This is potentially a gap, as SVOs may not have enough evidence to accurately determine how class/socio-economic status shapes access to specialized services and programming.



Challenges to Collecting SID

However, SVOs described several challenges to collecting SID.

These challenges were largely not tied to a lack of knowledge on how to collect SID (with only 8% of SVOs indicating they did not always know how to). Rather, **concern for client privacy was the most often cited challenge** that agencies faced in collecting this information (41%).

Several SVOs elaborated that **some clients do not wish to or are wary of providing ‘personal information’** to providers. For some clients, **the practice of asking for SID can be a barrier to service, particularly for members of marginalized groups** who have experienced systemic oppression such as racism.

One SVO also explained that in smaller centres with low diversity – such as rural or remote regions of Canada – **the collection and use of SID may potentially identify clients.**

Another 25% of SVOs responded that **the collection of SID is not relevant** to their work. As one SVO explained, *“In the past we did collect, but we didn’t do anything with the information so decided to stop collecting.”*

Others noted how **the practice of gathering SID can be perceived as intrusive and insensitive in moments of crisis** or during particularly brief interactions:

“It is not always appropriate to collect this data, especially from someone in crisis. Our focus is on providing trauma-informed services.”

“Some of our contacts are (just) one time, by phone; we don’t ask a lot of intrusive information.”

Over one in 10 respondents (12%) identified **capacity issues as a barrier to collecting SID** over and above the provision of trauma services. One SVO explained that organizational **financial constraints do not allow for resources to be allocated toward collecting and using SID** in their work.

What can the data show us about who SVOs are currently serving?

The survey posed questions related to specific social identity characteristics of the clients served. In this brief, we focus on race-based and age-based data. (To learn more about gender identity data, please see our brief on Eligibility for Services.)

Age

We asked SVOs to give an overall breakdown of their clients by age.

Notably, 31% of SVOs were not able to provide this breakdown.

Among the remaining SVOs that were able to report, we found that:



73% of clients served were adults aged 18-64



22% of clients served were youth aged 12-17



9% of clients served were older adults aged 65+



6% of clients served were children under the age of 12

Future research may want to consider how this demographic data aligns with population demographics and key trends in rates of sexual violence by age.

Race/Ethnicity

We asked respondents to indicate how representative of the local population their clients were, in terms of race/ethnicity, and found that:

- 28% of SVOs indicated that the clients they served are **“very” representative** of their local racial/ethnic population across all groups;
- 24% of SVOs indicated that the clients they served are **“very” representative** of their local racial/ethnic population across some groups, but not all;
- 28% said that the clients they serve are **“somewhat” representative**;
- 13% said that the clients they serve **are not generally representative** of their local racial/ethnic population; and
- 5% indicated they were **“unsure/n/a”**.

These statistics suggest that there are gaps in service for individuals based on race/ethnicity, with just over half of SVOs serving a client base that is very representative of



CONCLUSIONS & IMPLICATIONS

At 90%, the vast majority of SVOs in our sample reported collecting SID at least some of the time.

Several organizations reported that they were in the process of implementing new SID collection procedures or improving their existing methods. This could help SVOs:

- ✓ **Better understand who they are serving** (or not serving);
- ✓ **Address barriers to accessing services** among specific populations; and
- ✓ **Assess how well services are working** for specific populations.

However, **many SVOs in our sample reported challenges with collecting SID.**

Several SVOs reported that clients do not always wish to provide SID information for privacy or other reasons.

Asking for social identity information itself can be a barrier to service at times, particularly during brief interactions and for members of marginalized groups who have experienced systemic oppression (e.g., racism, homophobia, gender discrimination, etc.).

The importance of collecting this type of personal data must therefore be balanced against potentially mitigating factors such as:

- privacy concerns;
- histories of marginalization; and
- the immediate needs of the SV survivor within the context of crisis counselling.

For other SVOs, the collection of SID either was not relevant to their work or within their capacity. Future research may want to investigate why the collection of such information may not be relevant to all SVOs.

Of the SVOs that gathered SID, the collection was not consistent across all social identities. The types of SID collected most frequently were age, gender identity, indigeneity and language.

Notably, **the data collected least frequently are indicators of socio-economic status** (i.e., income, education level, and household size). This is potentially a gap, as SVOs may not have enough evidence to accurately determine how class/socio-economic status shapes access to specialized services and programming.

Future research may want to examine the implications of this apparent gap.

For questions or more information, please contact: communications@endingviolencecanada.org

Brief #7: ELIGIBILITY

Findings of the National Survey of Sexual Violence Organizations & Services

Eligibility Criteria Both Reflect & Shape Canada's Sexual Violence Sector

Eligibility¹ criteria can provide a useful window into how sexual violence (SV) services are organized and distributed across Canada's diverse communities.

Gender and age are two kinds of criteria that have shaped how SV services are organized.

Knowing how **these histories continue to shape SV services** — and how they may be changing — are useful touch points for sexual violence organizations (SVOs) and their stakeholders.



The findings in this brief can be used by SVOs and advocates to examine the impact of changing social contexts on SV eligibility criteria and to weigh the benefits and challenges of using different eligibility criteria in SV service provision.

In This Brief

This brief presents a snapshot of current eligibility requirements among SVOs, drawn from a broad-based study conducted by the Ending Violence Association of Canada (EVA Canada) in 2022.

It examines current eligibility requirements for SV services and explores how funding and other contextual factors influence eligibility requirements for SV programs and services.

Survey Approach

The 80-question survey posed four questions specifically about the eligibility criteria for programs and services currently used by SVOs.

The questions covered general eligibility practices as well as the use of specific criteria such as gender and age to determine eligibility for services

ABOUT THE SURVEY PROJECT

This research brief is one of a series produced by the Ending Violence Association of Canada (EVA Canada) about its 2022 *National Survey of Sexual Violence Organizations and Services (SVOs)*.

SVOs refer to non-governmental organizations focused on preventing and/or addressing sexual violence, whether through the provision of services, conducting public education, and/or advocating for better laws and policies. These include community-based sexual assault centres, as well as other organizations that offer specialized sexual violence programming.

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To learn more about this project, visit endingviolencecanada.org



KEY FINDINGS

Overall, **the survey found considerable variation in the use of eligibility criteria** among SVOs.

When employed, **criteria based on age were most prevalent, while results related to gender eligibility were more varied.**

Key findings include:

- Whereas 29% of SVOs used eligibility criteria for *all programs*, 21% *did not use any* eligibility criteria. And **42% used eligibility criteria for some but not all programs and services.**
- Among the SVOs that used eligibility criteria, **age-based criteria was the most common type of eligibility requirement used (92% of respondents).**
- Where age-based eligibility requirements were indicated, most fell within the “services for people aged 12+” or “16+” range. **Many organizations used a mix of age criteria across different programs and services (44%).**
- **Data on gender eligibility told a more complex story.** Qualitative comments suggest that the sector may be undergoing a shift from women-only services towards a broader spectrum of gender identities.
- The current snapshot of SV services showed that **self-identified women, transgender women, and/or gender-diverse people were eligible for services at the majority of organizations**, while 45% of SVOs said their services were open to all genders. Notably, this shift was constrained in part by organizational capacity.
- **Given the complexity and variety of the findings, ongoing research to monitor eligibility requirements during this time of transition may be valuable** to better understanding gaps and barriers to SV services and support.

Understanding Eligibility

Purpose and Limitations

Eligibility requirements refer to criteria that an individual must meet in order to receive SV services. These criteria are different across SVOs and jurisdictions in Canada.

Many organizations have eligibility requirements for SV services.

In some cases, eligibility criteria are set by the agency. An organization may have a specific area of expertise and decide to restrict services or prioritize access to services for individuals or groups who fall under that umbrella (such as women-only services or newcomer organizations).

In other instances, **eligibility may be pre-determined by government-funded programs or other grants.** Some agencies have a mix of eligibility restrictions across different programs and services offered by their organization.

Eligibility requirements can be important for ensuring that specific populations receive access to specialized services and resources. For example, providing counselling to children under 12 who have experienced sexual abuse requires specialized training. An SVO may institute an eligibility requirement for only serving individuals over 12 because they do not have staff with the required training.



Did You Know?

Eligibility for services is not the same thing as having “access” to SV services.

For example, an individual may meet all eligibility criteria for a service but may not be able functionally to access it due to a lack of language interpretation services, or because overwhelming demand has meant an SVO has to turn survivors away.

Criteria around who is eligible for SV services can also help to foster safe spaces for equity-seeking groups. For example, many SVOs were originally founded as women-only spaces precisely because of the disproportionate impacts of SV on women and the need for safer spaces for women to come together.

However, **some limitations and challenges can arise from eligibility requirements.** The need to answer sensitive questions about social identity may become a barrier to access for some survivors. Social categories and survivor needs are also dynamic; survivors may not fit neatly into prescribed categories.

As views on identity and eligibility shift, some SVOs may struggle to keep pace with these shifts.

As a result, some survivors may fall through the cracks or be left behind.

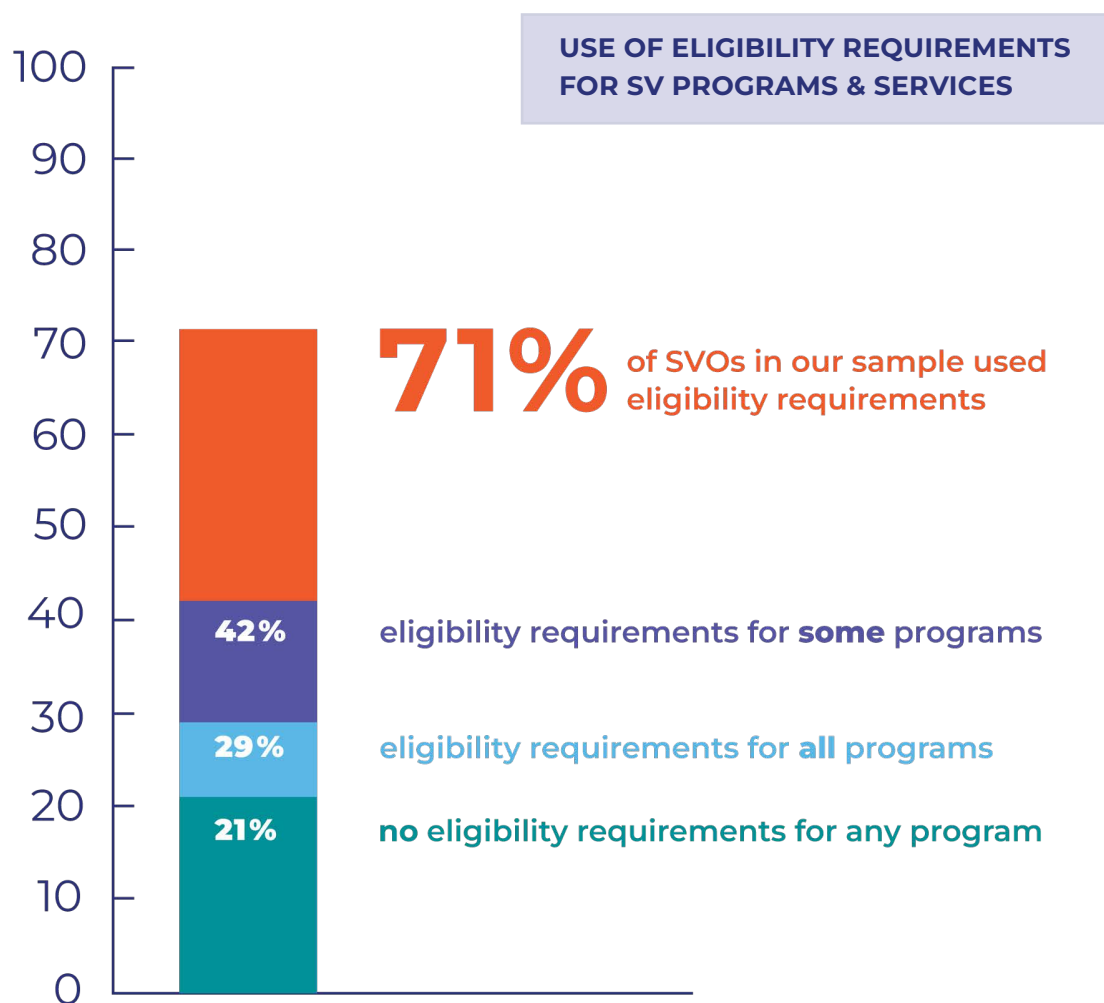
Most SVOs have eligibility requirements for some programs and services

The majority of SVOs in our sample used eligibility requirements (71%).

Of these, 42% had eligibility requirements for **some** programs, while 29% had eligibility requirements for **all** programs.

By contrast, 21% of SVOs had no eligibility requirements for any program or service, suggesting that SV services were universal in these organizations.

Overall, *these findings suggest considerable variation among SVOs in terms of the use of eligibility criteria* for some, all, or none of their programs and services.

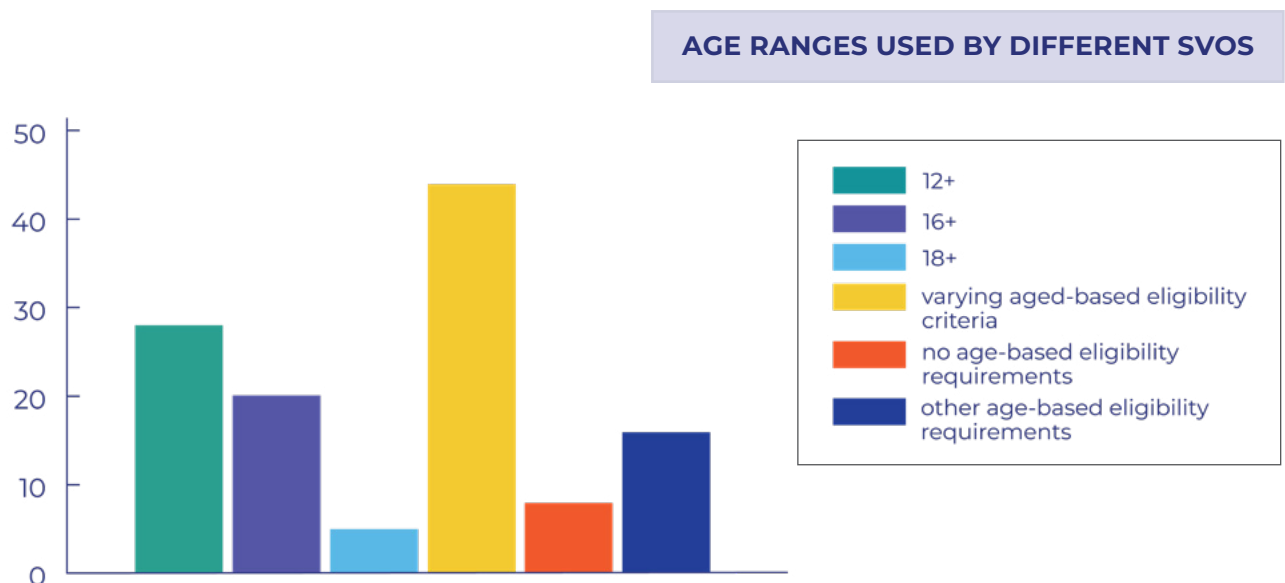


Snapshot: Key Trends in Eligibility

Age-Based Eligibility Trends

Among those SVOs that did use eligibility criteria, 92% of respondents indicated that their organization had age-based eligibility criteria for services.

While age-based criteria were very common, we found considerable variation in the specific age ranges used by different SVOs, as illustrated below:



- **28%** of SVOs provided services to individuals **12+**
- **20%** of SVOs provided services to individuals **16+**
- **5%** of SVOs provided services to individuals **18+**
- **44%** of SVOs had multiple programs with **varying aged-based eligibility criteria**
- **8% did not have any** age-based eligibility requirements
- **16%** of SVOs indicated that they had **“other” age-based eligibility** requirements, e.g., explaining in their comments that they limited services to those 13+, 14+, and 17+

Gender-Based Eligibility Trends

The issue of gender eligibility is complex given that many SVOs were founded in response to male violence against women within patriarchal systems (e.g., the ‘second-wave’ feminist movement of the 60s & 70s, defining violence against women, establishing women-only spaces).

To understand current realities, we asked survey respondents to identify the gender eligibility requirements for their SV services. Respondents could select multiple options to reflect the services offered at their organization, as listed below:

- **Women-only services**, where “women” is defined as cisgender women
- **Women-only services**, where “women” is defined as any person who self-identifies as female, including cisgender and transgender women
- **Women and gender-diverse people**, including transgender women, Two Spirit, gender non-binary and gender-nonconforming people
- **Men-only services**, where “men” is defined as cisgender men
- **Men-only services**, where “men” is defined as any person who identifies as male, including cisgender and transgender men
- **Men and gender-diverse people**, including transgender men, Two-Spirit, gender-nonbinary and gender-nonconforming people
- **All genders**

Overall, the responses showed that self-identified women, transgender women, and/or gender-diverse people were eligible for services at most organizations:

- **Almost half of respondents** (45%) indicated that people of all genders were eligible for services at their organization.
- **45% of respondents** indicated that women and gender-diverse people were eligible for their SV services (i.e., all genders except for cisgender men).
- **38% of respondents** had women-only eligibility for services, where “women” is defined as any person who self-identifies as female, including cisgender and transgender women.

A smaller number of SVOs limited their services to either cisgender women or men:

- **15% had women-only services**, where “women” is defined as cisgender women.
- **A small minority of SVOs (9%) provided services** only to individuals who self-identified as male, including cisgender and transgender men. 10% provided services to only men and gender-diverse individuals including transgender men, Two-Spirit, gender non-binary and gender non-conforming people.

FOCUS: Gender-Based Eligibility Criteria

Qualitative comments helped us examine findings around gender more closely. The findings suggest **that SVOs in the sample are likely in a period of transition to opening eligibility requirements to all genders** or, in some cases, to cisgender men who had historically not been part of organizational mandates.

For example, several organizations explained **widening gender eligibility criteria by service:**

“The majority of our violence prevention-based services have gender-based eligibility criteria with [a] strong focus on women and gender-diverse folks. However, we have some programming across the agency that is open to all genders (e.g., settlement, employment, clinical counselling, substance use, etc.).”

“Our emergency sexual assault response team services are for all genders age 13+, while our counselling and victim service is designated for women, trans, Two-Spirit and gender-diverse survivors.”

“Individual counselling is limited to cis/trans-women, other services are all-gender.”

Others were in the process of exploring broader gender-based eligibility:

“Our off-site programs are sometimes open to all genders.”

“We are exploring extending services to cisgender men.”

These trends were constrained, for some SVOs, by organizational capacity. For others, gender-based eligibility requirements were tied to project-specific capacity funding.

For example, one SVO explained that they offer specific programming for men *“as long as funding allows.”* Another SVO explained, *“We have a male counsellor through funding for male-specific counselling.”*

Overall, the responses show that **self-identified women, transgender women and/or gender-diverse people were eligible for services at the majority of organizations.**

A minority of organizations provided services for which only self-identified men, transgender men and/or gender-diverse people were eligible.



CONCLUSIONS & IMPLICATIONS

Eligibility requirements can be an important tool for ensuring that specific populations receive access to SV services.

For example, many SV organizations were originally founded as women-only spaces precisely because of the disproportionate impacts of SV on women and the need for safer spaces for women to come together.

Increased awareness about sexual violence is prompting more people to reach out to SVOs for services.

However, requirements around eligibility for SV services may not always keep pace with this demand and changing views around identity. As a result, some survivors of SV could fall through the cracks.

Our survey found considerable variation in whether or not SVOs used eligibility criteria for all, some, or none of their programs and services.

Among SVOs that used criteria for services, **age-based eligibility was the most common** requirement (92% of respondents).

- However, even among this group, there was **considerable variation in the specific age range** used, with **44% indicating they use a blend** of age criteria depending on the program or service.

Gender-based eligibility requirements for access to services were understandably complex, given their roots in a particular socio-historical context (e.g., the 'second-wave' feminist movement, defining violence against women, women-only spaces).

- Overall, the responses about gender eligibility show that **self-identified women, transgender women and/or gender-diverse people were eligible for services at the majority** of SVOs.
- **Almost half** of respondents (45%) indicated that **people of all genders were eligible** for services at their SVO.



CONCLUSIONS & IMPLICATIONS

continued

Qualitative data suggest that **some SVOs may be in a period of transition to opening eligibility requirements from women-only services** to all genders or, in some cases, to transgender, gender-diverse, and/or cisgender men who may not have been part of SVO mandates historically.

Where desired, **the capacity to expand eligibility gender-based and age-based requirements appears further complicated by funding issues.**

The SV sector's ongoing reliance on time-limited project or program funding – versus longer-term core or sustainable funding – shapes SVO's capacity to expand eligibility criteria.

For example, some SVOs indicated they provided services for male-specific counselling and programming only “as long as funding allows”.



LOOKING AHEAD: *Investigation Ideas?*



In future studies, it would be worth exploring the trend toward broadening eligibility requirements to include groups not historically part of an SVO's mandate. Given some of the potential challenges surrounding eligibility requirements -- including posing barriers to some survivors and changing social categories -- further research could be useful to better understand and delve more deeply into the changing context shaping these criteria.

For questions or more information, please contact: communications@endingviolencecanada.org

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