



Silenced: Canada's Sexual Assault Evidence Kit Accessibility Crisis

She Matters

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Call to Action

The **Silenced: Canada's Sexual Assault Evidence Kit Accessibility Crisis** report is a call to action created by She Matters, a community of survivors of sexual violence and allies from across Canada.

In this report, you will find a comprehensive overview of first-hand responses received by survivors and allies when requesting information pertaining to accessibility to a Sexual Assault Evidence Kit, also referred to as a "SAEK" and more commonly known as a "rape kit," at Canadian emergency room departments and health centres.

You will read our experiences, ideas, and suggestions for best practices to enhance the sexual assault reporting systems. Thousands of survivors across Canada are facing inaccessibility to SAEKs and are in turn experiencing retraumatization and barriers to accessing their right to justice.

It is through this report that survivors' voices are being heard.

Together, change is possible and it begins with you.

Acknowledgments

We would like to begin by acknowledging that this report was written on the traditional territory of the Atikameksheng Anishnawbek. Data collection took place on and across many Indigenous traditional territories and nations.

She Matters wishes to acknowledge the team behind the Silenced: Canada's Sexual Assault Evidence Kit Accessibility Crisis report. To Aurore Gatwenzi, Miranda Boudreau, Denis St. Pierre, and Ryan MacLeod, we thank you for the hours you dedicated to reaching hospitals and health centres across the country in an effort to shed a light on the realities of the sexual assault evidence kit accessibility crisis.

To our advisory team inclusive of Habon Ali and Fallon Farinacci, we thank you for sharing your insights and expertise. Your commitment to joining She Matters in enhancing the sexual assault reporting process for survivors across Canada brings hope to so many.

To our research, editing, and communications team Carol Evans, Gary Kimmel, Sharon Parenteau, Amanda Foulem, Darlene Villeneuve, Denis St. Pierre, Tamerra London, Kaylie Dudgeon, and Suzanne Tebbutt, we thank you for the time you dedicated to shaping the direction of this report.

Special Acknowledgement to Derek Miller, Avery Haines, Maya Hamovitch, and the team from W5. We thank you for your support and encouragement.

To Gabrielle Doyon Hanson, thank you for your courage to share your truth and create a call to action for sexual assault evidence kit accessibility across Canada. We will always walk alongside you in the fight for equal access to justice for survivors.

She Matters is a small but mighty team of volunteers composed of Stéphanie Proulx, Vanessa Smith, Jasmine Choy, and Jacqueline Villeneuve-Ahmed. We thank our partners and our children for their patience with us through the late-night calls, hours dedicated to writing, and for their support as we navigated the emotions that accompanied drafting this report.

Dedication

We dedicate this report to every survivor of sexual assault who has felt their voice was being silenced.

We see you, and we believe you.

This report serves as a call to action; advocating for change to ensure the next generation will not have to experience the trauma that accompanies the Sexual Assault Evidence Kit accessibility crisis.

Every survivor is deserving of equal access to justice.

We are stronger together.

About She Matters

She Matters is a community of survivors and allies united in healing and support, education and awareness, and advocacy.

Our Story

She Matters was created with the fundamental belief that there is strength found in community. Our community was created by survivors, for survivors.

We believe that survivors are worthy of healing in a safe and supportive environment.

We believe that survivors of all backgrounds deserve access to justice.

We believe that survivors are not victims.

We do not need to be saved, we need to be heard.

We believe that support and healing programming should be accessible for survivors of all backgrounds.

We believe that survivors deserve a seat at the table.

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01

Executive Summary

EXECUTIVE SUMMARY

Silenced: Canada's Sexual Assault Evidence Kit Accessibility Crisis

report was developed to address survivors of sexual violence being turned away from their local hospitals and health centres due to medical institutions not being equipped with Sexual Assault Evidence Kits (SAEKs).

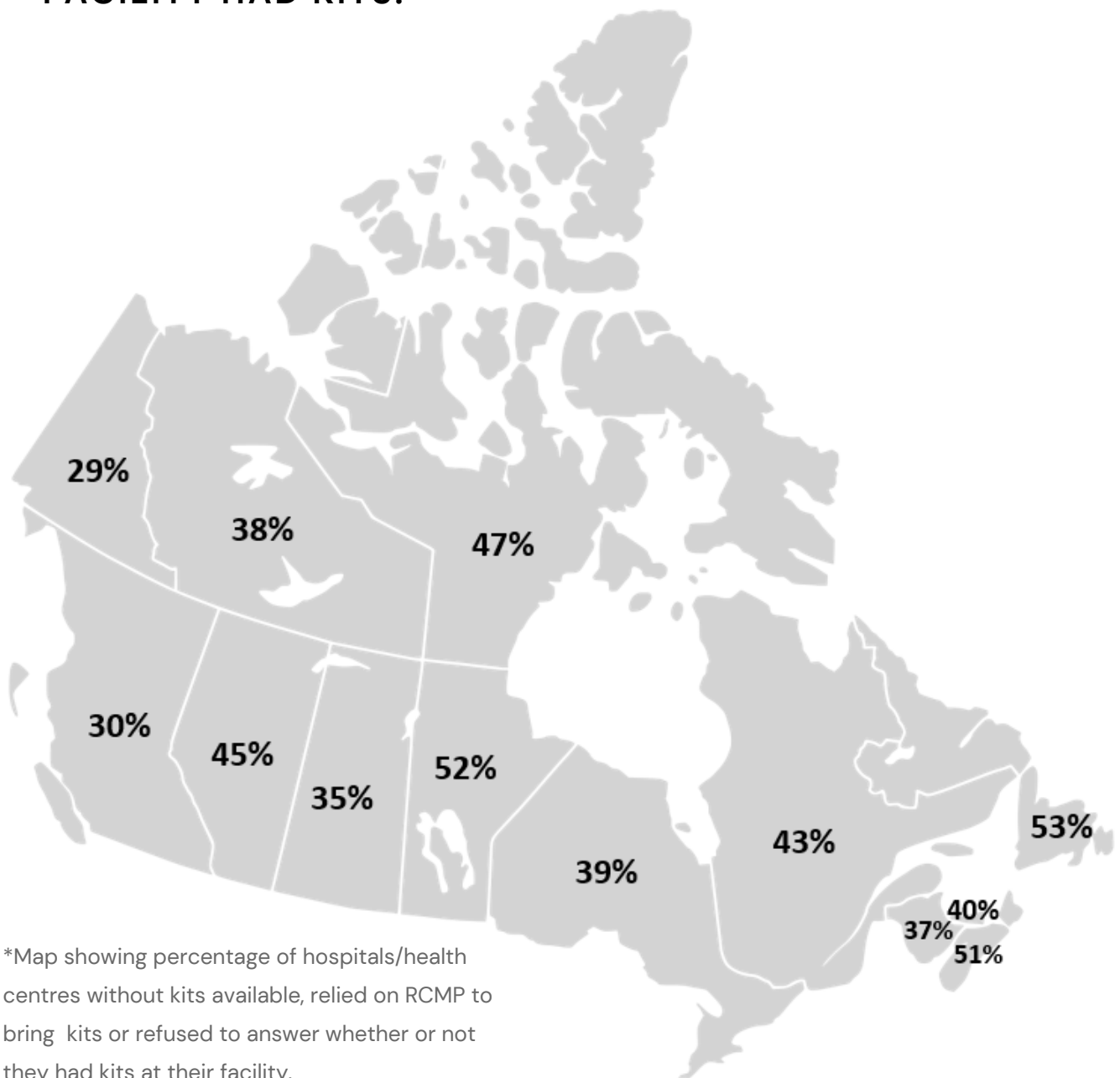
This results in survivors presenting to hospitals and health centres only to be told that they cannot be assisted as the hospital does not have SAEKs available or does not have trained staff to conduct a SAEK. Depending on the location, a survivor must then resort to involving the RCMP to access a SAEK or commute to the nearest hospital where SAEKs are available to undergo an examination. In some cases, the nearest hospital is hundreds of kilometres away and can severely deter a survivor from continuing their search for healthcare and justice.

This report provides insight into the national SAEK accessibility crisis. In a series of data collection spanning twelve months, She Matters contacted Canadian hospitals and health centres providing emergency care to inquire if SAEKs were accessible. The organization documented whether the hospital had a SAEK, whether the hospital shared the information, whether a SAEK could be provided by the hospital or via RCMP, and whether the hospital was deemed sensitive in its handling of the inquiries. The data was then plotted using the geographic information systems, ArcMap, onto a map of Canada to highlight the number of hospitals with SAEKs, those without SAEKs, hospitals that refused to release information on SAEKs, and hospitals that only had access to kits via the RCMP. The study concluded that 41% of Canadian Hospitals did not have kits, relied on the RMCP to bring kits, or refused to disclose whether their facility had kits.

THE STUDY FOUND THAT

41%

OF CANADIAN HOSPITALS DID NOT HAVE KITS,
RELIED ON THE RCMP TO BRING KITS, OR
REFUSED TO DISCLOSE WHETHER THEIR
FACILITY HAD KITS.



*Map showing percentage of hospitals/health centres without kits available, relied on RCMP to bring kits or refused to answer whether or not they had kits at their facility.

FURTHER, THE FOLLOWING KEY TRENDS WERE OBSERVED:

- **41%** of hospitals and health centres reached throughout the Sexual Assault Evidence Kit Accessibility study stated they did not have Sexual Assault Evidence Kits available to survivors.
- Many hospitals **do not** have nurses or physicians trained in conducting a SAEK examination.
 - Training is required to gather evidence without further retraumatizing the survivor.
- Hospitals **lack the tools** to support survivors, including a lack of proper storage facilities for Sexual Assault Evidence Kits (fridges that lock to secure evidence).
- Many hospitals and emergency rooms **could not answer with certainty** if SAEKs and services were available for survivors.
- Many hospitals **referred the caller** to seek services at a specific hospital, only for the caller to later determine that the referred hospital also did not provide SAEKs.
 - Demonstrating an institutional disconnect regarding eligibility of services.
- Many hospitals **expressed frustration** in being the only hospital in a region to provide SAEK services and a desire for all hospitals to conduct kits to lessen the stress on certain facilities and to better support survivors.
- **It is not mandatory** in nursing and medical schools to learn sexual assault evidence collection.
 - Many colleges charge a fee beyond traditional tuition for nursing students who want to take a SANE course on weekends.
- There is a **divide in urban/rural health-care access**, with far better accessibility for city dwellers.
- **Sensitivity training should be required** for all hospital staff, including triage staff and phone operators, particularly in hospitals that responded negatively to sexual assault-related inquiries.
- Hospitals and police departments **do not have national databases** listing hospitals and health centres with SAEKs available to survivors.



02

Introduction

INTRODUCTION

In Canada, only 3% of reported sexual assault cases result in a conviction. However, it is reported that more than 11 million Canadians have been physically or sexually assaulted since the age of 15.

One of the best opportunities for a survivor of sexual violence to seek justice is by presenting forensic evidence during a legal proceeding. To obtain this forensic evidence for the court process, a survivor must undergo a SAEK (informally referred to as a “rape kit”), which involves the survivor undergoing a sexual assault forensic examination.

The fight for SAEKs to be made available at every Canadian hospital began in 2015 when reports emerged of survivors of sexual assault being unable to access SAEKs in Canadian hospital emergency rooms. At this time, news agencies reported instances of survivors travelling several hours after their assault to access SAEKs as their local hospital did not provide those services.

Additional barriers reported included survivors having to wait hours to have a SAEK performed following their assault, survivors being treated poorly in emergency rooms by attending hospital staff and police, and a lack of organization amongst hospitals regarding which institutions had SAEKs available. Although several publications have covered the issues surrounding SAEK accessibility, including international publications such as VICE media, the federal and provincial governments have not legislated for SAEKs to be made available in every Canadian emergency room.

METHODOLOGY

Data collection for the study took both a quantitative and qualitative approach. A significant barrier to understanding how SAEKs could be accessed in Canada was data availability. No publicly available data outlines which hospitals and health centres in the country have SAEKs available on site. Thus, an essential element in determining the scope of this issue was conducting research. To do this, She Matters independently engaged in data collection contacting over 700 facilities. Data collection occurred from May to December of 2020.

During the data collection process, 581 health centres and hospitals were reached and their responses were recorded. The remainder of those contacted were facilities without emergency care services (i.e. long-term care, mental health, and children's health centres, etc.) and as such facilities without emergency care services were removed from data collection.

During each phone call, the facility was asked whether they had SAEKs available and if an individual could undergo a forensic examination (i.e. if the staff was trained and available). Callers did not identify themselves when contacting each institution.

Callers documented all information shared by the facility including whether or not the health centre or hospital had access to SAEKs and if they did not, they were asked where the nearest SAEK would be available.

She Matters also recorded responses for their level of sensitivity. This was due to the evidence that an unsympathetic response from medical staff could easily trigger a survivor, leading to distrust in the medical system, lessen their willingness to access medical treatment, and feel as though they are not believed.

Ideal sensitivity responses from a medical professional or administrator included:

- Speaks in a calm tone of voice;
- Demonstrates a general sense of compassion;
- Does not ask for a name, nor questions who is calling;
- Offers support or tips on how to prepare for a SAEK;
- and, Provides the name of the nearest hospital if kits aren't available.

From this information, She Matters began to document issues faced by survivors of sexual assault, including gaps within the health-care system, which cause further trauma for those attempting to access support.

In late 2018, She Matters was notified of this human rights issue when a woman in a rural community in Northern Ontario could not access a SAEK following her assault. Both the community hospital and local police could not provide the survivor the necessary support and access to a SAEK. Appalled by this, She Matters began to research the issue of accessibility to SAEKs.

In July of 2019, She Matters met with the Honourable Maryam Monsef, Canada's Minister for Women and Gender Equality, to discuss the issues related to access to SAEKs across the country. During this meeting, Minister Monsef expressed that the federal government was aware of SAEKs inaccessibility on a national scale. She suggested that the issue fell onto the responsibility of provincial leaders and encouraged research to be conducted to provide a statistical analysis of the scope of the issue in order to advocate for systematic changes effectively. This led She Matters to launch a nationwide research study examining accessibility to SAEKs throughout Canada.

This report aims to present this significant issue within Canada and to shed light on the challenges survivors of sexual assault face in accessing justice. She Matters intends to advocate for the federal and provincial governments to mandate that SAEKs be made available in every emergency room and primary care health centre in the country.

Following the data collection phase, She Matters mapped responses to geographically demonstrate gaps and distances survivors may have to travel to access SAEKs. Each hospital's location and their response was plotted onto a map. Throughout data collection, four categories of responses were recorded:

- SAEKs were available;
- SAEKs were not available;
- SAEKs had to be provided by the RCMP; and,
- Facility refused to disclose whether or not SAEKs were available.

For this report, She Matters will not expressly list each hospital's name and response, however, the location and name of specific hospitals may be identifiable given their mapped location seen in Section 08 of this report.

Given the methodology used for data collection, She Matters acknowledges that discrepancies in data could exist. These discrepancies could stem from incorrect answers provided by improperly trained hospital staff or recent changes to services provided in certain facilities.

She Matters notes that the likelihood of inaccuracies in the data should be considered low due to the points of contact within each hospital or health centre being emergency room nurses and physicians. If any hospital's or health centre's response has been recorded incorrectly, or have stocked SAEKs in their facility since the data collection stage, She Matters will update the report to reflect these changes.

While this study examined issues of SAEK accessibility across Canada as part of the work program, She Matters endeavored to purchase a kit to determine how accessible it would be for hospitals or health centre to order kits for their facility. She Matters was easily able to purchase a Sexual Assault Evidence Kit by ordering from Sirchie facilitated by Latent Forensic Services (produced in the United States). Images of this kit are provided in this report. Thus, She Matters believes that hospitals would easily be able to access SAEKs from a variety of producers without significant effort and that the manufacturing of kits does not appear to be a significant issue when discussing accessibility in Canada.



03

Sexual Assault

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SEXUAL ASSAULT

Sexual Assault is defined as:

“AN ASSAULT OF A SEXUAL NATURE THAT VIOLATES THE SEXUAL INTEGRITY OF THE VICTIM.” THE SUPREME COURT OF CANADA HELD THAT THE ACT OF SEXUAL ASSAULT DOES NOT DEPEND “SOLELY ON CONTACT WITH ANY SPECIFIC PART OF THE HUMAN ANATOMY BUT RATHER THE ACTION OF A SEXUAL NATURE THAT VIOLATES THE SEXUAL INTEGRITY OF THE VICTIM.”

The SAEK is imperative in sentencing for cases of sexual assault. Previously labeled as rape within the Canadian Criminal Code, sexual assault has now been broken down into three categories of sexual assault classifications, with a fourth classification consisting of “other sexual violations.”

Specifically, sexual assault can involve a range of unwanted acts including kissing, penetration, rape, molestation, attempted rape, and unwanted hugging or groping.

The three classifications of sexual assault are as follows:

- **Level 1** sexual assault is an assault committed in a sexual nature, such as the survivor is violated. Level 1 includes minor physical injury or no bodily injury to the survivor.
- **Level 2** sexual assault involves sexual assault with a weapon, threats, or causing bodily harm.
- **Level 3** sexual assault results in wounding, disfiguring, maiming, or endangering the victim’s life ¹

Other sexual violations include sexual interferences, an invitation to sexual touching, sexual exploitation, incest, luring a child via computer, anal intercourse, corrupting children, bestiality, and voyeurism. Based on life-threatening notions or injury, a sexual assault will be classified and sentenced based on the threat to the survivor’s life in addition to the sexual assault or sexual violations that took place.



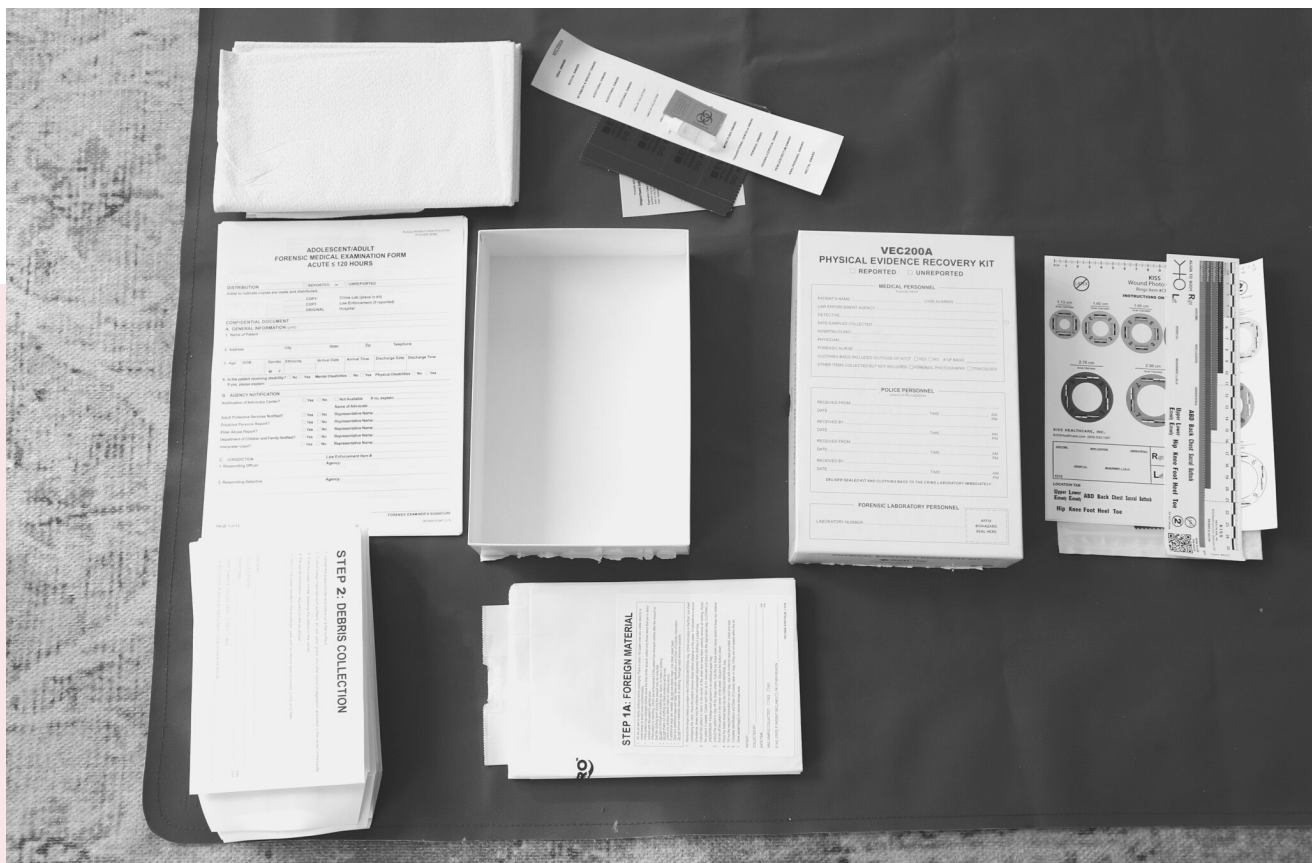
04

**Sexual Assault
Evidence Kits**

SEXUAL ASSAULT EVIDENCE KITS

WHAT IS A SEXUAL ASSAULT EVIDENCE KIT OR SAEK?

A Sexual Assault Evidence Kit (SAEK), more commonly known as a “rape kit,” collects forensic evidence following a sexual assault. Sexual Assault Evidence Kits include a series of documents, swabs, evidence bags, and photography tools to be utilized by a sexual assault nurse examiner (SANE) or assigned medical professional during the sexual assault examination process. The kit includes forms, checklists, and documentation pages, which are utilized to record a survivor’s first-hand account of what they experienced.



SEXUAL ASSAULT EXAMINATION PROCESS

According to the World Health Organization (WHO), the sexual assault examination process is described as:

On initial presentation, any acute health-care needs of the victim requiring immediate attention are identified and treated. Informed consent must be obtained before providing care and conducting the sexual assault examination. This includes explaining the examination process and all available options to enable the victim to make informed decisions. Furthermore, all questions and concerns should be addressed during this time. A history is obtained from the victim, including general medical history, a gynecological history, and a detailed description of the assault. A psychological examination is conducted, in part to determine whether the victim is impaired but also to provide appropriate treatment.³

A head-to-toe examination is performed, concluding with the genito-anal area. Many specimens are collected for drug and alcohol analysis, forensic evidence, and medical testing purposes, such as pregnancy and sexually transmitted infections (STIs). Blood samples may be necessary to test for HIV, hepatitis B, and other STIs.

A detailed description of physical injuries is documented, including the location and size of the injury. Body maps and photographs can be used to collect this information thoroughly. Imaging diagnostic tests may be required to diagnose injuries such as fractures and internal trauma.



05

Why is Access Important?

WHY IS ACCESS IMPORTANT?

ACCESSING JUSTICE

According to Statistics Canada, sexual assault is the least likely violent crime to be reported to police. Statistics Canada estimates that approximately 91% of sexual assaults are never reported.⁴

A survivor of sexual violence can seek justice in several ways; the most common way is through the judicial process, including having the perpetrator investigated, arrested, charged, and eventually sentenced for their crime. A SAEK collects vital forensic evidence which is utilized at trial to assist in achieving a conviction.

In Canada, where a survivor lives significantly impacts their ability to access a SAEK. At present, there is no legislation requiring hospitals to carry SAEKs. Furthermore, since health-care is a matter of provincial jurisdiction, each province and territory have a different process in providing access to SAEKs. The absence of provincial and federal legislation results in substantial discrepancies between hospitals and health centres regarding the availability of kits, the treatment of survivors seeking access to SAEKs, and the reliability of the preserved evidence collected to stand up in court.

This report provides insight into the national SAEK accessibility crisis. In a series of data collection spanning twelve months, She Matters contacted Canadian hospitals and health centres providing emergency care to inquire if SAEKs were accessible. The organization documented whether the hospital had a SAEK, whether the hospital shared the information, whether a SAEK could be provided by the hospital or via RCMP, and whether the hospital was deemed sensitive in its handling of the inquiries. The data was then plotted using the geographic information systems, ArcMap, onto a map of Canada to highlight the number of hospitals with SAEKs, those without SAEKs, hospitals that refused to release information on SAEKs, and hospitals that only had access to kits via the RCMP. The study concluded that 41% of Canadian Hospitals did not have kits, relied on the RMCP to bring kits, or refused to disclose whether their facility had kits.

BARRIERS TO JUSTICE

In a study conducted in 2018, by the Federal-Provincial-Territorial Meeting of Ministers Responsible for Justice and Public Safety titled Reporting, Investigating and Prosecuting Sexual Assaults Committed Against Adults Challenges and Promising Practices in Enhancing Access to Justice for Victims, it was noted that victims of sexual assault reported reduced confidence in the police and fear for their safety. The study stated another significant barrier was the inconsistent availability of coordinated services (medical, law enforcement, and legal support services) in Canada. In addition to a systematic gap in providing Sexual Assault Evidence Kits at every Canadian hospital and health centre, there was a discrepancy in addressing mental health concerns. Most health centres are solely responsible for coordinating psychological supports for survivors of sexual assault, with no standardized approach. Improvements in these areas would require strong partnerships within the health-care sector, regional service delivery coordination, and policy development.

While sexual assault is a crime that affects survivors of all backgrounds, 87% of survivors are women. For this reason, sexual assault is often associated with being a gendered crime.

Populations most affected by sexual violence include 2SLGBTQI+ community members, Indigenous community members, Black community members, individuals struggling with homelessness, individuals living with disabilities, and individuals struggling with mental health.⁵ Additionally, racism, gender bias, and fear of disbelief contribute to fear of reporting amongst survivors. Following the publication of the Globe and Mail's Unfounded Report in February 2017, survivors' trust in reporting to police and medical services was significantly challenged.

The Unfounded Report series exposed that 1 in 5 cases of sexual assaults reporting to hospitals was deemed unfounded. The Globe and Mail shared their Unfounded Report nationally, calling on police services across Canada to take action in reviewing policies and assembling sexual assault review committees.⁶

The Canadian Association of Chiefs of Police (CACCP) called for a national review of sexual assault cases in conjunction with POLIS (Police Information and Statistical Committee), Statistics Canada, and the Canadian Centre for Justice Statistics. To date, reviews have not been implemented in all jurisdictions.⁶

The Reporting, Investigating and Prosecuting Sexual Assaults Committed Against Adults Challenges and Promising Practices in Enhancing Access to Justice for Victims study additionally identified that rural communities and territories experience higher rates of sexual violence.⁶ Despite these higher rates, health-care providers in these communities operate with small teams and limited resources, with a large majority of these communities reporting that they require the RCMP to bring kits should a survivor present to them to undergo a SAEK. The study identified geographical challenges that align with the findings of She Matters in its Silenced Report, noting that many rural and remote regions may not have local police detachments or may not have SAEKs available to survivors.

This leaves survivors with the choice of forgoing reporting their assault or transporting themselves to the nearest community with reporting services available. Additionally, these communities rarely offer support from survivor-serving organizations, such as rape crisis centres, which provide counselling services and psychosocial supports.

While there have been significant advances in support available to survivors through Sexual Assault Nurse Examiner (SANE) programs, these programs exist only in Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, and Ontario. The SANE programs are offered in specific hospitals or serve in a rotational capacity, which may result in extended periods of waiting for survivors of sexual assault who present to health centres for a SAEK. (Reporting, Investigating and Prosecuting Sexual Assaults Committed Against Adults Challenges and Promising Practices in Enhancing Access to Justice for Victims, 2018).

Despite significant barriers in the existing reporting system, there is a substantial opportunity to restore trust in the reporting process through trauma-informed practices. This was a sentiment echoed in the Reporting, Investigating and Prosecuting Sexual Assaults Committed Against Adults Challenges and Promising Practices in Enhancing Access to Justice for Victims study, World Health Organization recommendations, as well as the GSS study of 2014.



06

**Survivors Rights In
Canada**

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SURVIVORS RIGHTS IN CANADA

The Victims Bill of Rights is an act that protects the rights of victims of crime in Canada.

On April 23, 2015, the Victims Bill of Rights Act received Royal Assent. The provisions and amendments included in the Victims Bill of Rights Act include creating the Canadian Victims Bill of Rights, and amendments to the Corrections and Conditional Release Act (CCRA), Criminal Code, Canada Evidence, and Employment Insurance Act.

The Canadian Victims Bill of Rights provides the following right to survivors of sexual assault: **the right to information, the right to protection, the right to participation, and the right to restitution.**

The **right to information** constitutes that the survivor has the right to be notified of the status and outcome of their investigation, and the location of court proceedings, and to be provided with information about available community services and supports.

The **right to protection** constitutes that survivors are afforded protection services should their security and privacy be considered a risk during investigations.

The **right to participation** conveys that survivors have the right to participate in legal proceedings where decisions are being made by authorities that affect their rights under the act and to have their views considered.

The **right to restitution** constitutes that survivors can seek civil actions for any loss of wages or emotional damages incurred due to the alleged sexual assault. Additionally, survivors have the right to remedy should they feel their rights have been breached by a federal department, agency, or body to which they wish to file a complaint.¹⁵



07

Steps to Justice

REPORTING TO POLICE

Individuals wishing to report a sexual assault may present themselves to law enforcement and report in one of three ways, based entirely on services offered within the region they are reporting. These reporting options include in-person reporting, reporting online, or reporting through a trusted third-party (ON, NB, NL, BC, MB, AB).

If a survivor is in immediate danger or has just experienced sexual assault, they may choose to call 911 or another emergency number for police services. In historical cases of sexual violence, a survivor may call the police station's contact number, report online, or report through a third party should those services be available in the survivor's community. Survivors are recommended to bring a friend, family member, or request the presence of a victim's advocate. The person may remain in the room as long as they do not disrupt the reporting process. Survivors are entitled to request a female officer if this would make them feel more comfortable.¹¹

When reporting to police, a survivor is asked to share any information they can recall detailing what they experienced during their sexual assault. Trauma impacts memory, and therefore best practices dictate to remind the survivor that they are welcomed to take their time, and it is entirely normal to have gaps in memory. Survivors are equally encouraged not to exaggerate or create dates or details they do not recall and share memories from the event. Breaks are encouraged during the documentation process to ensure the survivor will not experience retraumatization.

The police document a survivor's statement of events through notes or video. Survivors may be read a caution before making their statement, warning of the implications for falsely reporting a crime. The survivor's information may be questioned in court, and therefore it is recommended to provide details of memories you remember clearly. A survivor is advised not to sign any statements without agreeing to the statement's contents in their entirety. At no point during the statement or documentation process does a survivor have to answer questions about sexual history. In cases where insensitive lines of questioning occur during the documentation process, it is recommended to request an advocate from the community to support you through the reporting process.¹¹

REPORTING TO HOSPITAL

To collect forensic evidence in cases of sexual assault, survivors must present to a hospital or health centre and undergo a SAEK. Hospitals and health centres must then administer the full SAEK and collect the survivor's clothing worn during the time of the assault (if available). It is recommended that survivors report to the hospital within the first 72 hours following a sexual assault, though survivors can still request a SAEK be conducted beyond this period.

As previously outlined, a SAEK includes documentation, evidence collection bags, swabs, photo evidence tools, and police seals. A survivor must be provided with information about the examination and documentation process as well as be informed of their rights before granting consent. The documents consenting to the examination should be signed before commencing the SAEK examination process. A survivor can choose what information they wish to share in the documentation process and should be informed that they can pause at any point if they need a moment to compose themselves.

The SAEK examination process is extensive and may be triggering for survivors. It is a survivor's right to access information on their SAEK, as per the Victims Bill of Rights.

A SAEK is intended to be performed by a qualified SANE nurse. However, this is often not the case in the majority of Canadian hospitals and health centres. Presently, SAEK examination training is not offered to medical students or nursing students in Canada, so hospitals and health centres frequently offer kits to survivors from medical professionals without SANE training. While there have been efforts to increase support for survivors through remote SANE programs, this still often leaves survivors waiting several hours to access a SAEK examination.

Following the SAEK examination, a survivor should be provided with resources within their community that provide psychosocial support. The reporting process includes information on victims' services, which may assist survivors with financial backing, counseling services, and transportation services.



LEGAL PROCESS

A variety of factors determine legal services and access to justice through the judicial process. The primary factor indicating whether or not a survivor will have their case passed on to the judicial process is law enforcement.

Police collect a statement that is signed by a survivor after completing the documentation process. Police then investigate, and if they feel there is sufficient evidence, they will lay criminal charges against the accused. When criminal charges are applied against the accused, a Crown Attorney will be assigned to the case. As per Canadian law, the accused is assumed to be innocent until proven guilty in court beyond a reasonable doubt.

A bail hearing will determine if the accused should be held in jail or allowed to be in the community on bail until the trial ends. In Canada, the accused is often released on bail until the trial takes place. As per the Victims Bill of Rights, the survivor must be informed of bail, court dates, and terms of release.

Survivors will be contacted by the Victim Witness Assistance Program (known as V/WAP) to be provided with referrals to community agencies that may assist in the court process. Should a survivor feel their life is at risk of being harmed by the abuser, they should report this to police services or V/WAP as it is a survivor's right to receive protection as per the Victims Bill of Rights. In addition to seeking justice through the judicial process, survivors have the right to seek civil claims against the accused. This is a survivor's right to restitution, as listed in the Victims Bill of Rights.

A civil suit is a private action between the survivor and the accused. Civil suits typically occur when a criminal case does not find the accused guilty.¹² Civil cases may be costly for a survivor, and only see 2-3% of claims going to trial before being resolved beforehand.⁵





08

Study Findings

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STUDY FINDINGS

As part of the study:

- **Over 700 hospitals/health centres were called**
- **581 of those facilities had emergency services appropriate for sexual assault services**

The following section details the findings of She Matters **Silenced: Canada's Sexual Assault Evidence Kit Accessibility Crisis report** and provides both a national and provincial/territorial breakdown of all findings including the location of and responses of contacted facilities.

Further, it details general findings that aided in the development of the recommendations section of this report.

For the following sections, the travel time by car and public transport between longest distances was estimated using Google maps or when not available, other travel applications. These estimates were taken at the time the report was conducted and are subject to change based on bus route availability, weather conditions and other outside factors.

581

TOTAL # OF
HOSPITALS REACHED

344

TOTAL # OF
HOSPITALS WITH
SAEKs

237

TOTAL # OF
HOSPITALS WITHOUT
SAEKs, REFUSED TO
ANSWER, OR RCMP
MUST BRING KITS

NATIONALLY

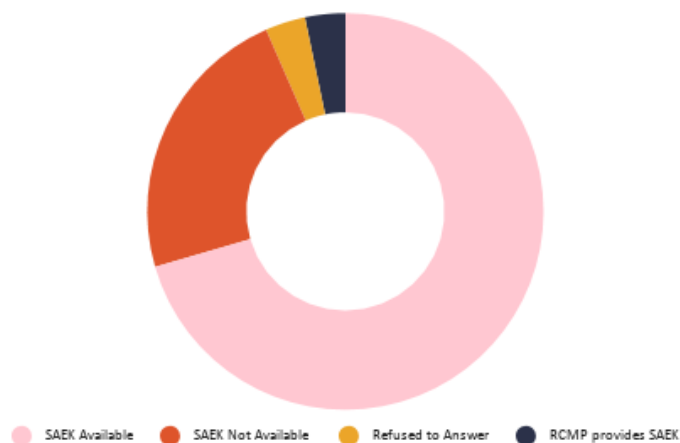


In Canada **41%** of Hospitals and Health Centers Did Not Have Kits, Required RCMP to Bring, or Refused to Answer.

BRITISH COLUMBIA

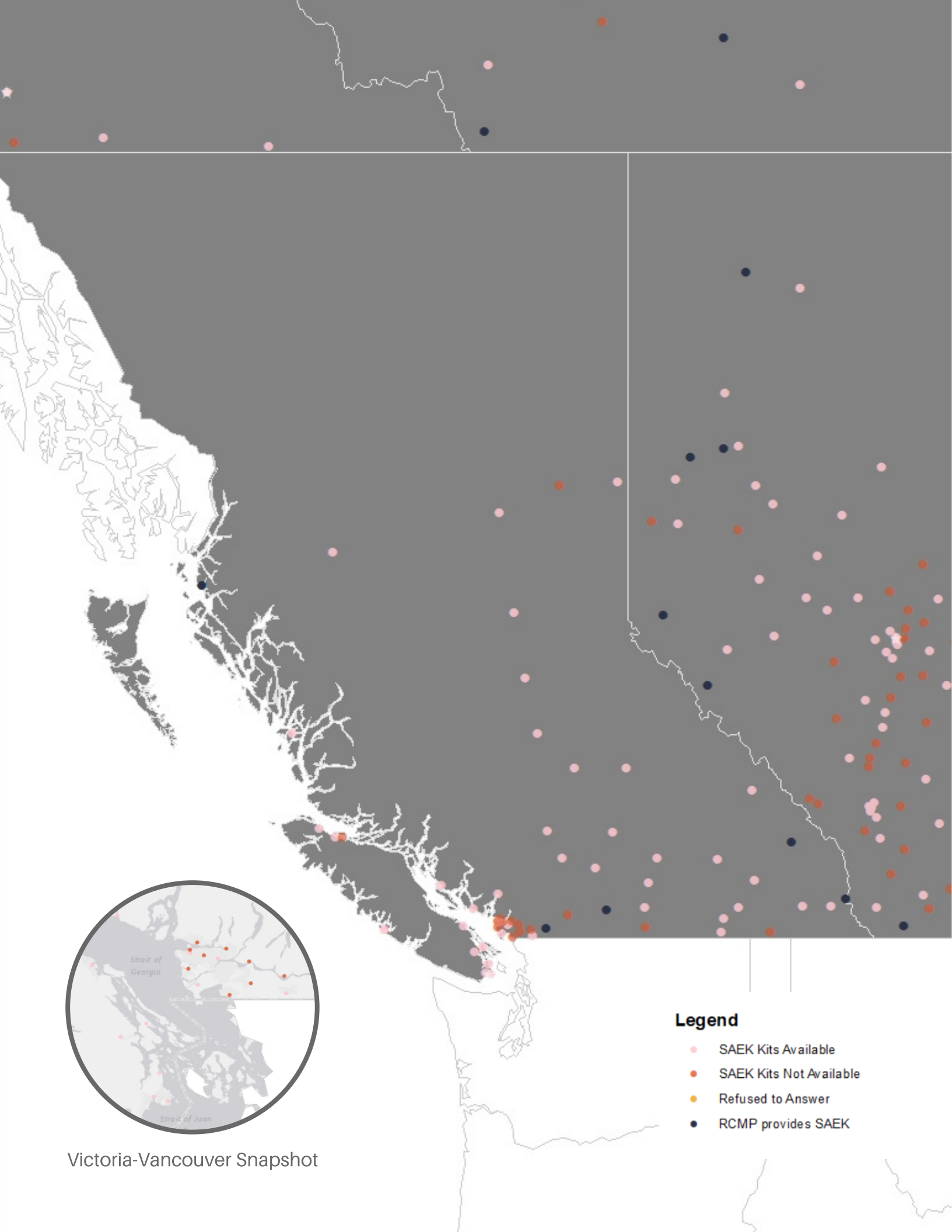
Before commencing data collection for the study, She Matters observed that medical professionals and survivors in British Columbia have been vocal in drawing attention to the issues related to accessing SAEKs since at least 2015. CBC's 2015 article titled Rape kit inaccessibility a hurdle to justice for victims in Canada (8) reported that in 2015 the ministry (BC's Ministry of Health) stated that it was actively engaged in finding a solution to BC's SAEK accessibility problem. However, She Matters determined that six years later, there are still multiple accessibility gaps present across the province. She Matters reached a total of 61 emergency rooms and health centres in British Columbia. Volunteers who contacted hospitals and health centres observed that staff were sensitive to callers. Many staff members seemed genuinely concerned, but there were a few hospitals that refused to answer, and many did not have SAEKs. The most significant barrier to access appeared to be a lack of time, desire or confidence for staff to conduct kits. She Matters volunteers conducting calls were often encouraged to seek services at other hospitals, even when kits were available at their location. In these instances, staff explained that the process of undergoing a kit took many hours and that they simply did not have the time or staff available to provide these services to survivors.

Longest Distance: Chetwynd to Fort St. John (135 kilometres, 1 hour 41 minutes by car or 2 hours 35 minutes by bus)



30%

of Hospitals and Health Centers Did Not Have Kits, Required RCMP to Bring, or Refused to Answer.



Victoria-Vancouver Snapshot

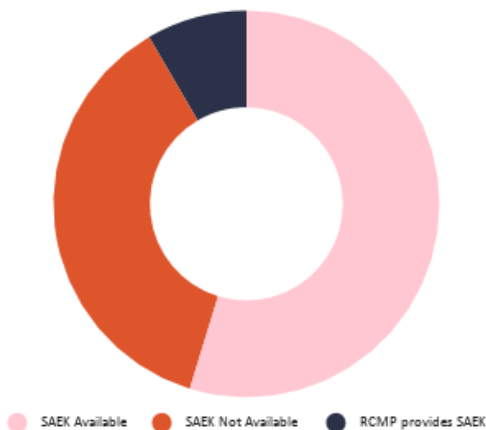
Legend

- SAEK Kits Available
- SAEK Kits Not Available
- Refused to Answer
- RCMP provides SAEK

ALBERTA

She Matters reached a total of 95 emergency rooms and health centres in Alberta. Results from calls in the province of Alberta varied. Numerous hospitals did not immediately know if they had SAEKs available. Most were sensitive to callers and could provide information regarding whether or not an individual could attend their facility for SAEK services. Given the number of hospitals in Alberta, it was surprising that many hospitals did not have kits and eight hospitals required the RCMP to bring them. No clarification was ever provided on why some facilities involved the RCMP and others did not. A majority of the smaller hospitals in proximity to Red Deer suggested survivors go to Red Deer Regional Hospital regardless of whether or not their facility had Sexual Assault Evidence Kits or trained nursing staff.

Longest Distance: Wainwright to Red Deer (285 kilometres or approximately 3 hours by car or 7 hours and 35 minutes by train or bus)

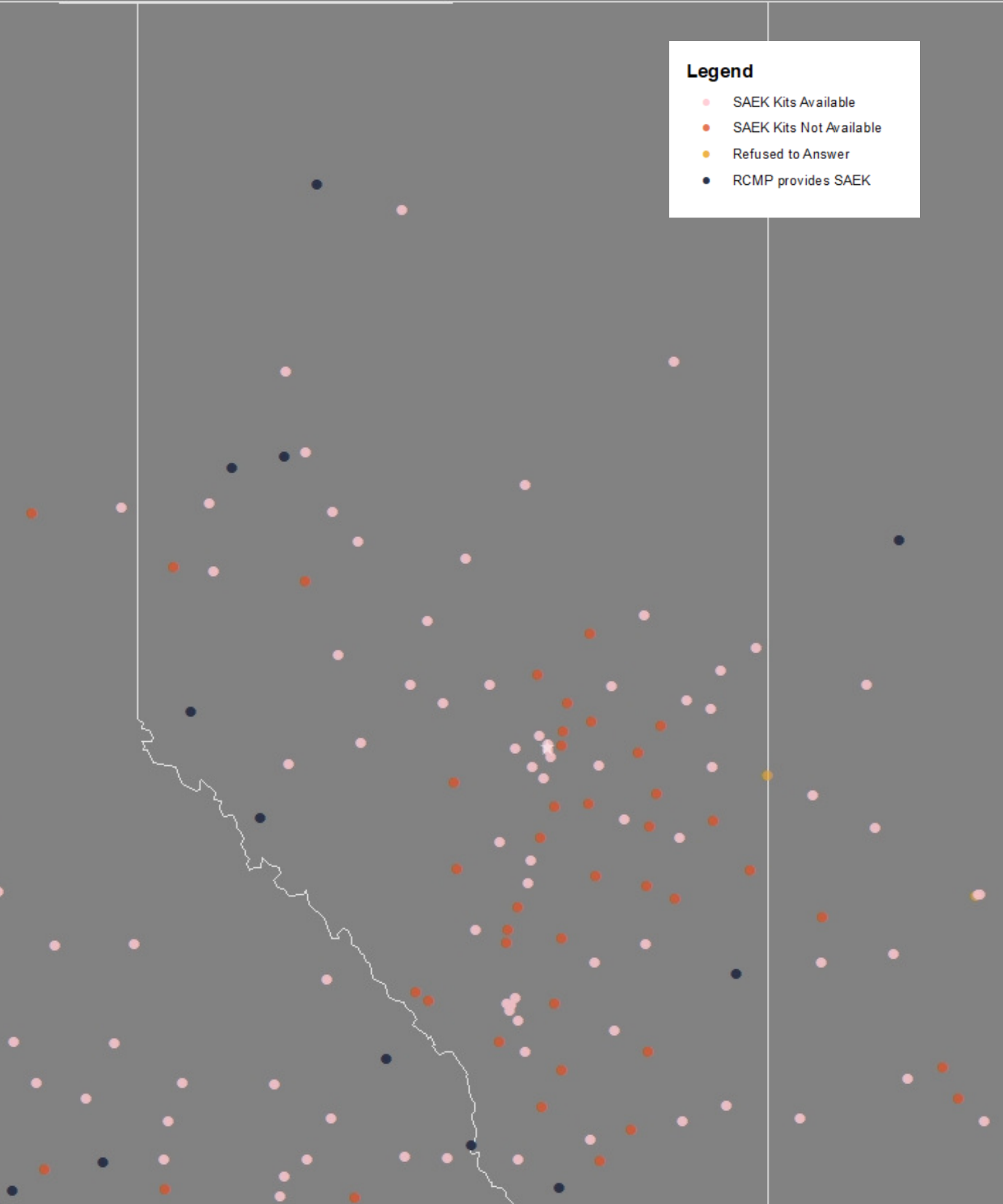


45%

of Hospitals and Health Centers Did Not Have Kits, Required RCMP to Bring, or Refused to Answer.

Legend

- SAEK Kits Available
- SAEK Kits Not Available
- Refused to Answer
- RCMP provides SAEK



SASKATCHEWAN

She Matters reached a total of 40 emergency rooms and health centres in Saskatchewan. For the most part, hospitals were sensitive to callers. However, three hospitals refused to answer whether their hospital carried SAEKs or provided related services. Some hospital staff became suspicious of callers, asking who was calling and where they were calling from. They also stated that the hospital had instructed them not to answer questions of this nature and that in recent months they had received many calls asking for more information regarding whether they would provide a Sexual Assault Evidence Kit. She Matters could not determine if these other calls were made by inquiring survivors or other supporting agencies trying to locate this information. Five hospitals required the RCMP to bring the kit to the hospital. Much like the findings in Alberta, She Matters could not determine why some hospitals relied on support from the RCMP, while others simply chose not to provide kits or involve the RCMP.

Longest Distance: Fond-du-lac to Stony Rapids is 76.85 kilometres however routes were not found.



34%

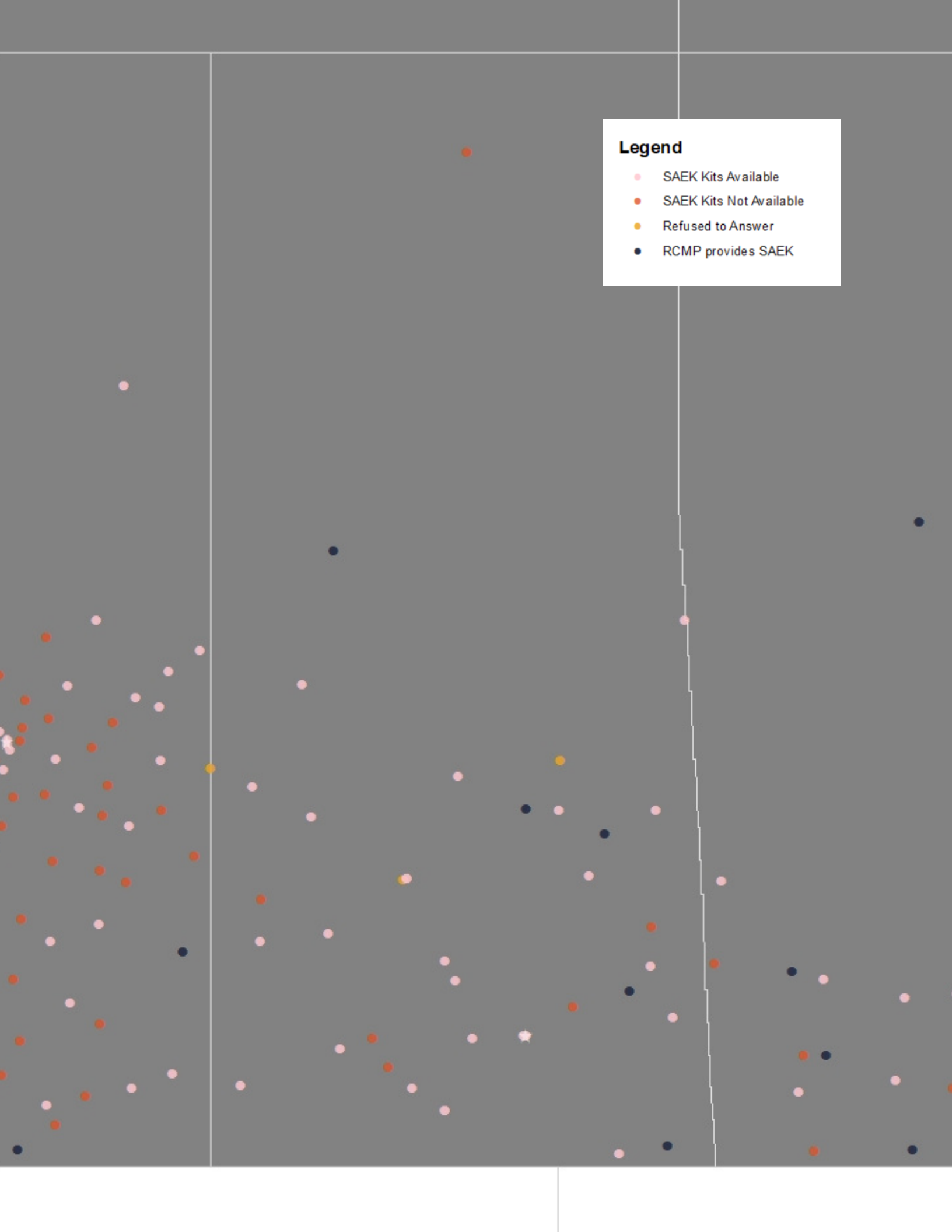
Of Hospitals and Health Centers Did Not Have Kits, Required RCMP to Bring, or Refused to Answer.



● SAEK Available ● SAEK Not Available ● Refused to Answer ● RCMP provides SAEK

Legend

- SAEK Kits Available
- SAEK Kits Not Available
- Refused to Answer
- RCMP provides SAEK



MANITOBA

She Matters reached a total of 23 emergency rooms and health centres in Manitoba. In general, most of the hospitals were kind and sensitive to the callers. Four hospitals required the RCMP to bring SAEKs to the hospital because they were located in rural locations without proper training or facilities to store evidence. Quite frequently, hospital staff mentioned that the RCMP had a chain of custody over the evidence, and therefore they were required to attend the hospital and take the SAEK with them once it was completed. This information was rarely mentioned in other provinces or territories. Eleven hospitals recommended that survivors drive to either Brandon Regional Health Centre or Health Sciences Centre in Winnipeg. Although they spoke highly of these locations and their sexual assault services, in many cases these hospitals were located several hours away, thus leading to survivors of assault having to commute for emergency services. She Matters was disturbed to be informed by one hospital that survivors seeking a SAEK in Churchill and the surrounding vicinity would need to be transported via MedEvac Air Ambulance to Thompson to have a Sexual Assault Evidence Kit performed.

Longest Distance: Churchill to Thompson (403 kilometres via Air Ambulance; there are no roads to this location)



52%

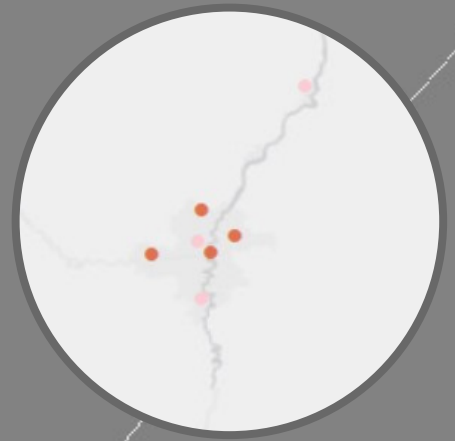
Of Hospitals and Health Centers Did Not Have Kits, Required RCMP to Bring, or Refused to Answer.



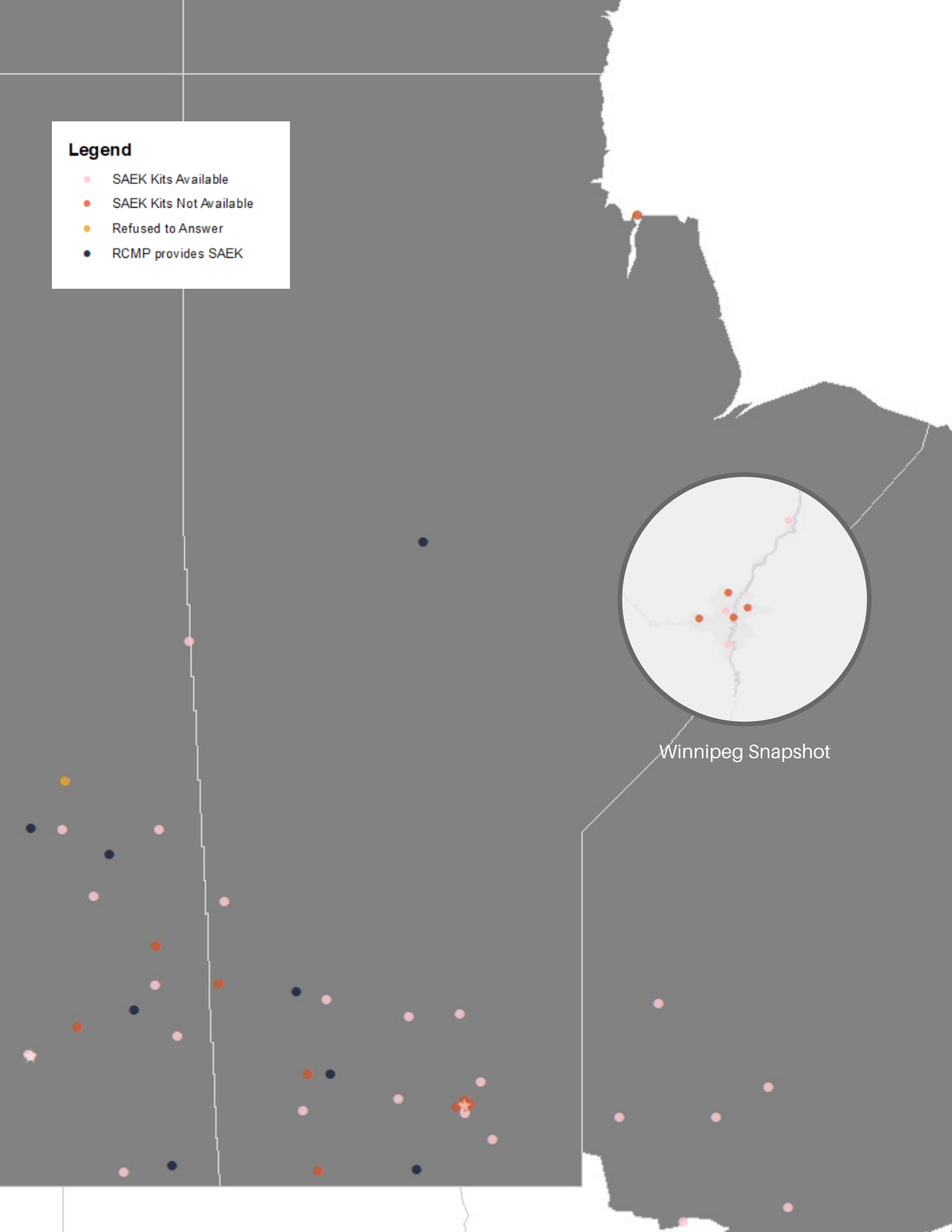
● SAEK Available ● SAEK Not Available ● RCMP provides SAEK

Legend

- SAEK Kits Available
- SAEK Kits Not Available
- Refused to Answer
- RCMP provides SAEK



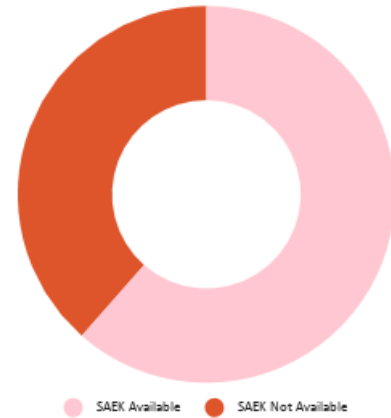
Winnipeg Snapshot



ONTARIO

39%

of Hospitals and Health Centers Did Not Have SAEKs, Required RCMP to Bring, or Refused to Answer.



In Ontario, She Matters reached 148 hospitals and health centres. Findings revealed that a significant number of municipalities with populations over 70,000 people did not have SAEKs available and several hospitals routinely referred She Matters to hospitals that were later determined to not have SAEKs.

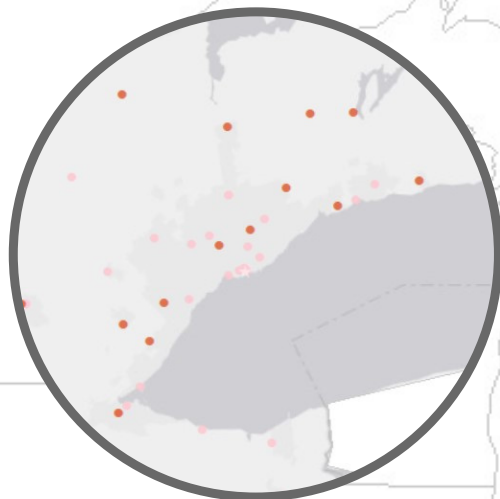
She Matters uncovered that larger urban areas such as the GTA have sexual assault units however, these units often left survivors waiting for long periods of time. She Matter noted that the use of specialized units ensured there were trained nurses and doctors attending. Lastly, coverage in Northern Ontario municipalities were considered good given its large geographic area however, given the distance between municipalities there were cases where survivors would have to drive 1-3 hours for access.

Longest Distance: Wawa to Sault Ste. Marie (227 kilometres or 2 hours 30 minutes by car, 4 hours by bus)



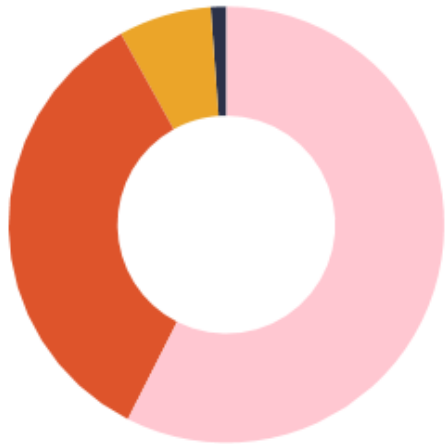
Legend

- SAEK Kits Available
- SAEK Kits Not Available
- Refused to Answer
- RCMP provides SAEK



Southern Ontario Snapshot

QUEBEC



● SAEK Available ● SAEK Not Available ● Refused to Answer ● RCMP provides SAEK

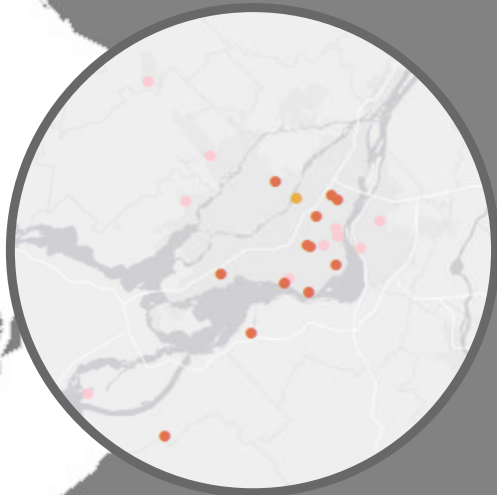


She Matters was able to obtain responses from a total of 87 emergency rooms in Québec. She Matters had French-speaking volunteers conduct all Québec calls to receive more accurate data. Québec hospitals had the highest rate of refusing to answer whether or not they had Sexual Assault Evidence Kits or the ability to perform one if an individual were to seek care at their facilities. Many hospitals were hesitant to provide information. The response in Québec was not typical of the reactions in other provinces or territories. However, the hospitals that responded were mostly sensitive to the callers, informative, and explained the process of a survivor attending their facility.

Longest Distance: Montmagny to Lévis (65 kilometres, 42 minutes by car and no public transportation options were observed)

43%

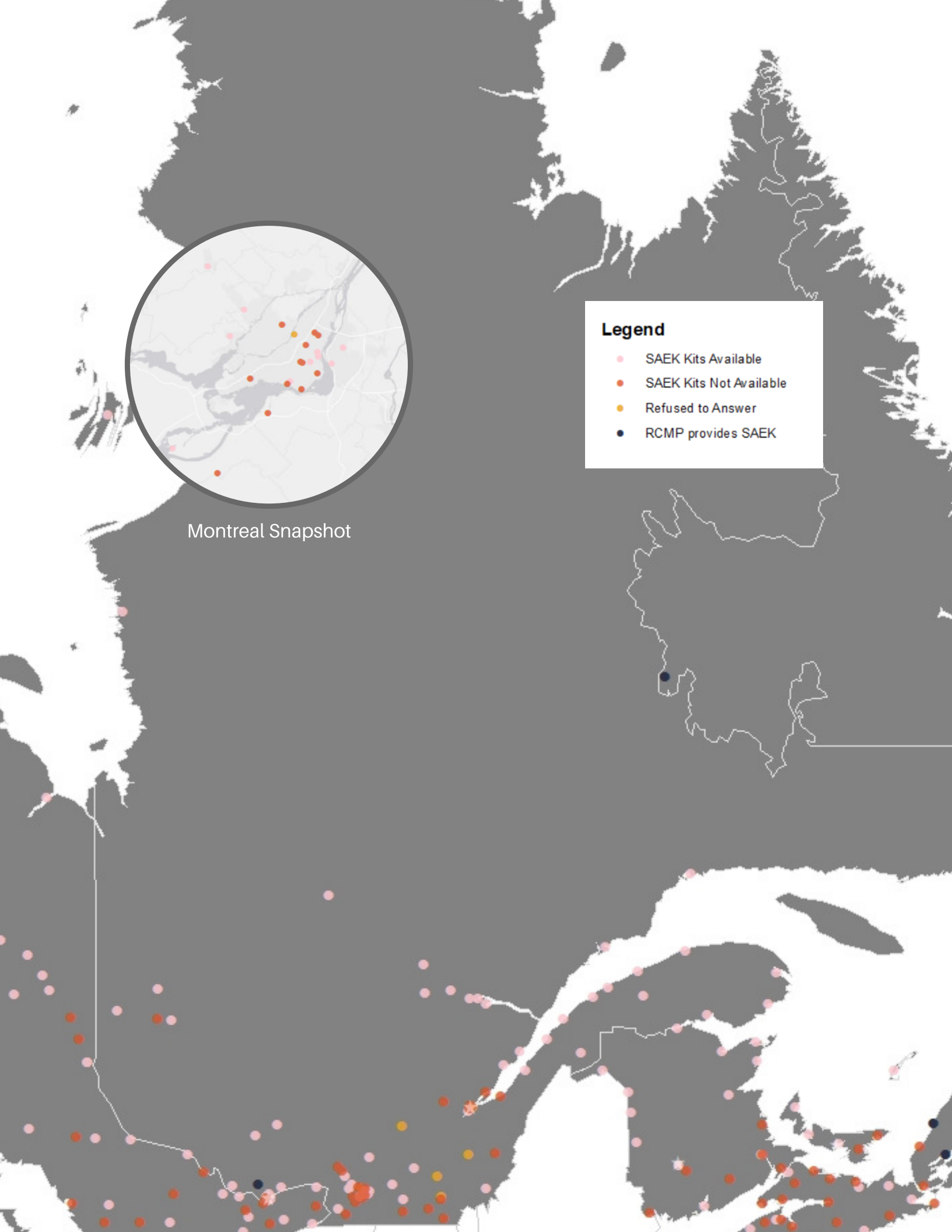
Of Hospitals and Health Centers Did Not Have SAEKs, Required RCMP to Bring, or Refused to Answer.



Montreal Snapshot

Legend

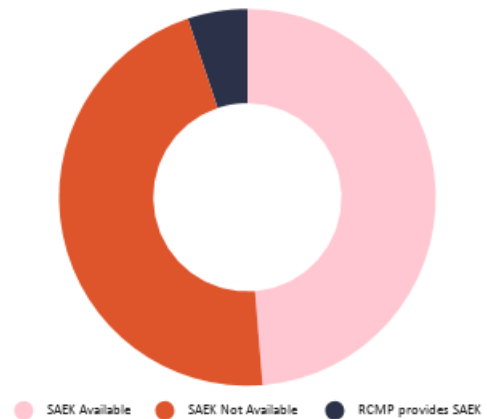
- SAEK Kits Available
- SAEK Kits Not Available
- Refused to Answer
- RCMP provides SAEK



NOVA SCOTIA

She Matters was able to obtain responses from 39 emergency rooms in the province of Nova Scotia. Out of all the provinces and territories contacted, Nova Scotia was the most educated and sensitive. Every facility contacted demonstrated kindness, compassion and provided vital information regarding accessing sexual assault services in Nova Scotia. Many nurses spoke positively about their government's SANE Program and how the province has committed to SANE training in major hospitals and had recently started a remote SANE program. Although almost 50% of hospitals did not have Sexual Assault Examination Kits, they all knew where to send survivors to access one. In most cases, the hospital that the facility recommended the caller visit was a 20 minute to one hour drive given the province's small geographic area. Altogether, of the 39 emergency rooms contacted, 19 had kits available, 18 did not, and 2 relied on RCMP services.

Longest Distance: Inverness to Sydney (154 kilometers or 1 hour 56 minutes by car; no public transportation options were observed)



51%

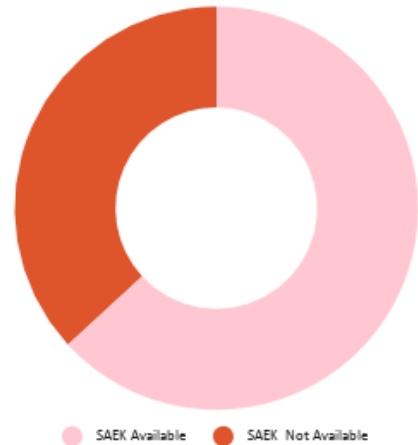
of Hospitals and Health Centers Did Not Have SAEKs, Required RCMP to Bring, or Refused to Answer.



Legend

- SAEK Kits Available
- SAEK Kits Not Available
- Refused to Answer
- RCMP provides SAEK

NEW BRUNSWICK



She Matters was able to obtain responses from 19 emergency rooms in the province of New Brunswick. The majority of hospitals provided compassionate responses. New Brunswick has a promising SANE program, which should provide support to survivors with a trauma-informed focus. Unfortunately, the SANE program is currently limited in size, leading to increased wait times, and is only available at specific hospitals. Compared to other provinces and territories, New Brunswick has many hospitals with access to SANE nurses for SAEK examinations. Of the 19 hospitals contacted, 12 had SAEKs, and 7 did not.

Longest Distance: Saint Stephen to Saint John (113 kilometres or 1 hour 6 minutes by car; no public transportation options were observed).

37%

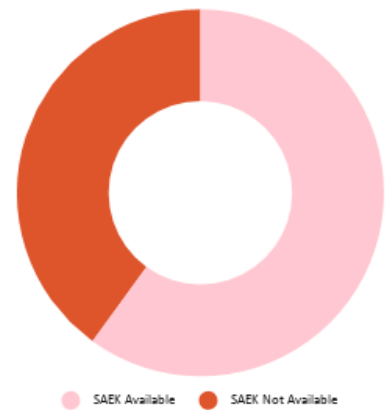
Of Hospitals and Health Centers Did Not Have SAEKs, Required RCMP to Bring, or Refused to Answer.

Legend

- SAEK Kits Available
- SAEK Kits Not Available
- Refused to Answer
- RCMP provides SAEK



PRINCE EDWARD ISLAND



She Matters was able to obtain responses from a total of 5 emergency rooms in the province of Prince Edward Island. Three sites had sexual assault evidence kits and nurses to perform them on-site, and two did not. Of the two hospitals which did not, they both recommended individuals go to Charlottetown's Queen Elizabeth Hospital. Approximately half of those contacted were sensitive and helpful.

Longest Distance: Souris to Charlottetown (78 kilometres or 1 hour 4 minutes by car); no public transportation options were observed).

40%

Of Hospitals and Health Centers Did Not Have SAEKs, Required RCMP to Bring, or Refused to Answer.

Legend

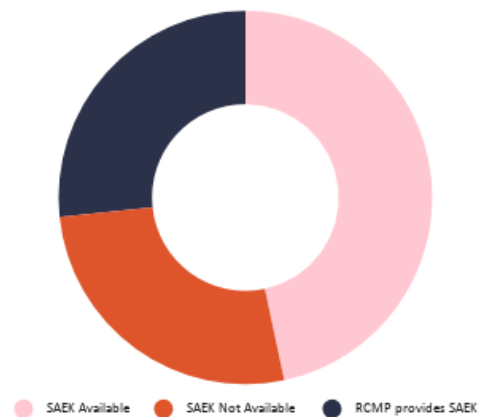
- SAEK Kits Available
- SAEK Kits Not Available
- Refused to Answer
- RCMP provides SAEK



NEWFOUNDLAND AND LABRADOR

She Matters was able to obtain responses from a total of 15 emergency rooms in Newfoundland and Labrador. Overall, responses received during data collection calls were determined to be empathetic. It was noted that numerous hospitals instructed the caller to contact the RCMP, immediately removing a survivor's right to have time to decide whether they wish to take legal action. This may deter a survivor from coming in to report if they had reservations involving police immediately. It was determined that out of the 15 hospitals, only 7 had kits, 4 did not, and 4 relied on the RCMP to bring kits.

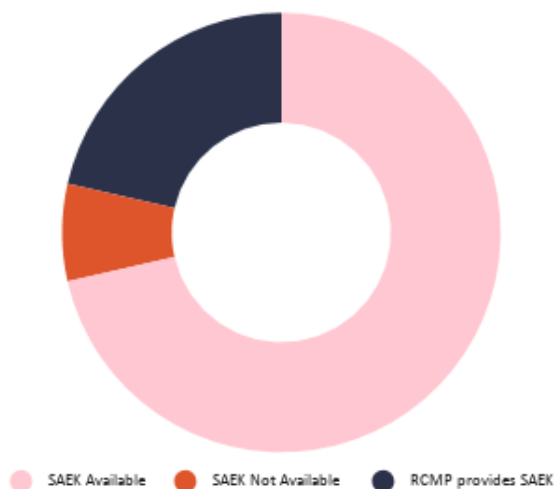
Longest Distance: Grand Bay East to Corner Brook (216 kilometres or 2 hours and 20 minutes by car; no public transportation options were observed).



53%

Of Hospitals and Health Centers Did Not Have SAEKs, Required RCMP to Bring, or Refused to Answer.

YUKON



She Matters reached a total of 14 emergency rooms and health centres in Yukon. The majority of Yukon’s hospitals had Sexual Assault Examination Kits and were highly sensitive to callers. The greatest challenge within Yukon was the long distances between health centres. A couple of locations with SAEK services still recommended survivors access care at Whitehorse General Hospital, which has a specialized sexual assault unit. Many small communities explained that they could not perform kits because they lack proper training or do not have adequate storage for collected evidence. Of the 14 hospitals contacted, 10 had kits, only 1 did not, and 3 relied on RCMP services.

Longest Distance: Carcross to Whitehorse (72.5 kilometres or 52 minutes by car; no public transportation options were observed).

29%

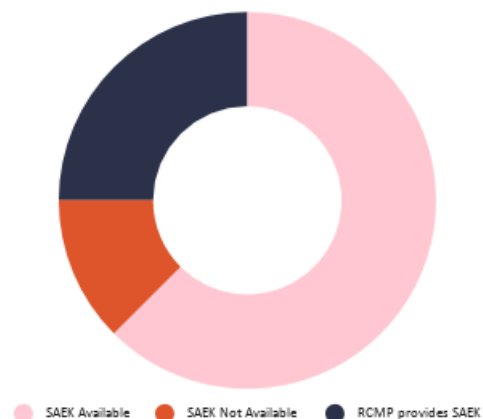
of Hospitals and Health Centers Did Not Have SAEKs, Required RCMP to Bring, or Refused to Answer.

NORTHWEST TERRITORIES

She Matters collected data from a total of 16 emergency rooms in the Northwest Territories. The hospital staff were compassionate and went above and beyond to provide information and options to survivors. Many health centres informed She Matters that a survivor could get a kit done then choose to report later on. This would be incredibly reassuring to survivors who have not decided whether they will be reporting their assault to the police.

She Matters noted that distances between health centres were amongst the furthest identified in the country. For example, two of the locations that were contacted had access only to another health facility that does kits via airplane. Of the 16 hospitals contacted, 10 had SAEK services, 2 did not, and 4 relied on the RCMP. Much like many of the other provinces and territories that rely on the RCMP, She Matters could not determine why some hospitals involved the RCMP while others did not.

Longest Distance: By air: Colville Lake to Yellowknife (1 hour and 30-minute flight) or by car: Jean Marie River, NWT to Fort Simpson, NWT (128 kilometres; 2 hours 46 minutes drive, including a ferry).



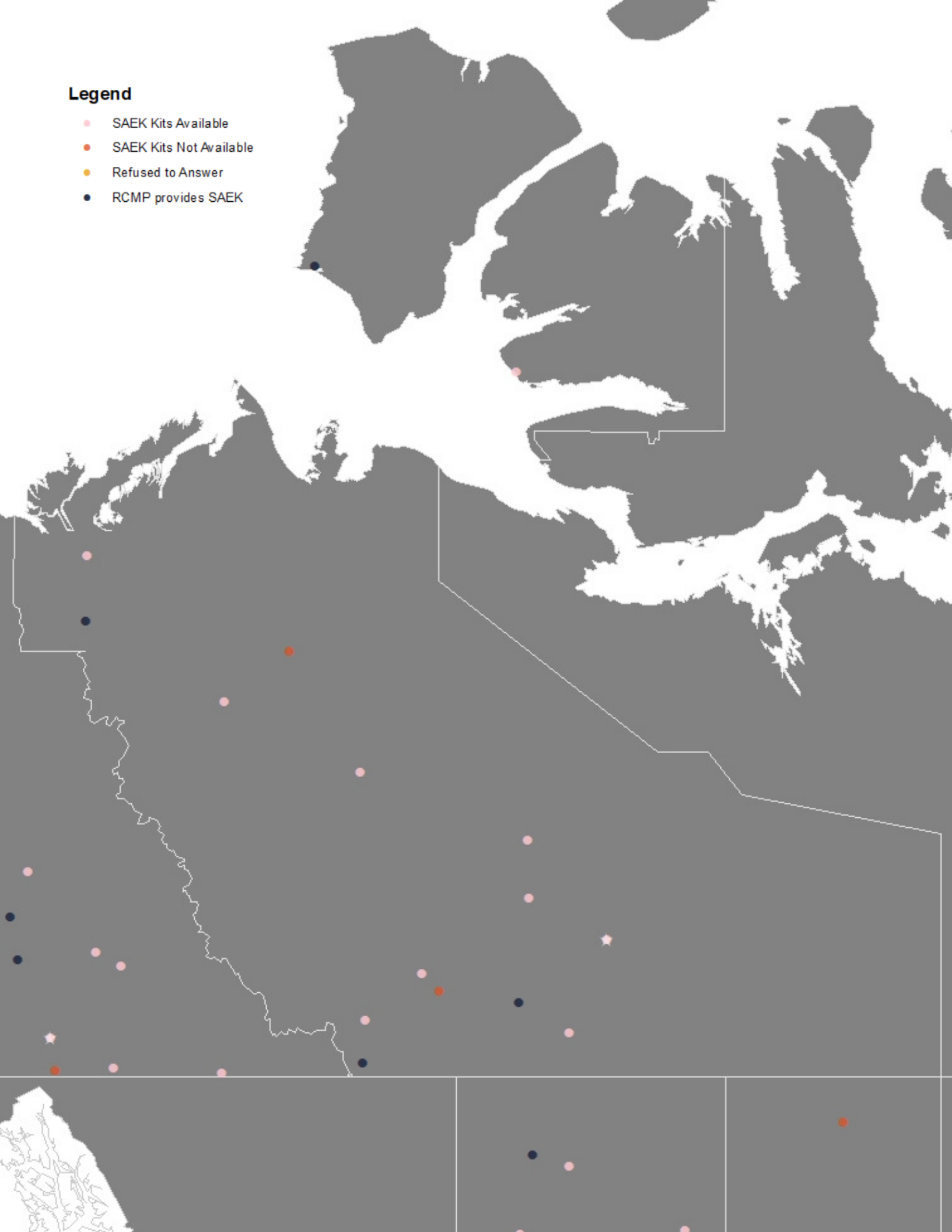
29%

Of Hospitals and Health Centers Did Not Have SAEKs, Required RCMP to Bring, or Refused to Answer.



Legend

- SAEK Kits Available
- SAEK Kits Not Available
- Refused to Answer
- RCMP provides SAEK



NUNAVUT

She Matters was able to contact 19 hospitals/health centres in Nunavut. All major primary hospitals did have kits (10). However, 9 hospitals relied on the RCMP – the most of any of the territories. It should be noted that some health centres are not open 24 hours, with available contact only through on-call nurses in remote communities.

Longest Distance: Every health centre and hospital in Nunavut had a SAEK available; however, 10 health centres require survivors to call RCMP to access a kit.



47%

**of Hospitals and Health Centers
Required RCMP to Bring SAEKs.**



Legend

- SAEK Kits Available
- SAEK Kits Not Available
- Refused to Answer
- RCMP provides SAEK

OBSERVATIONS & FINDINGS

- **41%** of hospitals and health centres reached throughout the Sexual Assault Evidence Kit Accessibility Crisis study stated they did not have SAEKs available to survivors.
- Many hospitals **do not** have nurses or physicians trained in conducting a SAEK examination.
- Hospitals **lack the tools** to support survivors, including a lack of proper storage facilities for Sexual Assault Evidence Kits (fridges that lock to secure evidence).
- Many hospitals and emergency rooms **could not answer with certainty** if Sexual Assault Evidence Kits and services were available for survivors.
- Many hospitals **referred the caller** to seek services at a specific hospital, only for the caller to later determine that the referred hospital also did not provide SAEK services, demonstrating an institutional disconnect regarding eligibility of services.
- Many hospitals **expressed frustration** in being the only hospital in a region to provide SAEK services and a desire for all hospitals to conduct kits to lessen the stress on certain facilities and to better support survivors.
- **It is not mandatory** in nursing and medical schools to learn sexual assault evidence collection.
- There is a divide in urban/rural health-care access, with far better accessibility for city dwellers.
- **Sensitivity training should be required** for all hospital staff, including triage staff and phone operators, particularly in hospitals that responded negatively to sexual assault-related inquiries.
- Hospitals and police departments **do not have national databases** listing hospitals and health centres with SAEKs available to survivors.

A large, horizontal, textured brushstroke in shades of red and pink, with a watercolor-like effect, serves as a background for the page number and title. The stroke is thicker on the left and tapers towards the right.

09

Conclusion & Recommendations

She Matters recognizes there is much to be done to strengthen the sexual assault reporting process in Canada. In conducting the Sexual Assault Evidence Kit Accessibility Crisis Study, She Matters has concluded that forty-one percent of hospitals and health centres that were reached stated they did not have SAEKs available to survivors, required RCMP to bring a SAEK, or refused to answer.

Some hospitals and health centres could not answer with certainty if they had the capacity to perform a SAEK examination. Research showed that callers were often turned away or referred to seek services at another hospital. In many cases, survivors were referred to a hospital that in fact did not have SAEKs. In the research study, it was evident that there is a great divide between urban and rural health-care access, with SAEKs being more accessible in large cities.

Hospitals and health centres also face significant hurdles in providing adequate services to survivors, including a lack of trained nurses and physicians who are educated on performing a SAEK examination. Furthermore, hospital staff need to participate in training to gather forensic evidence and complete documentation without retraumatization for the survivor.

Health centres lack the tools to support survivors, including a lack of proper storage facilities for SAEKs (i.e., locked refrigerators to secure evidence) in many regions across the country. Many medical professionals expressed emotion when explaining their facilities were not equipped with SAEKs or did not have enough staff to accommodate survivors requiring a SAEK examination. Medical professionals in hospitals and health centres do not have a national or provincial database listing medical facilities with SAEKs. Fixing these severe shortcomings would reduce hospitals and health centres' burden while enhancing support services for survivors and hospital staff.

She Matters concludes that the significant gaps in SAEK accessibility across Canada fundamentally deprive survivors of sexual assault access to justice.

RECOMMENDATIONS

She Matters recommends that the following steps be taken to address the SAEK accessibility crisis in Canada:

- 1** Sexual Assaults Kits must be **made** available at every hospital in Canada. This could be mandated in two ways:
 - First, the federal government **must** recognize access to sexual assault evidence kits as a human right and require every province and territory to provide this as an essential service.
 - Second, each province and territory **must** take action and recognize that access to a sexual assault evidence kit is an essential matter and requires sexual assault examination kits and medical professional training at all hospitals.
- 2** Colleges and universities **must** implement SANE and sensitivity training as a mandatory part of all nursing and medical programs. It is currently not mandatory to learn about sexual assault evidence collection. Many colleges charge a fee beyond traditional tuition for nursing students who want to take a SANE course on weekends.
- 3** Each hospital and health centre **must** have an appropriate number of SANE nurses trained based on the hospital's size.
- 4** All hospitals should be **required** to offer sexual assault training to staff, particularly those within an emergency room setting.
- 5** Additional federal funding **needs** to be allocated to SANE programs.
- 6** Additional research is **required** to determine if local, provincial, and federal police agencies know where to send survivors.
- 7** Additional research is **required** into First Nations and Indigenous communities to determine access to sexual assault kits on reserves and northern/rural communities.

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Together, change is possible.

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