

Community Needs Assessment for Providing Sexual Assault Counselling to Child Survivors of Sexual Violence and their Families

Includes:

Final Report

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Course Code: FRSC 4890Y

Course Name: Forensic Community-based Research Project

Completion Date: 4/1/2024

Project ID: 6103



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Abstract

The present study investigated the need for specialized child sexual assault counseling services in Peterborough and its surrounding communities. The host organization Kawartha Sexual Assault Centre (KSAC) currently serves people who have experienced sexual violence that are over the age of 16 years old, but have recorded an increase in requests for services for youth below the current age they serve. A community needs assessment was conducted, interviewing key stakeholders who could provide information on the need for service and give recommendations for the implementation of a future program for child survivors of sexual violence. Two interviews were conducted, first with support service providers in the community (N=6), and the second with youth survivor programs around Ontario as well as Private Practitioners (N=3). Additionally, a literature review assessed community needs and treatment efficacy for young survivors. Thematic analysis revealed all participants from the first interview believe there is an unmet need for youth sexual assault services in the community. The research revealed opportunities for collaboration between KSAC, youth mental health services and nursing care, using mixed-modality treatments that are developmentally appropriate, and highlighted the importance of trauma-informed care. The study identified significant barriers to effective service provision such as shortages of funding, extensive waitlists and societal stigmas associated with sexual assault. These findings highlighted the demand for tailored support services for child survivors in Peterborough, suggesting a need for the proposed service.

Glossary

KSAC - Kawartha Sexual Assault Centre, Peterborough and surrounding communities sexual assault centre that provides support services for survivors of sexual assault, families of survivors and hosts prevention education events.

Sexual Violence (SV) - a continuum of aggression, abuse and violence. It includes, but is not limited to sexual abuse, sexual assault, rape, ritual abuse, sexual harassment, incest, childhood sexual abuse, molestation, stalking, indecent/ sexualized exposure, degrading sexual imagery, voyeurism, exhibitionism, dissemination of sexual photographs electronically, rape during armed conflict, and trafficking.

Community Needs Assessment (CNA) - From a perspective of health and safety, a community needs assessment is a proactive approach to understanding the needs of a community and determining how resources can be allocated to address those needs effectively. It is essential in a CNA to gather information on your topic of research through community members and through the input of key stakeholders.

Children and Youth - When discussing children and youth in this research study, we will be referring to those under the age of 16 (below the legal age of consent).

OCRCC - Ontario Coalition of Rape Crisis Centres.

Gaps - Refers to areas or aspects within a system, organization, or community where there may be insufficient or missing resources, support, or provisions to meet the needs of the intended beneficiaries. For this research study, these gaps suggest areas where the delivery or accessibility of care and services may be inadequate or not fully addressing the demands of the community.

Introduction

Child sexual violence is a grave societal concern that demands attention to safeguard the well-being of one of the most vulnerable populations in the community. Sexual violence is an all-encompassing term that represents any form of non-consensual sexual activity or coercion (World Health Organization, 2022). In Peterborough, the prevalence and impacts of child sexual violence remain largely underexplored. This project sought to assess the demand for a program dedicated to child sexual assault counselling in Peterborough and surrounding areas, as well as to identify the essential resources and funding required for effective implementation. Recognizing the profound implications of such services, this research aimed to contribute valuable insights into the existing gaps in the communities support structures and offer a foundation for the development of tailored interventions that prioritize the protection and recovery of child survivors of sexual violence. Additionally, it sought to evaluate barriers that hinder the development of such a program.

To address this concern, a community needs assessment was conducted, which is an approach to understanding the needs of a community and determining how resources can be allocated to address those needs effectively by gathering information through the input of key stakeholders (Billings & Cowley, 1995). The Kawartha Sexual Assault Centre (KSAC) is Peterborough's not-for-profit sexual assault center that also serves the surrounding communities of Haliburton, Northumberland and Kawartha Lakes. KSAC currently offers various services to survivors of sexual violence, such as advocacy support, education and prevention workshops, crisis lines, and counselling services for survivors of any gender who are 16 and above. In recent years, members of staff at the Kawartha Sexual Assault Centre have noticed a rise in incoming requests specifically seeking sexual assault services for children under the age of 16 - an age group KSAC currently does not serve (H. Howe, personal communication, September 8th, 2023). This concerning trend called attention to the potential demand for specialized support and the subsequent development of a program tailored to address the needs of a child survivor.

The purpose of this research was to address the observed increase in requests for sexual assault services for those under the age of 16 and to address specific treatment needs in this demographic, to contribute to the development of KSAC's prevention and support services. Children under 18 are listed as part of Canada's vulnerable sector, therefore assessing the need

for service and the level of resources/funding required for adequate implementation ensures that appropriate measures are taken to sufficiently represent this population that is not currently served by KSAC.

The ultimate goal of the research is to provide evidence-based conclusions that will inform policymakers, stakeholders, and service providers of the current state of this need, and what additional resources are required to provide service to this age group of survivors to sexual violence. The current research was done through literature reviews and semi-structured interviews with key stakeholders in and around the community that have professional experience in providing support to individuals who are survivors of sexual violence. Beyond the immediate impact on survivors, the results from this research can foster a community-wide awareness, empathy, and commitment to preventing and addressing child sexual assault, thereby contributing to the cultivation of a safer and more compassionate community for all its members. Understanding the need for sexual assault counselling for youth under 16 and their families in Peterborough and surrounding communities is essential for KSAC to fulfill its mandate and vision in fostering a healthy and safe community to sexual violence.

Sexual violence is a very sensitive and personal topic, therefore research on the subject is fairly sparse in terms of academic research. From the knowledge of existing literature, researchers have highlighted the profound consequences of sexual violence on the psychological and emotional well-being of child survivors, and gaps that exist in societies current social structures in addressing child sexual violence and intervention.

Previous evidence of the need for time-sensitive interventions within this age group were addressed in a review done by Broaddus-Shea and colleagues, where values and preferences when seeking treatment for children and adolescents who experienced sexual abuse was reviewed (Broaddus-Shea et al., 2021). Their investigation of the current literature discovered that a key theme in the experiences of these survivors and their caregivers were concerns of receiving prompt care without experiencing prolonged wait times (Broaddus-Shea et al., 2021). Their review also indicated that though this was a recurring theme discussed in the literature, there is minimal research directly examining this concern (Broaddus-Shea et al., 2021). Another key theme established in their review was that youth and caregivers receive timely psychological support and trauma-informed care, providing them with efficient resources outside of clinical care to continue their healing (Broaddus-Shea et al., 2021). Alike, a qualitative analysis done by

Capella et al., (2022) evaluated the attitudes towards treatment of survivors throughout the therapeutic process at various treatment facilities for youth that have experienced sexual violence, finding that clients found fast access to treatment after the trauma and longer consistent treatment with the support of close relationships were key factors in their healing (Capella et al., 2022). While rapid access to treatment and sustained support have been reported in literature to significantly enhance treatment outcomes for this age group, evidence also suggests that existing systems often present barriers to such immediate and continuous care.

A study done by Rahnavardi and colleagues (2022), addressed the need for timely interventions after a sexual assault involving youth from the perspectives of healthcare providers. From the interventions explored in the review, they highlighted that timely intervention significantly mitigates both immediate and long-term impacts of sexual abuse in this age demographic, and adding that trauma-informed training, support and critical early response is most effective (Rahnavardi et al., 2022). Another study done on reviewing quality of youth mental health services in Canada found that aside from early psychosis treatment, youth facing serious mental health issues encounter a significant barrier of prolonged wait times and fragmented services between youth and adult care (Malla et al., 2020). These studies collectively emphasize the necessity of services to provide timely, integrated, and effective care to youth who have experienced sexual violence.

In the last five years in Canada, children's increasing access to technology has been linked to a troubling surge in sexual offenses, with recent statistics revealing a 38% increase in reported sexual interferences compared to the last 5 years (Canadian Centre for Child Protection, 2022). An analysis done by Martin and colleagues investigated whether gaps existed in Canada's current services for child survivors of online sexual abuse. The mixed methods approach similar to the ones being implemented in the current study, aimed to discern if any specialized supports exist for supporting child survivors of online sexual violence, gaps in accessibility to these services, and prospective best practices for this demographic (Martin et al., 2019). The study identified that other than provincial victim services that outsource victims to general youth mental health services, there is an abundant lack of specialized services that can address the needs of this population (Martin et al., 2019). Specifically, they noted Boost CYAC as a service provider for Ontario communities, which we as well discovered in our research and is discussed later in this report. Boost CYAC provides short term funding to youth and families for

counselling and/or other resources, but Martin and colleagues noted that as child sexual violence becomes increasingly more prevalent in Canada, the current funding structures will not sustain the demand for timely interventions (Martin et al., 2019). Some other mentionable gaps they cited in this gap analysis were an absence of evidence-based protocols when available service providers handle cases of youth survivors to sexual violence, and a lack of long-term therapeutic options for young survivors, because of both funding restrictions and lack of staff (Martin et al., 2019). Another study done in Canada looking at the subject of online child sexual abuse examined mental healthcare workers' perceived competence in identifying and addressing issues related to both online and in-person sexual exploitation among their pediatric clients (Dimitropoulos et al., 2022). A majority of respondents in this study reported having higher confidence in identifying and supportively responding to youth victims who experienced physical sexual violence compared to online sexual abuse (Dimitropoulos et al., 2022). A major barrier to effective care that a majority of respondents in this study noted was that having to report incidents of child sexual violence distrust the therapeutic relationship and process between the child, their family and the care provider (Dimitropoulos et al., 2022). Child welfare legislation in Canada states that anyone with knowledge or information of a child being abused must report it to child welfare or police; in Ontario this would be found in the *Child, Youth and Family Service Act* Section 125 (Government of Ontario, 2023). Though both these studies set focus on a newly increasing form of youth sexual violence which is that of online offences involving minors, it provides some valuable context into the current state of service provision in Canada for youth victims.

A report from the Canadian Women's Foundation shares about a program they developed to combat gender-based violence experienced by many Canadian teens (Vemuri et al., 2019). The basis of this endeavour was to enhance the education of healthy relationships to young teens to ultimately aid in preventing relationship violence from occurring and for teens to learn how to disclose of violence that may have occurred (Vemuri et al., 2019). Some gaps that this report mentioned about the implementation of this program around Canadian cities were that funding is always restrictive to adequately implement their visions, and that difficulties exist in providing support to diverse communities (Vemuri et al., 2019). This program is just one example of current initiatives being taken to combat youth sexual violence in Canada, and some barriers that have been experienced when attempting to provide support services.

Evidence outlined in the preceding paragraphs strongly suggests that youth sexual violence in the general Canadian landscape is becoming increasingly prevalent and is often damaging to their mental health and well-being, with minimal effective services being provided (Vemuri et al., 2019; Martin et al., 2019). The previous evidence provides some context into possible barriers that may become evident in our own research, as well as recognizing the importance of timely interventions, and long-term treatment for these victims' treatment outcomes. The current research focuses on two key questions:

1. Does Peterborough and surrounding area of Numberland, Kawartha Lakes and Haliburton need sexual assault specific services for children under the age of 16?
2. What types of support and resources are most effective in addressing the physical, emotional, and psychological needs of sexual assault survivors under the age of 16 and what level of funding is needed to implement these services?

The first research question sought to determine if there is a strong demand for specialized services dedicated to child sexual assault in this community by exploring the prevalence and impact of such cases in the community. The second question sought to establish recommendations for types of support and resources most effective in addressing the emotional, physical, and psychological needs of sexual assault survivors under the age of 16, and if they are unique to the support services offered to adult survivors. The dual focus on necessity and effective intervention strategies ensured a comprehensive examination of the subject and future value to improve the community's response to this potential need of services.

Methods

Sources of Information

In conducting a community needs assessment for child sexual assault counseling services for survivors and their families, I relied on a diverse array of sources to gather information and subsequent detailed insights. The primary source of information for the research was derived from interviews with experienced social service workers who work with clients that have experienced sexual assault.

Interviews

To investigate the need for child sexual assault counseling in Peterborough and surrounding communities, interviews were used as the primary source of information.

Need for Service. Interviews were conducted with a diverse set of social service organizations around the community, including Children's Aid Societies, children's mental health agencies, and agencies supporting survivors of sexual assault in the community. By engaging with professionals who are on the frontline of service delivery, this method ensured a variety of perspectives were gathered that provide direct insights into the communities needs in this area, assembling information on the need for service, barriers to service, gaps in current service, and recommendations for future opportunities of this service.

Effective Supports. A separate interview was conducted with a different set of participants to evaluate resources and funding needed to implement such a service, to effectively address the secondary research question. This set of interviews were conducted with organizations across Ontario who offer child sexual assault counseling services, as well as private practitioners who have experience working with youth that are survivors of sexual violence. Given the limited amount of youth sexual assault services offered in Canada, engaging with both public and private service providers contribute valuable insights into best practices, potential challenges, and necessary resources for supporting child survivors.

Literature Review

Modalities of Treatment. Another source of information used in the research was a review of relevant literature. Both primary and secondary sources were gathered to address the second research question in determining what supports and interventions have been effective in the treatment of youth survivors of sexual violence. The reviewed literature examined the time-sensitive need for sexual assault counselling in this age demographic, as well as different treatment modalities that have been effective in short and/or long term treatment of young survivors. This ensured a thorough examination was done, allowing for comparisons between the insights gained from the literature and the firsthand perspectives provided by interview responses, enhancing the overall understanding of effective interventions for youth survivors of sexual violence.

Need for Service. A grey literature review was another source included in the research, examining community and government data and reports to identify any records that identify a need for this service or opposing remarks. Including this literature to the research offered a view from other key stakeholders perspectives on the need for child sexual assault counseling services in the community.

Variables Considered

First Interview

Many factors were examined in the first interview with participating agencies that provide service to clients that are survivors of sexual violence in and around Peterborough. Interviewees were first asked about general information concerning their agency that identified what age groups they serve, types of support they offer, eligibility criteria, and current waitlists for their services (see Appendix A for interview questions). These questions captured the range and recipients of current services who aid clients that have experienced sexual violence in the community. Following baseline information questions, agencies were asked about care specific to youth under 16, to establish if they offered any sexual assault services for this demographic, as well as determining if they receive requests for sexual assault specific care for youth under 16 (see Appendix A for specific questions). Lastly, they were asked for their expert views on their perception of need for sexual assault specific services for youth under the age of 16, identifying gaps and barriers in service that exist within the agency and around the community, and any recommendations for service implementation (see Appendix A for specific questions). The use of open-ended questions aided in gathering information about the community needs of Peterborough regarding sexual assault services for youth and what barriers exist in the current services.

Second Interview

More variables along with continuing variables were examined in the second interviews with agencies who have already implemented sexual assault programs for youth under 16 and private practitioners. Interviewees were asked the same general questions that participants from the first interview were given, followed by questions specific to what sexual assault services were offered to youth under 16 and what successes and challenges they have had (see Appendix B for interview questions). These questions helped distinguish common services and treatment modalities being provided across agencies. Afterwards, agencies that participated (not private practitioners) were asked questions regarding funding structures, evaluating what certain services cost to implement, how they fund their programs, and how adequate the funding is in relation to the services they provide (see Appendix B for interview questions). Last, they were all asked to provide any recommendations for what a youth service program should include in both their

operations and service offerings. These variables were established to gather information on the resources and funding needed to provide adequate support for youth who have experienced sexual violence.

Literature

Regarding community resources and online articles, the variables examined in this area of the research were divided into two areas. The first variable examined was the need for timely interventions and effective treatment modalities when attending to young survivors of sexual violence. The second variable examined in the literature was the need for service in Peterborough using community resources that display the current need for youth sexual assault services.

Procedure

The first task of the project was to conduct a literature review on the need for time sensitive interventions for children who have experienced sexual violence, as well as finding community resources that highlight the current need for this service. Literature was gathered using various search engines (OMNI, google scholar, CORE and Government of Canada website) and used specific search terms to find sources (see Table 1). Ten sources of information were identified for each category of the literature review, therefore 20 sources in total were collected for analysis. The review was composed by creating annotations for each source under their respective categories, at the request of the host organization. Key findings from these sources were compared to the responses later gathered during interviews. The inclusion of literature was not to be analyzed alone, but in conjunction with findings in the interview, to see if the literature corroborated findings or offered differing perspectives. Literature on the need in Peterborough was analyzed with findings from Interview 1, and literature on treatment modalities was analyzed with recommendations from both Interview 1 and 2.

Table 1

Search Terms Used for Literature Search

Treatment Modalities/Timely Intervention	Need in Peterborough
Child sexual assault interventions, effective treatment for sexually abused children, comparison of treatments in children who have experienced sexual violence	Peterborough sexual violence, rate of sexual violence peterborough, support for survivors of sexual violence Peterborough, Peterborough safety and wellness, Gaps in sexual violence services in Peterborough,

Qualitative interviews are the primary data used in the research and analysis. Interview questions were created with the Clinical Supervisor at the host organization, where two sets of interview questions (see Appendix A and B) were designed separately to address the two research questions with the two groups of participants. Purposive sampling was used to identify the key stakeholders who could effectively respond to the interview questions. Participants for interview 1 were recruited through email (see Appendix C for recruitment emails) after identifying relevant service providers in Peterborough and surrounding communities. Out of the 12 service providers emailed during the recruitment phase for interview 1, 6 responded and were interviewed. For interview 2, 5 members of the OCRCC that promote youth sexual assault services were sent recruitment emails (see Appendix C) as well as 6 other agencies that promote youth sexual assault services that were not apart of the OCRCC. Recognizing a low response rate from the initially contacted agencies, we subsequently reached out to 3 private practitioners via email. Initially, we hesitated to approach private practitioners because they could not provide information on funding structures of organizations who provide these services, which was originally part of the main research questions to determine resource allocation and funding required to support a program for this demographic. However, given the limited response from organizations, we expanded our outreach to include them in the study, and removed the analysis of funding structures from the research. Of the 11 agencies that were contacted, only one agency responded and was subsequently interviewed. Following that lack of response from agencies, 2 of the 3 private practitioners contacted, agreed to partake in an interview. The interviews were semi-structured, allowing for flexibility while ensuring key themes were explored. Each interview was about half an hour long. The questions for interview 1 were designed to cover topics such as generic agency information, perceptions of existing services, barriers to access, the need for child survivors of sexual violence services to be implemented, and recommendations for a service being implemented. The questions for interview 2 were designed to cover topics of generic agency information, services and treatment modalities provided to youth survivors of sexual violence, successes and challenges with providing service, and recommendations for implementing a service in Peterborough. Participants were given detailed information of the research being conducted in an information document, as well as an informed consent form to be

signed prior to the interviews. Confidentiality and anonymity were assured, with the option for participants to withdraw at any point. All interviews were conducted over the Zoom video conferencing platform and were audio-recorded with the participants consent. All interviews were transcribed using the platform Otter.AI to later be analyzed. Participants were not given any form of compensation for their participation.

A thematic analysis was done to identify trends and recurring responses in participants' narratives between the two interviews and in conjunction with the reviewed literature as this research was mostly qualitative in nature. In order to answer the first research question: 'does Peterborough and surrounding area of Numberland, Kawartha Lakes and Haliburton need sexual assault specific services for children under the age of 16', the thematic analysis included responses from Interview 1 and evidence from the grey literature review to find common themes, responses and ideas that represent the identified need for youth sexual assault counseling services in Peterborough. The second research question identifying recommendations for future service implementation was analyzed using responses from Interview 2, recommendations provided in responses from Interview 1, and compared with the literature on effective treatment modalities and timely interventions. We also considered reporting on identified barriers to service delivery using thematic analysis, so we considered responses from both participants in interview 1 & 2. Quantitative data that was collected in the literature review was integrated into the analysis to provide supplementary evidence. The goal of using this type of analysis was to derive meaningful and actionable insights that contribute to our understanding of the need for and effectiveness of sexual assault services for children under the age of 16 in Peterborough and the surrounding area.

Potential Bias

As interviews were the main source of information for this research, it was important to consider biases that may arise prior to the research being conducted so they could be accounted for. First and foremost, confirmation bias was a concern to be addressed, as data that aligned with the investigators preconceived expectations could have been sought out and considered more than other data. To counteract this bias, monthly meetings were held between the researcher and the host organization to review current findings and explore various interpretations of the evidence. As well, the inclusion of statistical data and other literature for supplementary evidence to our findings helped mitigate confirmation bias as these analyses are

less up to interpretation, and using a diverse array of sources in the research allow for a broader range of opinions and results to be compared.

Social desirability bias was another bias that needed to be addressed prior to the research being conducted. This bias could lead participants to provide responses that they believe are socially acceptable, rather than expressing their true thoughts on needs or concerns. Because children are identified as a vulnerable group as well as the fact that sexual violence is a sensitive issue that many find uncomfortable to discuss, this bias needed to be addressed as a possibility in the research. This bias shows in two ways, by either expressing there isn't a need because there is a societal pressure to downplay the need for services in order to avoid acknowledging the prevalence of such a distressing issue, or that there is a need because society often views the protection and well-being of children as a paramount value, and advocating for such services would be the socially desirable answer. To mitigate the presence of social desirability bias, the interview questions were designed to be open-ended, allowing participants to critically explain their thoughts behind their response. In addition, by having participants' identities remain confidential, it mitigates the risk of this bias as it reduces the pressure to conform. It is impossible to fully mitigate this bias from occurring in the research, but various measures as described above were taken to account for social desirability bias, as well, the participants are professionals in the field of social services that often see cases of sexual assault and are assumed to be more comfortable than the general public to discuss these matters in a subjective unbiased view.

Another bias that presented in the research was publication bias, where negative findings or findings that do not support the need for services may be underreported in the literature. To account for this bias, we searched beyond clinical studies, reviewing meta-analyses, case studies and grey literature to assure multiple data sources were considered in making the conclusions in the research.

Ethical Considerations

An application to ROMEO was submitted and this research project underwent the review process that received formal approval from the Trent Research Ethics Board on December 12th, 2023. This endorsement confirms that the study adhered to Trent University's ethical standards, ensuring that all interview questions, methodologies, data collection processes, and interactions with participants were conducted with the utmost respect for privacy, consent, and dignity. The

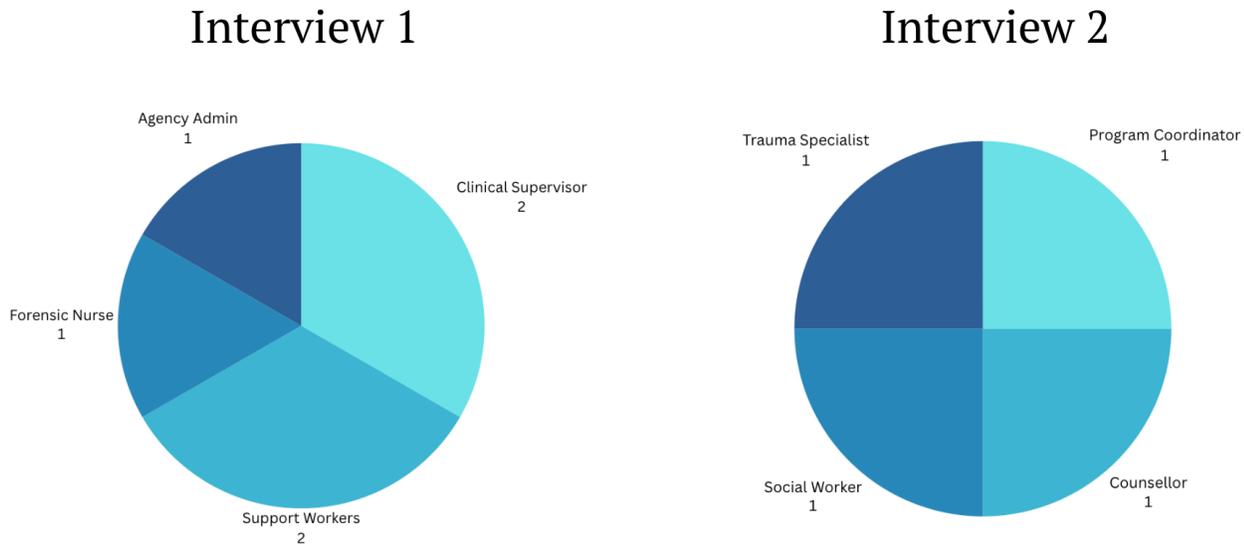
Trent Research Ethics Board's approval is a testament to the project's commitment to ethical integrity, safeguarding the well-being of all individuals involved, and maintaining the rigor and transparency of the research process.

Results

The interviews were used as the primary research tool for the findings, with literature acting as supplementary and supporting data. In interview 1, we heard from employees at support service agencies in and around the Peterborough region that provide some form of service to people that have experienced sexual violence in their lifetime. We heard from 6 agencies in the community that fit into the listed criteria in the recruitment emails (see Appendix C for criteria). In interview 2, we heard from employees at agencies who currently run a service that provides counseling to youth under 16 who have experienced sexual violence, as well as private practitioners who have experience in working with youth under 16 who are survivors of sexual violence. Interviews were conducted with one agency in Ontario that provides this type of service, as well as 2 private practitioners that work outside the region. Figure 1 demonstrates specific working titles of who we heard from in both interview 1 and 2, respectively. Figure 1 interview 2 depicts 4 participants, this can be explained as the one agency that was interviewed in this phase had two employees join the interview as they felt they would be able to respond more effectively with both their expertise being considered.

Figure 1

Job Titles of Participants in Each Interview



Note. Pie chart of answers to question 1 in both interviews which asks “Could you please share a brief introduction to your role within the agency?”. Interview 1 N=6, Interview 2 N=3

Need for Service

The level of need for youth counseling services for survivors of sexual violence (SV) under the age of 16 was analyzed using responses from service providers in Interview 1. Figure 2 displays the participants responses to the question posed in the interview “from your agency's perspective, do you believe there is an unmet need for sexual assault specific services for children under 16 in the community?” that was grouped into binary themes of yes or no. Our findings show that all participants in Interview 1, believe that there is an unmet need for this service in Peterborough and the surrounding communities served.

To assess the level of need to a greater degree than the previous binary response, we asked participants “from your experience, has your agency received requests for sexual violence specific care for children and youth under 16? If so, could you elaborate on if your agency has noticed an increase in the average number of requests for these specific services in recent years (past 5 years)?” to gather insight into the current trend in the demand for services targeting child and youth survivors of sexual violence. Results from this question are depicted in Figure 3, and

themes represented responses of yes, unsure, and no, showing a majority of participants (66.7%) noted a considerable increase in the number of requests they have received for this service.

One agency that participated in the research provided subsequent documentation of their request records for the past 2 years to contribute to the literature, which revealed a 26% increase in the amount of youth under 16 that visited their agency seeking services to address the sexual violence they experienced (19 youth between April 2022-2023, 24 youth visitations between May 2023-February 2024). Community statistics with sexual crimes related to youth are not available to open access, so we used Peterborough Police most recent annual report from 2022, that showed that in general, sexual offenses were on the rise, with a 16.7% increase in reported incidents from 2021 reports to 2022 reports (Peterborough Police, 2022). Literature further supported the evidence found in interviews depicted in Figure 2 and 3. The Safe Cities Profile Series conducted by Statistics Canada reported that the rate per 100,000 sexual assaults and sexual violations against children in Peterborough is 12% percent higher than that of Ontario (Statistics Canada, 2020). This correlates with the reported increase from interviews in conjunction with statistical reports in the literature.

Figure 2

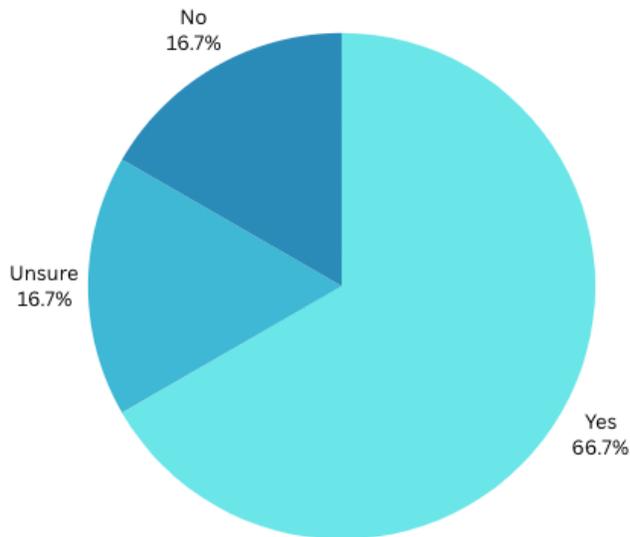
Participants Responses on Need for Service



Note. Infographic of answers to question 10 in Interview 1 “from your agency's perspective, do you believe there is an unmet need for sexual assault services for children under 16 in the community?”.

Figure 3

Responses of Observed Increase in Requests for Youth Specific SV Services



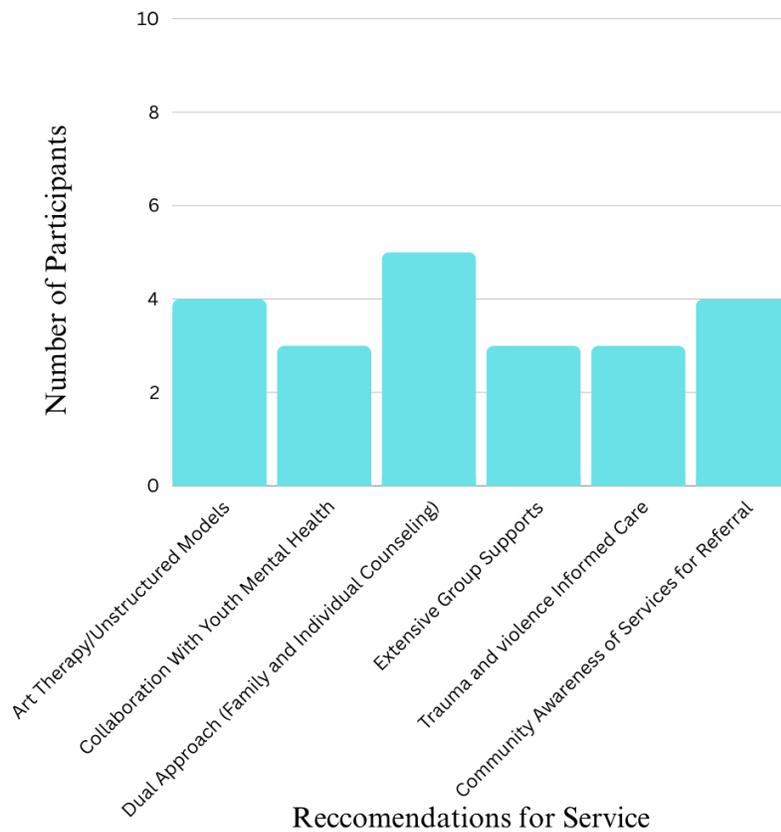
Note. Pie chart answers to question 9 in Interview 1 (see Appendix A). A majority of participants observed an increase in the number of requests they have received in the past 5 years.

Recommendations for Service

Recommendations for a future service offering specific to youth who have experienced sexual violence, were gathered from responses in both interview 1 & 2. Key themes in responses were identified, depicted in Figure 4. Themes were identified through thematic analysis, and themes that occurred in the literature and in the most participants were considered. We ended with reporting 6 recommendations that were relevant to the current research, because after these 6 were identified most if not all other possible recommendations were reported by only 1 or 2 participants. Funding structures could not be reported on in our results due to an insufficient number of data collected for analysis.

Figure 4

Key Recommendations Identified in Interviews 1 & 2 (N=9)



Note. Bar graph depicting the frequency of responses for each of the 6 key recommendations identified from interview 1 & 2. These results are out of 9 interviews.

Results shown in Figure 4 are in alignment with findings in the literature review. A meta-analysis on child sexual assault treatment outcome completed by Trask and colleagues found that group (family) and individual therapy did not differ in effectiveness, suggesting that either or both would be an effective strategy in servicing this demographic (Trask et al., 2011). This meta-analysis also reported that studies analyzed showed no significant improvement when care-givers were utilized in treatment in conjunction with individual therapy, suggesting a conflicting statement in comparison to our identified recommendations (Trask, et al., 2011). Finally, this analysis reported better outcomes in cognitive behavioural theoretical (CBT) approaches, especially unstructured methods of the approach such as trauma-focused cognitive behavioural therapy in comparison to other theoretical models, with aligns with

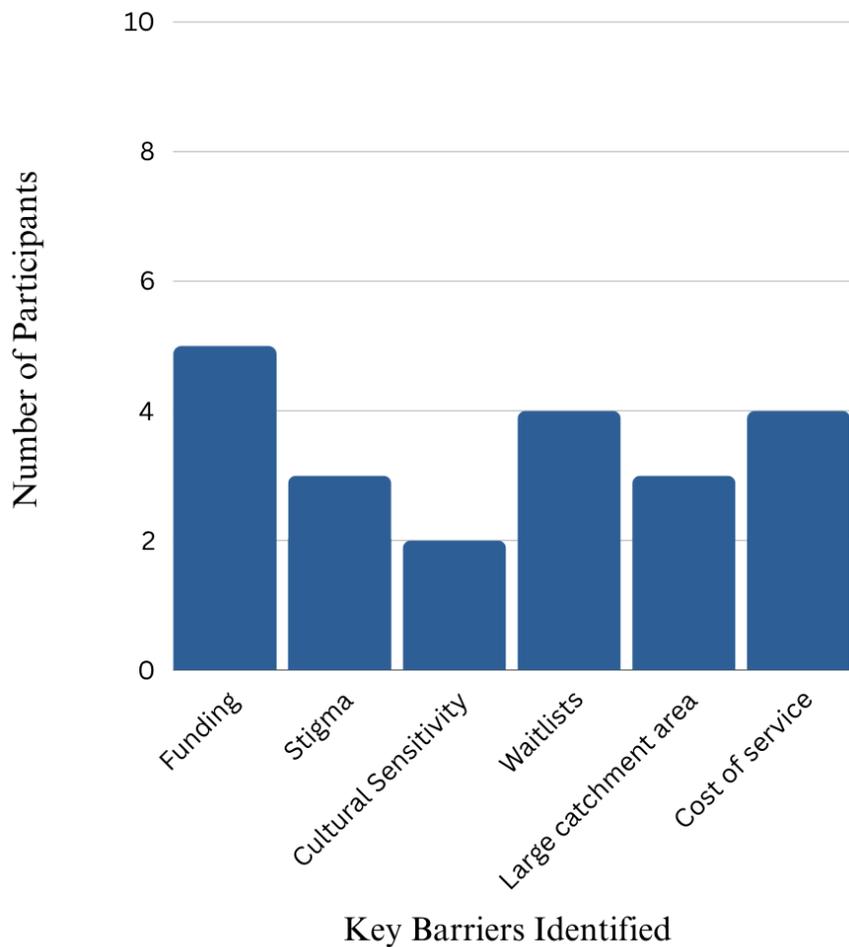
recommendations cited in Figure 4 (Trask et al., 2011). Another study in the literature similarly found that variants of CBT have shown to be effective as a treatment for child sexual assault, as well as the use of play therapy in this age demographic be considered a significant component to the treatment regimen for this age group, alike our findings from interviews (Greenspan et al., 2013). All participants from interview 2 who have experience with providing care to children that have experienced sexual violence stated in their interviews that they use unstructured methods of CBT and DBT, as well as the inclusion of play/art therapy with clients.

Barriers to Service

Barriers and gaps in current services to offering a service to youth who have experienced sexual violence, were gathered from responses in both interview 1 & 2. Key themes in responses were identified, depicted in Figure 5. Themes were identified through thematic analysis, and themes that occurred in the literature and in the most participants were considered. Six recommendations were relevant to the current research. A majority of participants reported funding being the biggest barrier to current services as well as a future service, which aligns with findings in the literature. Peterborough's Community Safety and Well-being plan outlined current funding inadequacies for services that respond to complex needs of others such as trauma care (Arising Collective, 2022). Long waitlists and lack of collaboration between service providers were also noted as barriers to service delivery because of the current funding (Arising Collective, 2022). A press release reviewed also verified that in 2020, the Government of Ontario concluded the \$1 million in additional funding to sexual assault centres, and made a requirement that this funding only be given to centres for human trafficking programs (OCRCC, 2020). Specifically, it was found that KSAC used this funding to pay for a part-time counselor and run two counseling group programs prior to its conclusion (OCRCC, 2020).

Figure 5

Key Barriers Identified in Interview 1 & 2 (N=9)

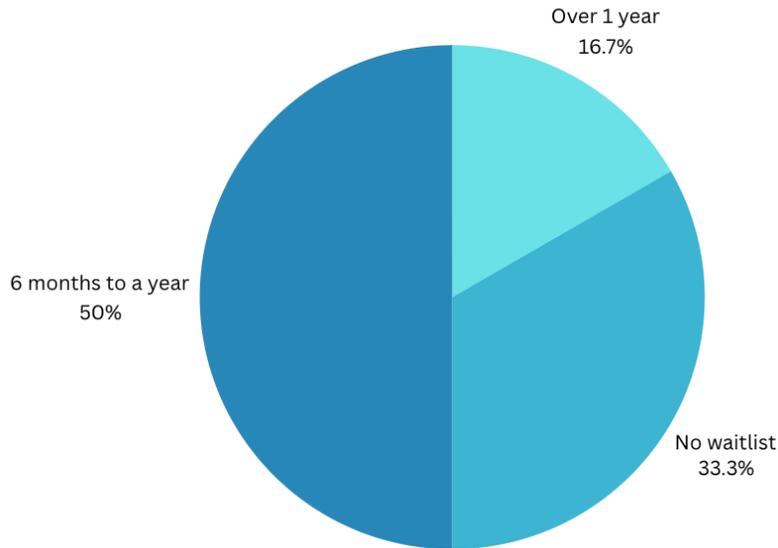


Note. Bar graph depicting the frequency of responses for each of the 6 key barriers identified from interview 1 & 2. These results are out of 9 interviews.

Waitlists were identified as the second largest barrier to service delivery. Figure 6 showcases how long current waitlists are at each of the participating agencies from interview 1. Waitlists are not only described in interviews as a gap to current service delivery beyond clients who have experienced sexual violence, but a barrier to offering more specified services because of the lack of resources they currently work with.

Figure 6

Participant in Interview 1 Current Waitlist for Their Service



Note. Pie chart answers to question 5 in Interview 1 (see Appendix A). Half the participating agencies reported a waitlist of between 6 months and 1 year. 2 reported little to no waitlist, and 1 agency reported having a waitlist above 1 year.

Discussion

The interviews conducted aimed to identify recurring themes, responses and opinions of participants, regarding the need for youth sexual assault services for those under the age of 16 in Peterborough and surrounding communities. We also conducted another interview with a separate participant pool, to gather information on treatment procedures and any other needs that need to be addressed when servicing this specific group. The main findings were organized into three categories: the need for service, recommendations for implementation, and barriers/gaps to service provision. The results from the first interview demonstrated a majority (66.3%) of service providers have experienced an increase in requests seeking treatment for victims of sexually assaulted youth. One participant reported “I can say for certain we've had an increase in the number of highly complex, suicidal self harming multiple challenged youth over the last few years and within that group of people, sexual assault is very common”. Another participant

agency stated that “we probably get about five to six a month, so that would be about 60-65 a year”. This demonstrates that service providers are aware that there are multiple victims of this form of violence in Peterborough’s youth community. This finding directly supports the overarching purpose of what warranted this research to be conducted, by investigating if the observed increase by KSAC could be seen elsewhere in the community. Such an approach was critical to ensuring that these young individuals, who are presently not served by KSAC, receive comprehensive and appropriate care. The interviews shed light on the prevalent need for such services, as indicated by the significant number of service providers witnessing a rise in treatment requests for sexually assaulted youth.

To enhance this finding, all service providers who participated in interview 1 also believed that there was an unmet need in providing specific sexual assault services to youth under the age of 16 in Peterborough and surrounding communities. These findings aligns with previous literature in the data we discovered, showing that Peterborough’s rates of sexual violence occurrences is 12% higher than Ontario’s average rate of occurrence (Statistics Canada, 2020). One respondent noted “there really isn't a service that can be accessed quickly following a sexual assault, so there isn't something that's time sensitive that can allow for young people that access the kind of service they need” indicating that this need is not solely based on the increased demand for service, but service providers that give this service do not exist in the area. This provides some insight that can inform KSAC of the current demand for this service through the perspectives of other service providers in the community, in order to uphold their mandate providing support to those affected by sexual violence and harm in the community.

In our findings, we believed it was important to note that many service providers mentioned one agency that “possibly” could be currently providing this specific service in Peterborough. Boost Child and Youth Advocacy Centre was mentioned in various interviews as being a resource that these agencies use when a client has reported a sexual offense that has happened involving a child. As mentioned earlier in previous literature, Boost is an Ontario organization that provides short term funding to youth and families for counseling and other resources youth victims may need access to such as advocacy supports, court supports, forensic examinations and more (Martin et al., 2019). Two participants mentioned their use of Boost when needing to refer clients to a more specialized service for these youth. We attempted to recruit Boost for an interview, but no response was received, so we cannot fully comment on the

extent that they serve Peterborough currently considering that our current knowledge is that Peterborough is a satellite agency with Boosts services and they mainly provide services to the Toronto region (boostforkids.org, 2023). Their 2022 report showed that they provide funding for up to 8 sessions of mental health related treatments for immediate trauma intervention, and that the number of referrals that used this service increased from previous years, and yet their funding was reported to have decreased by almost a million dollars from the previous year (boostforkids.org, 2023). This suggests that though this service currently may exist for the Peterborough area, it does not provide direct service nor long-term services. In alignment with the gap analysis on youth online sexual assault services in Canada, our findings suggest that there is a lack of service for this increasing issue, and immediate services like Boost CYAC and Victim Services do not provide direct support nor do they provide funding that allows for long-term counseling (Martin et al., 2019). This only further highlights the limited resources that exist for providing care to youth who have experienced sexual violence in the community, indicating that a service provided by KSAC or in collaboration with other service providers would be beneficial in effectively addressing the recorded prevalence of these occurrences happening within the community.

When all participants were asked about what they would include if a service of this kind was developed in our region, six key themes were identified. The largest recommendation was that a majority of participants (55%) believed that the service should offer a dual approach method that includes both individual and family counseling. One participant stated “a dream program would have really excellent trauma focused counselors, and you would have a systemic therapist who could work with families and was really attentive to family issues and family dynamics”. Another participant stated the opinion that “ensure there's lots of room to help support families and parents when they're going through this, both with their own previous experience and how to deal with their kids”. Previous literature also highlighted dual approach of individual and parent-child sessions as an important aspect into to the outcomes of treatment in cases of child sexual assault, suggesting that better treatment outcomes were reported when both were implemented into their treatment (Hanson & Wallis, 2018; Trask et al., 2011). Each of these statements represent the importance of including family and or support systems in the healing process when a young individual experiences sexual assault, noting that it is important for not only the child but for the family to understand what they are going through, and to create a safe

space of open communication between parents and the youth, with the guidance of a trauma-informed specialist.

Another recommendation that was noted significantly (44%) in the research was the use of art/play therapy with clients from this age demographic. Suggestions for the use of this modality during treatment was mentioned in interviews by commenting that “young people respond really well to using art and creative interventions in exploring kind of healings, typically, with kids, the focus is often on supporting them with how they feel about thing, so we're less digging into the traumatic event itself”. Another participant mentioned if they had a program “we could do play therapy, bring in, like a sand tray, have lots of toys, all that kind of stuff”. Art therapy was also described in the literature as a viable treatment for young individuals victim to sexual violence, specifically one study mentioned how youth reported that they feel more comfortable when drawing and art is involved in interactions and are asked about neutral events prior to their trauma is effective in building rapport with care providers (Broaddus-Shae et al., 2021). This suggests that service providers are fairly knowledgeable in current treatment and research being done to support this demographic in healing processes after being victim to sexual violence, and also provides some evidence-based suggestions for program development and one of the unique needs that this demographic finds beneficial to their healing.

Other unstructured methods can be included in this recommendation, such as one participant noted “we do integrate clinical modalities, but my own style is I will not bust out the book, the highly structured CBT where it's like "today we are talking about cognitive distortions and so on ... we're not going to do that but we do integrate that in our sessions”. Literature has also supported the use of unstructured methods when treating this population, such as trauma-focused CBT was found to be beneficial in treating youth victims with early symptomology of post traumatic stress disorder (Rahnavardi et al., 2022; Hanson & Wallis, 2018). This explains some more current evidence-based treatments being done to provide successful treatment outcomes to this population, and that it has been implemented at other program agencies in Ontario as a methodology in their practices that they deem successful in their experience.

A third recommendation identified was community awareness of services for better referral practices. 44% of participants shared sentiments of having difficulties in referring clients to other and/or additional resources because there is not a general awareness of what each service

specifically provides and how long their wait times are. One agency mentioned “agencies need to know where to send people when this comes through as a presenting concern, as well as I think having that information out there in general in the community”. This is an important recommendation if the implementation of a service happens, because as we have seen with Boost, people are aware of their existence but do not fully understand where to refer clients, and what services they offer to our area. This awareness will not only help service providers in the referral process, but also the general community in educating them what services are available to them in these situations, and can contribute to a safer and more supportive community environment, encouraging survivors to come forward and seek assistance.

Collaboration was also a large recommendation found (33%). Some key considerations to collaboration that were identified in interviews were statements such as this participant saying “I think it would be really cool to see an opportunity where there was something that was funded to take the best of everybody's knowledge based and squish it together. We are experts in Children and youth mental health and KSAC are experts in supporting survivors. There's definitely an opportunity”. Another participant suggested “You'd have a really good working alliance with child welfare, where people actually worked together to support these kids and families” and also “working in partnership with the agencies who specialize in working with children, I think is important... whether they have the program or we have the program, I don't actually care, they just want the people who serve children and the people who do sexual assault work to work together to serve that population”. Based on the evidence found in interviews, it is clear that collaboration will be one of the most useful recommendations to use when developing and implementing this sort of program. As cited earlier, this form of care requires a multifaceted approach that would likely need resources and care beyond the scope of what a sexual assault centre alone or mental health service alone would be able to provide. This evidence from the interviews demonstrate that many service providers are willing to create partnerships with the intent to create an accessible and effective service for youth who have experienced sexual violence in the community.

Other recommendations that were mentioned on more than one occasion were the use of stabilization techniques and framework of trauma and violence informed care (33%), as well as offering extensive group support outside of standardized counseling (33%). Suggestions for these recommendations build further understanding of the necessity for creating a safe and secure

therapeutic space, one that acknowledges and addresses the complex impacts of trauma on an individual's mental and emotional wellbeing. Similarly, the advocacy for offering extensive group supports beyond standardized counseling highlights the value of community and shared experiences in the healing process, as well as a recommendation for a source of long-term treatment or support, that does not necessarily have to have funding - this type of group could be something that is comparable to alcoholics anonymous, where youth can share their experiences, and it can also help with socialization strategies and being able to adapt after a trauma.

Lastly, we identified common gaps and barriers in service that participants provided in their interviews. These gaps currently limit the effectiveness of the services that providers give to the community, and also hinder the development of new and innovative services that respond to the needs of specific populations. The largest gap identified was that a majority (55%) of participants said that funding was the biggest barrier to both current and future services. Some important insights made from participants regarding funding is that “people get funding for doing children and youth mental health, or people get funding for doing sexual violence work, there's not a lot of crossover because the fundings are coming from completely different pockets, and so if the if you're getting two completely separate funding bodies that are looking at seemingly two completely separate things, how then does an organization try and push them together in a way that makes sense to run a program like so” as well as agencies mentioning funding as their primary struggle by noting “funding is the primary barrier” “How much support or counseling somebody gets? isn't based on need, it's based on income. Which is horrible to say, but that's the reality of what we live in, because current funding does not provide us with enough resources to serve everyone adequately” and “our core funding is very, very minimal, we don't even have enough funding to serve adults”. This represents an ongoing struggle in many sectors of social services, and highlights the need to research funding models as well as collaboration, to find new and innovative ways to provide a service that is inherently needed based on the findings of our research. This is representative of a service-wide struggle that must be taken into consideration. A goal in our research was to provide evidence for the demand for service and to inform key stakeholders and policymakers of this demand and barriers to providing it, therefore this barrier is important to highlight when representing the need for service, and the underfunding it receives as a service in general.

Another large barrier to service was current waitlists at agencies that provide support services in the community. Some service providers mentioned the barrier of waitlists affecting the population of interest by noting “For those who've experienced a sexual assaults they're waiting a really long time, and that likely then leads to bigger problems developing as they're trying to manage symptoms related to the trauma” and “we have a unfortunately, a very long wait list, I would say most typically between one to two years” as well as another participant stating “for counseling, there's a huge waitlist, and that's across the board”. It was interesting to find in the results that a majority of participants had a waitlist of over 6 months, which has major implications not only for when considering the implementation of a new service, but also for current services attempting to be provided to the community (Malla et al., 2021). The barriers established seem to follow a trail, that limited funding leads to limited counselors, and limited counselors when mixed with high demand our community experiences leads to extremely long wait lists for service. This is important to consider when recommendations for a service of this sort are made, so that they can be developed to have variations of service that possibly avoid this waitlist process through either collaboration or group sessions that allow for more people to be serviced at the same time, which has shown to have no change in effect in comparison to individual treatment (Trask et al., 2011). This provides some insight into resources that will be required for this service, which would be an adequate number of counselors that could effectively respond to the demand for service in a timely manner.

Another barrier identified was the cost of current services. 33% of participants identified that because of elongated waitlists, in order to get immediate service you must pay for private care, which is often not a viable option for many families seeking services. Another reason for this barrier was that many of the current services only offer funding for immediate support, for example an interview respondent mentioned that victim services provides enough funding for about 8 to 10 sessions, and it is often they see that youth need more then that offered support. Therefore, they are left to their own devices after this initial funding runs dry, and that happens quickly with the current cost of services, having families then to pay out of pocket for additional support, or for youth to re-enlist on service providers waitlists. One participant mentioned this exact issue at their agency “if you do want to continue services past those 12 sessions, the funding usually isn't there, which is then when it's brought back into my kind of court, and we have to see where to go from there”. This exemplifies the perpetual cycling that happens in this

sector, where the lack of efficient resources leaves many clients re-entering for continued care that is affordable. This is important to consider when building a program, because you want to ensure that you can provide service long-term to clients that are in need of that service, and that there will not be a recurring cycle of clients coming in the doors because services elsewhere were inadequate to the needs of that client.

Stigma, a vast catchment area and lack of cultural awareness are three other important barriers mentioned within interviews. Currently, KSAC provides services to the communities of Peterborough, Haliburton, Kawartha Lakes and Northumberland, alike many of the other service providers interviewed. One participant in particular had an important statement about service provision in these areas “if we have a person who is in the upper part above Haliburton, they're two and a half hours away from Peterborough, they're not coming for an appointment”. This addresses a specific need of determining innovative ways to provide adequate service to all catchment areas served, not just the closest. Some participants provided recommendations such as “investment in technology could be helpful, it could take somebody three hours to get across our region on public transit, we could not expect a youth to spend six hours of their day going back and forth to an appointment. Technology-based supports may help alleviate this barrier whether that be helping them get a tablet or one that we can loan to them for the duration of their counseling support, or helping to pay for wifi or mobile needs”. Again, this is essential information to learn so that when proposals are made for providing this service, all possible resources needed for proper provision will need to be addressed. There were also refutations made to the previous recommendation highlighting “There are a lot of places that are in dead zones. Even if you have access to a computer and the internet, the internet just doesn't work. You can't even get cell service” and “I had conversations with people from their bathtub, because it was the only place they could get privacy”. This demonstrates that many providers are aware of both the benefits and downfalls of virtual options for service, but innovative options must be taken when barriers like a large service area exist, and there is no funding for outsourcing counsellors or creating satellite offices.

Stigma was mentioned as a barrier to service because special to youth under 16, a guardian and the child must provide consent to service. As one participant mentioned to perfectly sum this barrier “you have one person really advocating for it, and then the other one, and because you need both of them to be in agreement about these things, that's also a challenge” as

well as another participant saying “there's a lot of stigma attached to this, nobody believes this is gonna happen to their kid. So if you don't believe it's going to happen to your kid, and it does happen to your kid, well, then then what? you don't want to believe this has happened? And you know it has”. Stigma being mentioned as a key barrier to service highlights the need for increased awareness in the community, as reported in recommendations, so that community members who have been victimized know where to go and that they will be supported through their journey.

Cultural awareness was the final barrier that was noticeable across responses. Many providers believed that the current services do not adequately provide services that carry cultural awareness as part of its framework, which is a barrier for Peterborough and surrounding communities because we are a very diverse community, with 3.8% of our population having an Aboriginal identity (Statistics Canada, 2020). Peterborough is also home to a diverse population of immigrants comprising 8% of its residents (Government of Canada, 2019). In 2021-2022, the New Canadians Centre in Peterborough provided services to clients from 103 different countries, highlighting the multicultural fabric of the area (Welcome Peterborough, 2024). It is important to consider cultural awareness training and practices in the inclusion of the framework for this service, or working in collaboration with Indigenous service providers that can provide culturally significant services. Tailoring these services to meet the unique needs of a culturally diverse population not only fosters trust and comfort but also enhances the effectiveness of the support offered.

Our findings reveal a stark reality of increased demand, significant service provision gaps, and systemic barriers, including prolonged waitlists and inadequate resources, which collectively hinder effective support for this vulnerable demographic and beyond. Highlighting the identified service gaps and demand for service among youth under 16 who have experienced sexual violence, this underscores the necessity for KSAC and other stakeholders in the community of Peterborough to explore innovative solutions, such as collaborative models and expanded service offerings, to address the complex needs of young survivors. By providing an understanding of the current support service landscape, this study aims to catalyze the development of an accessible, trauma-informed and culturally sensitive service that align with the needs of youth affected by sexual violence identified in this research. Through targeted recommendations and a call for increased community awareness and collaboration, this research

contributes to the broader effort of ensuring all children and youth have timely access to the support they need, thereby fulfilling KSAC's mission to offer prevention and support services effectively to all survivors within the community.

Limitations

This research did not come without limitations. The largest limitation to be addressed is that we could not provide results or implications on funding structures and cost of resources for a program. Our original research was to include information on funding structures of agencies in Ontario that currently deliver counseling services to youth who have experienced sexual violence, in hopes to provide recommendations to the host organization and other service providers as to different and effective approaches to sourcing out funding to implement and continue a program. Unfortunately, due to minimal engagement from agencies that were sent a recruitment email, we only received data from one agency. To have it on record, the reported funding structure of this agency was from municipal grants that were awarded to the agency for this specific program which covers the cost of resources, and their counselor for this program is paid from charitable gaming funds - meaning that they volunteer at their local bingo hall and in return, funds are given to the agency. From this agency's view, they believed that this funding structure is innovative, but not stable and realistic for long-term support. The one piece of data acquired for this part of the original research shows a glimpse into the barriers of funding that many of these agencies face, having to come up with innovative ways to produce funding to provide service for the demand.

Another limitation that must be addressed is the paucity of existing research on interventions for youth who have experienced sexual violence that presented a considerable challenge. This gap in the literature is not merely an academic oversight but a substantial barrier to advancing the field and developing effective, evidence-based strategies to support this vulnerable population. Most of the literature examined discusses intervention methods that were the same as decades ago, which is not meant to imply that they do not work, but with developing technologies, research on interventions must be modernized to fit the current landscape as well to develop best practices for an under-researched population. This limitation was also suggested in the literature, pointing out that common treatments used on victims of youth sexual violence have not been vigorously tested for their actual effectiveness on this population, therefore more research needs to be done to establish best practice (Greenspan et al., 2013).

Furthermore, the issue of data granularity exacerbates the difficulty in understanding the true prevalence of sexual violence among youth. Most available statistics fail to disaggregate data based on age, merging youth occurrences of sexual related offenses with adult rates of occurrence. This aggregation can mask the specific patterns, trends, and needs of young survivors, diluting insights that could properly distinguish the need for this service in the community.

Additionally, because there is a lack of accessible data, we relied on reported crime rates in the area as a proxy for the prevalence of sexual violence among youth. Police reported data almost always significantly underestimates the actual incidence of sexual violence due to a myriad of factors, including stigma, fear of retribution, and the perceived or real lack of support from authorities or communities, which was identified in our research. Among all violent crimes, sexual assault was reported to the police in Canada at the lowest rate, with merely 6% of incidents in 2019 being brought to the authorities' attention (OCRCC, 2023). This disparity between reported rates and the actual incidence of occurrences introduces a significant limitation to our understanding of the true prevalence of youth experiencing sexual violence in the community, having then to make general perceptions as to the prevalence specific to this demographic.

Another limitation is related to the field of research being done. Services and research on sexual violence primarily involve females, with limited representation for other gender expressions. Though a majority of sexual violence victims are female, research should still be done to address the needs of other gender expressions as well as providing service for all victims, not specific to one gender. Much of the literature we reviewed involved only female participants, making this a limitation to our findings as it limits the generalizability to other populations.

A final notable limitation to our research had to do with our methods. It must be recognized that data from interviews were subjective in nature and could not be verified as objective in most cases. Employees provided their expert opinions to answer interview questions, but it must be recognized that their views cannot be fully representative of the agency as a whole, nor can they be quantified as many participants stated they do not keep records that quantify the amount to which they see of these incidents. To minimize the effects of this limitation, we included the use of complementary literature to both support and/or refute findings made during interviews.

Future Research

From the findings in this research, various avenues of future research can be explored. For one, because we did not collect enough data to be able to provide evidence on funding structures for resource and service implementation, this would be a potential avenue to explore further. This area is important to the development and continuity of a program for youth who have experienced sexual violence, as the research suggested that funding is a major barrier to service provision in Canada. If future research was done to explore innovative approaches to funding, whether that be how they divide core funding to provide the service or whether they source funding from other avenues, it would be important information to our sexual assault centre on how to practically and innovatively implement services when given limited funding.

During interviews, various other underrepresented populations in Peterboroughs service provision around sexual assault were identified among participants, suggesting directions for other research avenues into service provision in the community. One group that was highlighted was persons with intellectual disabilities or autism spectrum disorder (ASD), as it was mentioned that they face increased vulnerabilities to sexual violence but lack adequate service supports “What stands out in my care is that kids with disabilities are highly vulnerable and there's not very well coordinated services...I'm not sure we have really trained our staff to do a great job with that group, and also then the services that are already involved with them like community disability services, I'm not sure they've had the trauma informed training on how to provide that care”. Another agency stated “There are clients we tend to refer to other service providers, I would say most primarily it's those clients with severe intellectual disabilities, where we would be evaluating if they would be better served at another service”.

Another group identified as underserved was male individuals, specifically youth. One agency mentioned “ Masc (male) identifying youth really don't have a lot of resources in the majority of the places, their families or themselves would need to have access to private insurance to be able to pay for longer term services”. Both these groups identified in interviews as being underserved provide us with some compelling evidence that may warrant further exploration and research into developing more inclusive and accessible services. The indication that individuals with intellectual disabilities as well as male youth, are particularly vulnerable and underserved in the current landscape of sexual assault services in Peterborough, underscores a critical gap in service provision. This indication suggests the necessity for more inclusive and

equitable service models that can better accommodate the diverse needs of all youth, regardless of their gender identity, or functioning, ensuring no group remains underserved.

Another area that I would like to see researched for community benefit would be a strategic collaboration model for not only providing this service to youth who have experienced sexual violence, but also to address major barriers to current service provisions in many of our communities welfare, mental health and healthcare services as a whole. Collaboration between services was mentioned as a key recommendation in our research. Many participants made comments about the importance of collaboration between services, to provide a model of care that provides these youth with holistic support that addresses not just the immediate aftermath of sexual violence, but also the broader spectrum of their needs, including welfare, mental health, and advocacy. Such a model would ideally break down some of the existing barriers to service provision, ensuring a more seamless integration of services that can effectively respond to the complex and multifaceted challenges faced by these youth. By fostering strategic partnerships among different service providers, the goal would be to create a network of support that is both accessible and tailored to the unique needs of youth survivors. More research into how this model would effectively function between the service providers would need to be conducted, but with the interest of collaboration between services gathered in the current research, research on its functionality should be explored.

Conclusions

Results from our research pointed to a clear need for a service that provides counseling to youth who are survivors of sexual violence. Based on responses from key stakeholders in the community that have knowledge in the current landscape of both services offered and unmet needs, this was identified as a large concern to service providers. Specifically, many services in Peterborough who participated in the research did identify as providers who would take youth clients who have experienced sexual assault, but the key information that was mentioned in all of these interviews is that they would most likely not be seen in a timely manner and would not be given a specialized treatment specific to the needs of a youth survivor of sexual violence, as many service providers do not have counselors that provide treatments that are based on trauma and violence informed approaches.

Various recommendations were made for consideration if a service was to be adopted into the Peterborough community, with the biggest focus being adopting a model where both

individual and group/family counseling is provided as part of treatment. Barriers were also considered in the research as we thought it was important to consider what holds services from delivering quality and specialized care. These barriers highlighted a large disparity in funding and lengthy waitlists that halt services from not only providing care to youth who have experienced sexual violence, but also other mental health concerns. Findings from our research suggest there is an adamant need for the implementation of a specialized service that attends to the unique needs of a youth survivor of sexual violence and their families, so they can be provided service in a more timely and efficient manner that would provide a chance for greater treatment outcomes.

Appendix A: Interview Questions (Interview 1)

Research Question: Does Peterborough and surrounding area of Numberland, Kawartha Lakes and Haliburton need sexual assault specific services for children under the age of 16?

Greeting and Introduction:

- Welcome the participant.
- Briefly introduce yourself and your role in the research.

Informed Consent:

- Explain the purpose of the interview.
- Assure confidentiality and anonymity.
- Obtain written consent from the participant.

Section 1: General Information about the Agency:

1. Could you please share a brief introduction to your role within the agency?
2. Can you provide a brief overview of your agency's mission and the primary services it currently offers?
3. Can you elaborate on the types of support your agency provides (ex. Group therapy, individual therapy, crisis lines etc.) {Prompt: How many sessions do you offer?}
4. What age groups does your agency currently serve?
5. In terms of accessibility, how long is the typical waitlist for individuals seeking your services?
6. To better understand service eligibility, could you if your agency has any criteria individuals must meet to access your agency's services?

Section 2: Sexual Assault/Abuse Specific Care for Children/Youth:

7. Does your agency provide specialized care tailored to children and youth under the age of 16 who have experienced sexual assault or abuse? {Prompt: If so, could you detail the various types of supports available to this demographic in your agency?}
8. Does your agency collaborate with other local organizations or agencies that provide services specific to children under the age of 16 who are survivors of sexual violence? {Prompt: If yes, could you elaborate to the best of your ability what types of support this/these agencies/organizations offer?}

9. From your experience, has your agency received requests for sexual assault/abuse specific care for children and youth under 16? {Prompt: If so, could you provide an estimate of the annual number of such requests?} {Prompt: Could you elaborate on if your agency has noticed an increase in the average number of requests for these specific services in recent years (past 3 years for example) ?}

Section 3: Community Needs and Agency Gaps:

10. From your agency's perspective, do you believe there is an unmet need for sexual assault services for children under 16 in the community?
11. What challenges or gaps does your agency perceive in addressing sexual assault services for children under 16 within your agency?
12. What challenges or gaps does your agency perceive in addressing sexual assault services for children under 16 within the community?
13. If there is an identified need, what steps do you think could be taken to address it by your agency or in collaboration with other organizations in the community?

Closing Remarks:

- Thank the representative for their insights and time.
- Express your appreciation for their agency's commitment to community well-being.

Appendix B: Interview Questions (Interview 2)

Research Question: What types of support and resources are most effective in addressing the physical, emotional, and psychological needs of sexual assault survivors under the age of 16 and what level of funding is needed to implement these services?

Greeting and Introduction:

- Welcome the participant.
- Briefly introduce yourself and your role in the research.

Informed Consent:

- Explain the purpose of the interview.
- Assure confidentiality and anonymity.
- Obtain written consent from the participant.

Section 1: General Information about the Agency:

1. Could you please share a brief introduction to your role within the agency?
2. Can you provide a brief overview of your agency's mission and the primary services it currently offers?
3. Can you elaborate on the types of support your agency provides (ex. Group therapy, individual therapy, crisis lines etc.) {Prompt: How many sessions do you offer?}
4. What age groups does your agency currently serve?
5. In terms of accessibility, how long is the typical waitlist for individuals seeking your services?
6. To better understand service eligibility, could you explain if your agency has any criteria individuals must meet to access the agency's services?

Section 2: Sexual Assault/Abuse Specific Care for Children/Youth:

7. What are some promising practices that you are aware of related to victims and/or survivors of child sexual violence and have they been evaluated?
8. Can you describe the services that your organization provides to survivors of sexual violence who are under the age of 16 and/or their families? {Follow up: Do you offer 1:1, group, family-based therapy, or a mix of the above?}

9. Which of the modalities that you use for children survivors under 16 does your agency find to be the most efficient/successful? {Follow up: Can you elaborate on why/how you think it is the most effective/successful?}
10. What are the challenges your agency has noticed that are unique to providing services to victims of sexual violence who are under the age of 16? {Follow up: Has your agency addressed these challenges successfully, and if so, how?}
11. In your experience, what are some areas where you perceive gaps in the services your agency provides to children under 16 who have experienced sexual assault? {Follow up: What about in your community?}

Section 3: Funding and Resources

12. Could you share to the best of your knowledge, approximately how much (to the closest dollar amount) of your agencies overall funding is currently allocated specifically to support services and resources for children under 16 who are survivors of sexual assault? {Follow up: To what extent do you believe the current funding adequately supports the sexual assault services you offer to children under 16? Please elaborate on any funding related challenges or successes in providing these services}
13. Looking forward, are there specific funding needs or areas where additional resources could significantly improve the quality or reach of your sexual assault services for children under 16?
14. Is there any other feedback or suggestions you would like to provide that has not been discussed in the interview about sexual assault services for children under 16? Please share any insights you believe would contribute to the success and effectiveness of such a program.

Closing Remarks:

- Thank the representative for their insights and time.
- Express your appreciation for their agency's commitment to community well-being.

Appendix C: Recruitment Emails

Interview 1 Recruitment Letter

To	Participant
Cc	
Bcc	
Subject	Invitation to Participate in Research Study on Sexual Assault Services for Youth Under 16 in Peterborough

Dear [Recipient's Name],

I hope this message finds you well. My name is Kenzie Pilon, and I am a student researcher from Trent University. In partnership with Kawartha Sexual Assault Centre, we are conducting an important research study to better understand the community's needs regarding sexual assault services for child survivors in Peterborough and surrounding communities, and we invite you to participate.

Study Overview:

This research aims to gather valuable insights into the awareness, accessibility, and perceived effectiveness of sexual assault services for child survivors in Peterborough and surrounding areas. By participating in this study, you will contribute to a deeper understanding of the community's needs in relation to child sexual assault services and the current landscape of our communities support services for sexual assault survivors and their families.

Why Participate?

Your agency's perspective is crucial to the success of this study. By sharing your agency's experiences and your opinions, you can directly impact the improvement of sexual assault services in our community. Your input will remain confidential to the public, and your participation will be instrumental in creating positive change.

Participant Eligibility:

We are seeking individuals who work at Children's Aid Societies, mental health agencies, and agencies that support adult survivors of sexual assault in the community of Peterborough and surrounding areas of Kawartha Lakes, Haliburton, and Northumberland. The participant must be someone who directly works with clients who are survivors of sexual violence and has professional knowledge and training in supporting survivors of sexual violence.

How to Participate:

If you or someone in your agency are interested in participating, please reply to this email to schedule an interview with the primary investigator.

Interview Details:

- The interview will take approximately 45 minutes to complete.
- All responses will be kept confidential and anonymous to the public. You will have the choice to share your information and responses to our host organization Kawartha Sexual Assault Centre.
- Your participation is voluntary, and you may withdraw at any time.

Contact Information:

If you have any questions or concerns, please do not hesitate to contact the primary investigator at

kpilon@trentu.ca

Best regards,

Kenzie Pilon (kpilon@trentu.ca)

Student Researcher, Community-Based Research at Trent University

Interview 2 Recruitment Letter

To	Participant
Cc	
Bcc	
Subject	Invitation to Participate in Research Study on Sexual Assault Services for Youth Under 16

Dear [Recipients name],

I hope this message finds you well. My name is Kenzie Pilon, and I am a student researcher from Trent University. In partnership with Kawartha Sexual Assault Centre, we are conducting an important research study to better understand the community's needs regarding sexual assault services for child survivors in Peterborough and surrounding communities, and we invite you to participate.

Study Overview:

This research aims to gather valuable insights into the awareness, accessibility, and perceived effectiveness of sexual assault services for child survivors in Peterborough and surrounding areas. We also want to know what resources and funding are needed to provide adequate services to this demographic, by hearing from agencies who have implemented sexual assault services for child survivors around Ontario. By participating in this study, you will contribute to a deeper understanding of successful strategies for intervention and care for child survivors of sexual violence.

Why Participate?

Your agency's perspective is crucial to the success of this study. By sharing your agency's experiences and your opinions, you can directly impact the improvement of sexual assault services in our community. Your input will remain confidential to the public, and your participation will be instrumental in creating positive change.

Participant Eligibility:

We are seeking individuals who work at an organization, agency, or health group that is currently known to provide sexual assault services to children under 16 in Ontario. The participant must be someone who directly works with clients who are under 16 and are survivors of sexual violence and has professional knowledge and training in supporting child survivors of sexual violence. The participant must also have general knowledge about their organization's funding structure and the

funding allocated to child sexual assault services at their organization. More than one person could participate in the study on behalf of the agency if these areas of knowledge are dispersed between more than one individual in the agency.

How to Participate:

If you or someone in your agency are interested in participating, please reply to this email to schedule an interview with the primary investigator.

Interview Details:

- The interview/survey will take approximately 45 minutes to complete.
- All responses will be kept confidential and anonymous to the public. You will have the choice to share your information and responses with our host organization Kawartha Sexual Assault Centre.
- Your participation is voluntary, and you may withdraw at any time.

Contact Information:

If you have any questions or concerns, please do not hesitate to contact the primary investigator at kpilon@trentu.ca

Best regards,

Kenzie Pilon (kpilon@trentu.ca)

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