

ASSOCIATION
OF ALBERTA
**SEXUAL ASSAULT
SERVICES**

Understanding Sexual Violence
Help-Seeking and the Role of Specialized
Support and Information Lines in Alberta

MAY 2026

ACKNOWLEDGEMENTS

This report was produced by the Association of Alberta Sexual Assault Services (AASAS) in partnership with Calgary Communities Against Sexual Abuse (CCASA) and the Sexual Assault Centre of Edmonton (SACE).



The development of this report was carried out under the direction of Haley Scott, Co-Chief Executive Officer, Association of Alberta Sexual Assault Services in collaboration with Luminis Consulting. A brief literature review on help-seeking and helpline support for sexual violence was prepared by Sarah Fotheringham Consulting Ltd. to inform the research for this report.



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INTRODUCTION

This report brings together five years of data from three Alberta-based specialized sexual violence support and information lines: Alberta's ONE LiNE for Sexual Violence, the Calgary Communities Against Sexual Abuse (CCASA) Support and Information Line, and the Sexual Assault Centre of Edmonton (SACE) Support and Information Line. Together, these lines respond to a significant portion of formal help-seeking for sexual violence in the province and offer a window into how, when, and why people reach out for support.

The three lines were selected because they share a common data infrastructure, including consistent definitions, recording practices, and a shared database. This alignment makes cross-service analysis possible and strengthens the reliability of the findings presented here.

Each line plays a distinct but complementary role within Alberta's service landscape. The ONE LiNE operates as a provincial access point, designed to reach people across Alberta, particularly those with limited access to specialized services¹. The CCASA and SACE lines function as regional entry points into their respective organizations, providing immediate support while connecting individuals to services and programs in Calgary and area and Edmonton and area.

Other sexual assault services across the province also operate support and information lines and play an important role in Alberta's response to sexual violence. These lines are not included in this analysis simply because they do not share a common dataset with the three lines examined. As a result, the findings reflect a meaningful but partial picture of provincial help-seeking.

Across all three lines, the core function is consistent. They provide immediate, trauma- and violence-informed, survivor-centred support, along with information and connection to services. People reach out for many reasons, including to talk through what has happened, make sense of their experiences and the impacts, navigate feelings such as confusion, shame, or self-blame, understand their options, and consider what they want to do next.

Alberta's ONE LiNE for Sexual Violence

1-866-403-8000 | aasas.ca

CCASA
Support &
Info Line

403.
237.
5888

sace
SUPPORT &
INFO LINE

780.
423.
4121

These needs are met through a range of specialized responses. Responders provide immediate support focused on safety and stabilization, including addressing acute distress and supporting emotional regulation. They offer emotional support centred on validation, belief, and the normalization of trauma responses. They share sexual violence-specific information and psychoeducation covering trauma impacts, common myths, and available medical, legal, and reporting options. They provide clear, non-directive guidance on options, resources, and next steps, with a consistent emphasis on choice, control, and autonomy. This support also extends to those responding to disclosures, including friends, family members, and professionals seeking guidance.

A Note on the Data

Data included in this report is drawn from information callers and chatters shared during their interaction. Details are recorded only when offered, and the data that follows reflects what people chose to share at the time of contact.

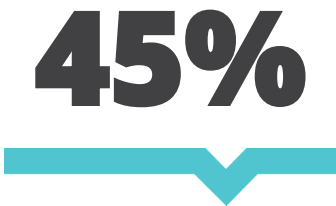
Contacts fall into two broad categories: support conversations and information and access conversations.

- **Support conversations** are interactions where individuals seek in-the-moment support related to sexual violence, including emotional support, validation, and space to process their experiences. They may also involve learning about sexual violence and its impacts, exploring available supports and services, or thinking through next steps.
- **Information and access conversations** are briefer and more practical, focused on obtaining specific information or connecting with a resource, such as confirming hours, locations, or how to reach a particular service. Though limited in scope, these contacts reflect an important function of the lines as an accessible entry point to specialized, trauma-specific services.

THE PREVALENCE OF SEXUAL VIOLENCE IN ALBERTA

Sexual violence has directly impacted the lives of an estimated 1.8 million Albertans, a figure representing approximately 45% of the province's population.² Seventy-five percent of those experienced sexual abuse before the age of 18.³ Among women in Canada aged 15 and older, roughly 30% have experienced sexual assault outside of an intimate relationship at some point in their lives, and nearly one in ten Canadians experienced some form of sexual abuse before the age of 15.⁴ These figures describe the baseline reality against which specialized sexual violence services operate every day.

A closer look at the data reveals important differences across populations. Nearly half (46%) of Indigenous women are sexually assaulted in their lifetime, compared to roughly 30% of non-Indigenous women. Women living with a disability are nearly twice as likely as women without a disability to have been sexually assaulted in the past year. Young women aged 15 to 24 are sexually assaulted five times more often than women aged 25 to 34. Unwanted sexual behaviour in public is directed towards transgender Canadians at roughly twice the rate experienced by their cisgender peers.⁵ People who cause sexual harm disproportionately target populations that already face significant structural barriers to accessing services and support. These patterns are not random. They reflect patterns of perpetration that intersect with systems of inequality.



45%

of Albertans have
experienced sexual
violence.



75%

of those Albertans
experienced sexual
abuse before the
age of 18.

Even the statistics available substantially undercount the problem. Sexual violence is widely understood to be the most under-reported crime in Canada, with an estimated 95% of survivors never bringing their experience to police.⁶ Police reports are filed in only 6% of sexual assaults, compared with 36% of physical assaults. For every 1,000 sexual assaults reported to the police in Canada, only 52 led to a guilty finding and a sentence of custody.⁷ For survivors navigating this reality, formal systems offer limited prospect of recognition or accountability, and many are understandably reluctant to engage with them.

Alberta saw a 21% rise in police-reported sexual assaults between 2020 and 2021.⁸ This pattern is mirrored nationally, where the rate of police-reported sexual assault in 2021 was 18% higher than in 2020, the highest recorded since 1996.⁹ While these trends reflect shifts in reporting behaviour, they do not resolve the fundamental gap between incidence and disclosure.

This is precisely where specialized helpline data becomes a valuable, if partial, window into a largely under-recognized problem. People who call, text, or chat with a sexual violence support and information line have taken a significant step. They have identified a need, found a resource, and reached out. The five years of data examined in this report represent thousands of those moments of contact, and while they too capture only a fraction of those affected by sexual violence in Alberta, they document patterns of need, timing, and experience that published prevalence statistics cannot. What emerges from that data is a clear picture of who is reaching out, what they need in the moment, and the distinct support that specialized services provide.

95%

of survivors never
report sexual violence
to police across
Canada.

21%

rise in police-reported
sexual assaults from
2020 to 2021
in Alberta.



SPECIALIZED SEXUAL VIOLENCE SUPPORT & INFORMATION LINES

Sexual violence is a specific form of trauma, and supporting survivors requires specific expertise. The dynamics that shape how people experience sexual violence are distinct from those associated with other forms of crisis or mental health need. In many cases, the person who caused harm is someone the survivor knows, trusts, or depends on. This interpersonal context shapes how survivors make sense of what happened, including experiences of shame, self-blame, fear of not being believed, and the complex relationship many have with seeking support.

Most people who experience sexual violence do not seek formal support¹⁰, and when they do disclose, it is most often to someone they know, such as a friend or family member.¹¹ These disclosures do not always result in supportive responses.¹² Survivors may be met with doubt, minimization, or blame, experiences that can worsen trauma impacts and discourage further help-seeking.¹³

Survivors may also encounter harmful or dismissive responses when interacting with formal systems such as police or healthcare.¹⁴ As a result, when a survivor reaches out to a specialized support and information line, they are often doing so after attempting to make sense of what happened on their own, after not being believed, or after receiving responses that did not meet their needs. In some cases, these prior experiences can compound the harm of the original violence and intensify emotional distress.¹⁵

These experiences shape both how survivors approach seeking support and what they need in the moment. At the same time, accessing specialized services depends on their visibility. Survivors must be able to easily find and recognize these lines as a relevant and appropriate option when they are ready to reach out.

Responding well to a survivor in the moment requires deep familiarity with trauma responses specific to sexual violence, including an understanding of delayed or partial disclosure as a normal response to this form of harm. It also requires working knowledge of the provincial systems survivors may need to navigate, including police reporting processes, medical care including forensic examinations, and sexual assault services.

General crisis and mental health lines serve an important and broad function in Alberta's support landscape. Specialized sexual violence support and information lines serve a different and complementary one. Where general services are designed to respond to a wide range of presenting needs, specialized lines are built entirely around the experience of sexual violence. Their staff are trained in trauma- and violence-informed approaches specific to this form of harm. They understand the language survivors use, recognize the significance of what is left unsaid, and know how to hold space for disclosures that may be tentative, fragmented, or decades in the making. This distinction is not about the quality of care offered elsewhere. It is about alignment between the nature of the harm and the response provided. A survivor reaching out following sexual violence deserves a responder who has been trained for that conversation.

Equally important is access. These specialized support and information lines offer contact by phone, text, and chat, removing barriers that might otherwise prevent someone from reaching out. Not everyone can make a phone call safely or privately. Not everyone is ready to speak. Text and chat options extend the reach of specialized support to people who might never pick up the phone. This includes younger survivors, those in unsafe living situations, and those for whom putting words in writing feels more manageable than speaking them aloud. Research on specialized support and information lines confirms this: studies show that the addition of text and chat services increases help-seeking, particularly among young people who prefer non-voice channels, and that anonymous access lowers barriers for those uncertain about seeking formal support.¹⁶

Support and information lines also play a distinct role within the broader sexual violence continuum of care in Alberta. While survivors may access counselling, police and court support, or other services at different points in their journey, these lines are often the most immediate and accessible point of contact. They are available at the times and in the moments when other services are not, including outside of standard service hours and at the point when someone first decides to reach out, and can be accessed without an appointment, intake, or disclosure of personal information.

Immediate access to specialized support, at the moment someone is ready to seek it, is not a convenience. It may be the difference between a survivor taking a first step towards support and continuing to carry the experience alone. In those moments, the response must be able to meet a range of needs, from emotional support and validation to information, risk assessment, and connection to services. The data that follows provides a view into how these moments of contact unfold in practice, including when people reach out, what they are seeking, and how specialized responders engage with those needs.

A Snapshot From Three Specialized Lines

Over the five-year period from 2021 to 2025, these specialized support and information lines collectively handled 41,223 conversations, an average of just over 8,200 per year, from over 135 communities across the province. That overall volume has remained remarkably consistent across the period, ranging from a low of 8,101 in 2024 to a high of 8,375 in 2023. This stability suggests sustained and ongoing demand for specialized support across the province.

For two of the three lines included in this report, the line functions as a primary point of entry, or "front door," to broader organizational services. As service delivery has expanded and more individuals access counselling and other sexual assault service supports, the volume of contacts related to service access and information has increased, reinforcing the role these lines play as a central access point for specialized, trauma-specific services.

Those conversations came from 16,233 unique callers*, an average of approximately 3,555 unique callers per year. The fact that total contacts exceed unique callers by more than two to one indicates that many people reach out more than once, a pattern that speaks to the trust these services build and the ongoing role they play in callers' lives.

* Throughout this report, "caller" is used to describe anyone who reached out to the lines, regardless of whether they did so by phone, text, or online chat. Where a specific contact method is relevant, it is named.

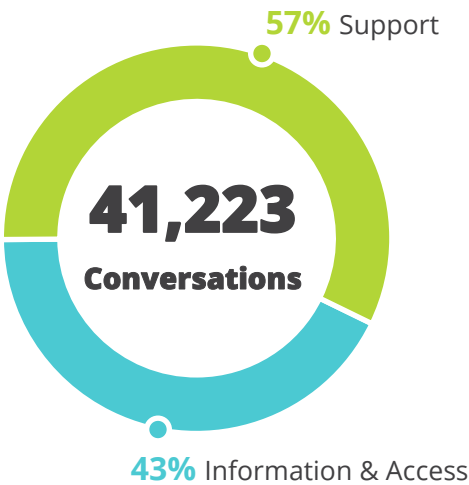


Figure 1: Distribution of Conversations
Share of support and information and access conversations among the 41,223 contacts between 2021 and 2025.

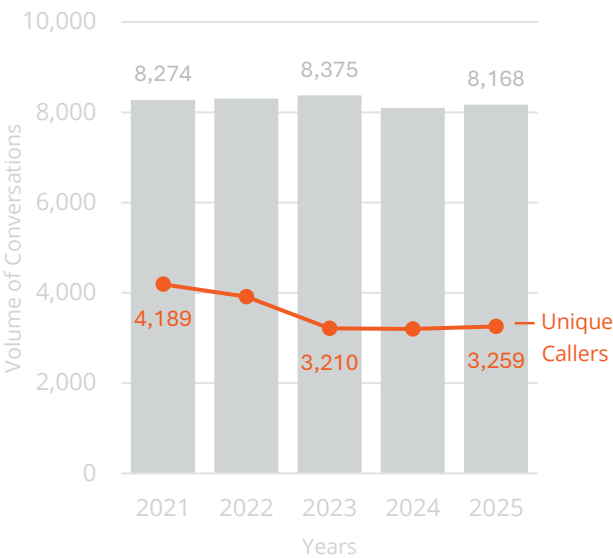


Figure 2: Annual Conversations & Unique Callers
Annual totals for conversations and unique callers, 2021–2025.

A Note on Scope

- The analysis in the sections that follow draws on the **23,634 support conversations only**. Information and access conversations are excluded, and references to contacts or conversations from this point forward refer to support conversations.

Across the three lines, method of contact is shaped in part by service design. CCASA and SACE offer phone-based support only, meaning all contacts to those lines occur by phone, while ONE LiNE provides phone, text, and chat options.

In 2021, phone accounted for 47% of ONE LiNE's contacts, with chat accounting for 43% and text message for 10%. By 2025, that distribution had shifted considerably, with phone rising to 59% of contacts and chat declining to 29%, while text held relatively steady at 12%. The gradual shift toward phone within ONE LiNE's own contact mix may reflect growing comfort and familiarity with the service among repeat callers, changes in how the line is discovered, or callers' preference for dealing with a real person in an era when AI and chat bots tend to dominate online interactions.

What the ONE LiNE data makes clear is that when text and chat are available, a substantial portion of people reaching out will use them. This suggests that access to multiple contact methods reduces barriers to help-seeking and enables a broader range of people to connect with specialized support.

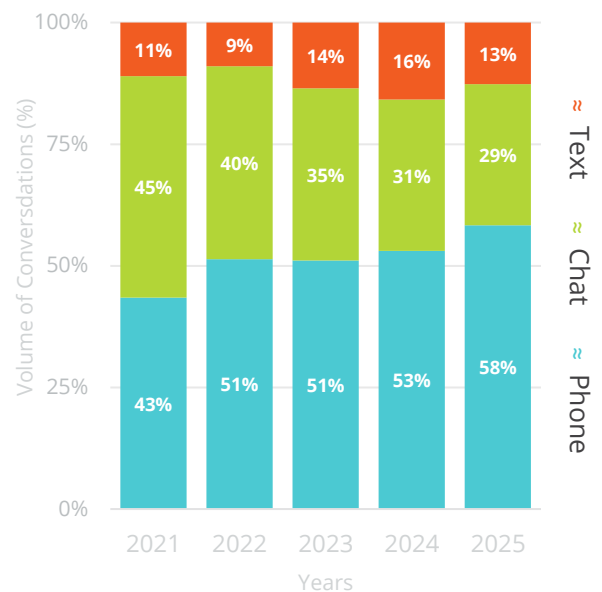


Figure 3: Contact Methods by Year

Annual distribution of contact methods used to access ONE LiNE, 2021–2025.

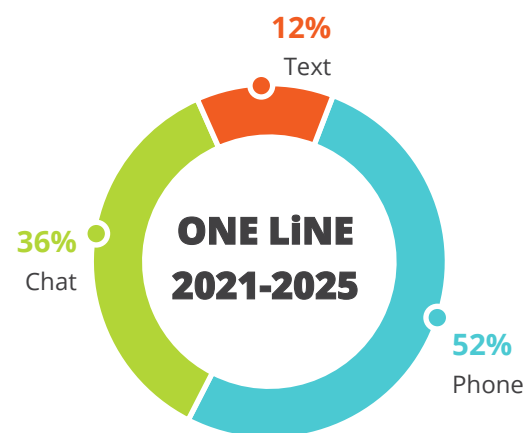


Figure 4: Distribution of Contact Methods

Overall distribution of contact methods used to access ONE LiNE, 2021–2025.

CORE AREAS OF INQUIRY

The analysis that follows is organized around five Core Areas of Inquiry, asking who is reaching out to these specialized support and information lines, when they do so, what they are disclosing, what actions responders take, and what difference that immediate, specialized support makes. Each subsection presents findings from five years of aggregated data across the three lines, with observations on patterns and trends.

Creating conditions where individuals can access support without pressure to disclose is central to trauma- and violence-informed, survivor-centred services. Not everyone who reaches out chooses to share information about what happened, when it occurred, or aspects of their identity, and they are not expected to. People can reach out on their own terms, including when they are uncertain, not ready to share, or choosing to remain anonymous.

Unknown or undisclosed data should therefore be read not as a limitation, but as a reflection of trauma- and violence-informed practice. It is an expected feature of service delivery that prioritizes choice and control over completeness in data collection. The insights that follow have been drawn from disclosed information, while recognizing that gaps in the data are inherent to this approach.

1

Who seeks help?

2

When do people seek help?

3

What types of sexual violence are disclosed?

4

What responses are provided?

5

What difference does immediate support make?

Who Seeks Help?

Across the 23,634 conversations recorded over the five-year period, most contacts were made by survivors themselves. Where the type of caller is known, survivors account for 80% of all support contacts, reflecting the direct and personal nature of what these lines provide. Support persons, including family members, friends, and partners calling on behalf of or alongside a survivor, made up a further 14% of contacts. Professionals such as teachers, counsellors, and social workers accounted for an additional 5%. Of note, contacts from individuals identifying as a person who has used sexually abusive behaviour represented roughly 1% of support conversations. While that may seem insignificant, these contacts are a meaningful signal: someone who has caused harm and is reaching out to a specialized line is taking a step that most do not. That these calls are received and responded to reflects the breadth of what specialized lines are equipped to handle.

Of note, contacts from individuals identifying as a person who has used sexually abusive behaviour represented roughly 1% of support conversations. While that may seem insignificant, these contacts are a meaningful signal: someone who has caused harm and is reaching out to a specialized line is taking a step that most do not. That these calls are received and responded to reflects the breadth of what specialized lines are equipped to handle.

While most contacts are made by survivors, a meaningful proportion come from support people and professionals. This pattern is consistent with research on specialized sexual violence support and information lines, which finds that a significant share of contacts are made by individuals seeking guidance on how to respond to a disclosure, including family members, friends, and professionals.¹⁷ Specialized lines function not only as a resource for survivors, but also as a source of support for the people around them.

The age and gender identity data that follow describe survivors as a whole, including both those who reached out themselves and those whose experiences were brought to the lines by a support person or professional.



Figure 5: Types of Callers
Distribution of caller types across contacts, 2021–2025.

Survivor Demographics

Among the contacts where age was disclosed, adults between 25 and 64 accounted for the largest share at 59%. Young adults aged 18 to 24 represented 12%, while adolescents aged 13 to 17 accounted for 11% and children aged 12 and under for 5%. These proportions are consistent with research on comparable specialized lines, where approximately 64% of contacts come from people aged 18 and older and 14% from those under 18.¹⁸ Seniors and elders aged 65 and older made up 13% of contacts where age was disclosed, a proportion that challenges assumptions about who experiences or discloses sexual violence and underscores the importance of services that are accessible across the full lifespan.

The correlation between caller type and survivor age is worth noting. Support persons are more likely to be calling on behalf of younger survivors, suggesting that adolescents and children are often brought into contact with these services through a trusted adult rather than reaching out independently. Support persons are also more likely to be female, which is consistent with broader patterns of caregiving and help-seeking behaviour.

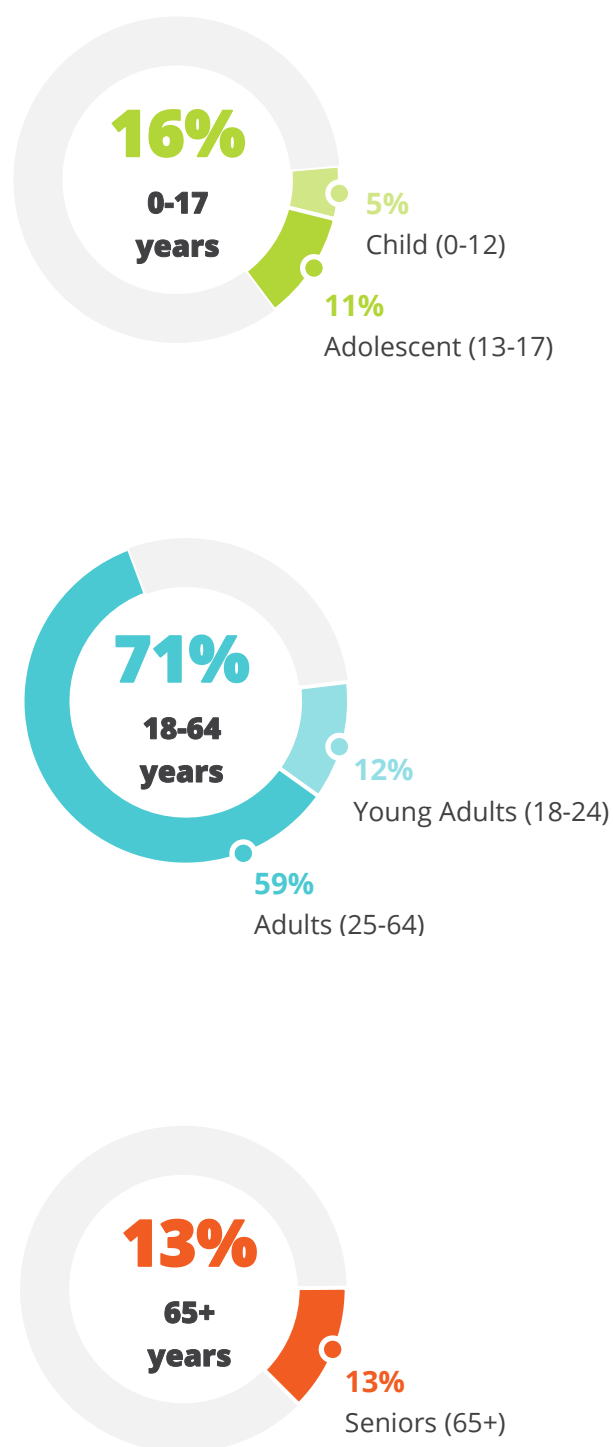


Figure 6: Age Range of Survivors
Distribution of survivors by age group, 2021–2025.

Among contacts where gender identity was disclosed, women and girls accounted for 85% of survivors, and men and boys for approximately 10%. Transgender survivors represented 4% of disclosed contacts, and non-binary survivors just over 1%.

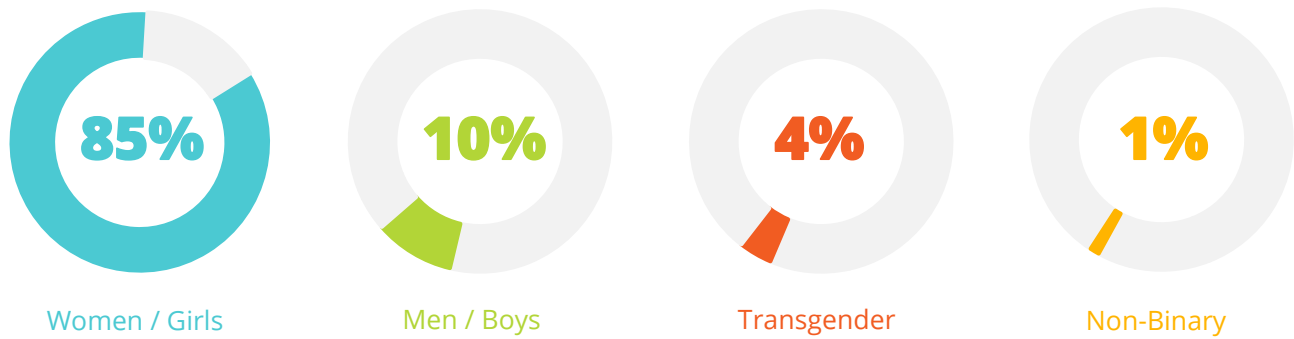


Figure 7: Survivor Gender Identity

Distribution of survivors by gender identity, 2021–2025.

These proportions are consistent with what broader research on specialized support lines has found, where approximately 80% of callers identify as female.¹⁹ Research also suggests that the anonymous nature of these services may make them comparatively more accessible to male survivors than other support options, given the particular barriers around stigma and disclosure that men who have experienced sexual violence tend to face.²⁰

Women and girls have consistently accounted for the large majority of survivor contacts across all five years, though their share declined modestly from 90% in 2021 to 83% in 2025. The proportion of contacts from men and boys remained relatively stable over the same period, ranging from 6% to 12%. The most notable shift is among transgender callers, whose share rose from 2% in 2021 to 7% in 2025.

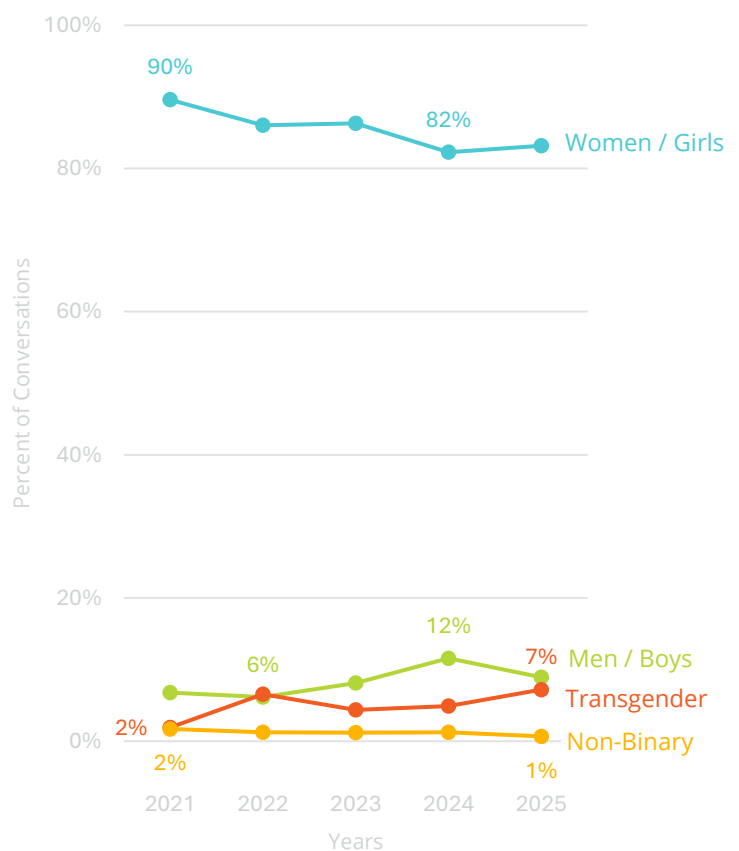


Figure 8: Annual Contacts by Survivor Gender Identity

Yearly comparison of contacts by gender group from 2021–2025. The highest and lowest data points on each line are labelled.

2 When Do People Seek Help?

The question of when people seek help has two dimensions: the recency of the sexual violence itself at the time of contact, and the chronology of contact, meaning the time of day, day of week, and month of year when people reach out. Both dimensions reveal patterns that speak directly to how and why specialized, accessible support matters.

The timing of help-seeking does not simply mirror when the harm happens. Instead, it reflects when people feel able and ready to reach out, indicating that help-seeking is often a considered and deliberate process. Research suggests people weigh whether services are “accessible, appropriate, and likely to meet their needs” before reaching out.²¹ Research also finds that some survivors delay or forgo help-seeking because they view the incident as not serious enough to warrant support, or as a private matter.²²

The data captures a dimension of sexual violence help-seeking that is often misunderstood: the distance in time between when violence occurs and when someone reaches out for support. Among contacts where recency was disclosed, the single largest category across all five years was sexual violence that occurred more than one year before the call was made, ranging from 56% to 67% in any given year. Sexual violence within the last year accounted for roughly 11% to 15% of contacts, while the most recent incidents, those within the previous 96 hours, represented approximately 8% to 14%. Together, sexual violence within the past month accounted for roughly 20% to 29% of all contacts where timing was disclosed.

Research suggests that help-seeking after sexual violence often follows two patterns: immediate support sought shortly after an assault, and delayed disclosure occurring months or years later. Studies of comparable specialized lines have found that between 16.8% and 34.9% of contacts occur three or more years after the assault, while other studies report that 29.1% to 50.5% of contacts occur within 72 hours.²³ The data reflects both of these patterns. These lines are not primarily acute support services. They serve survivors at various points in their healing, including those processing experiences from years or even decades earlier, and the need they address does not diminish with time.

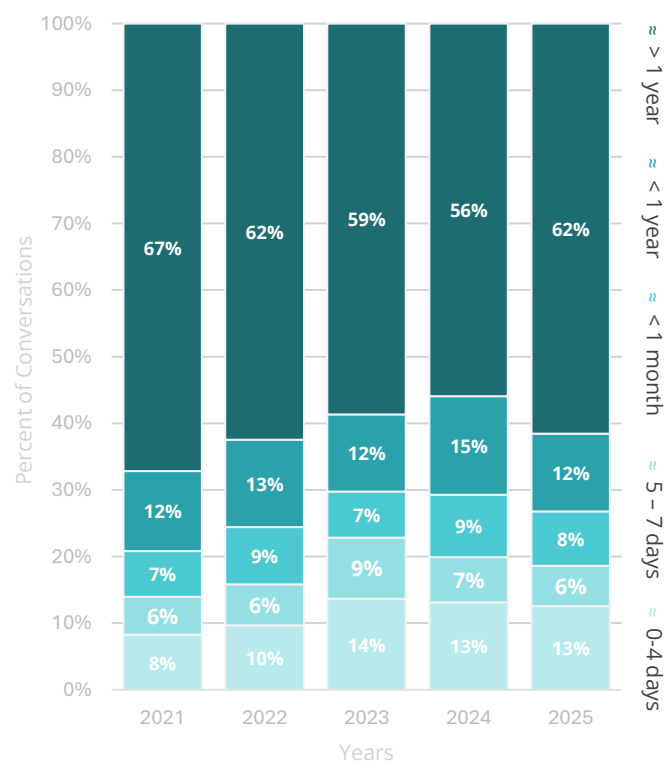


Figure 9: Recency of Sexual Violence by Year
Recency of the sexual violence at time of contact, by year, 2021–2025.

Recency varies meaningfully by who is making the contact. Survivors reaching out on their own behalf were the most likely to be contacting the lines about sexual violence that occurred more than one year earlier, at 65% of disclosed contacts, with only 10% relating to sexual violence within the previous 96 hours.

When a support person reached out alongside a survivor, the distribution shifted modestly, with 57% of contacts relating to sexual violence more than a year prior and 7% to harm within the previous 96 hours.

The shift becomes more pronounced when support persons or professionals contact the lines without the survivor present. Among these contacts, the proportion involving sexual violence within the previous 96 hours rose to 17% for support persons and 22% for professionals. This may reflect the role these callers play in seeking information and immediate guidance in response to a recent disclosure.

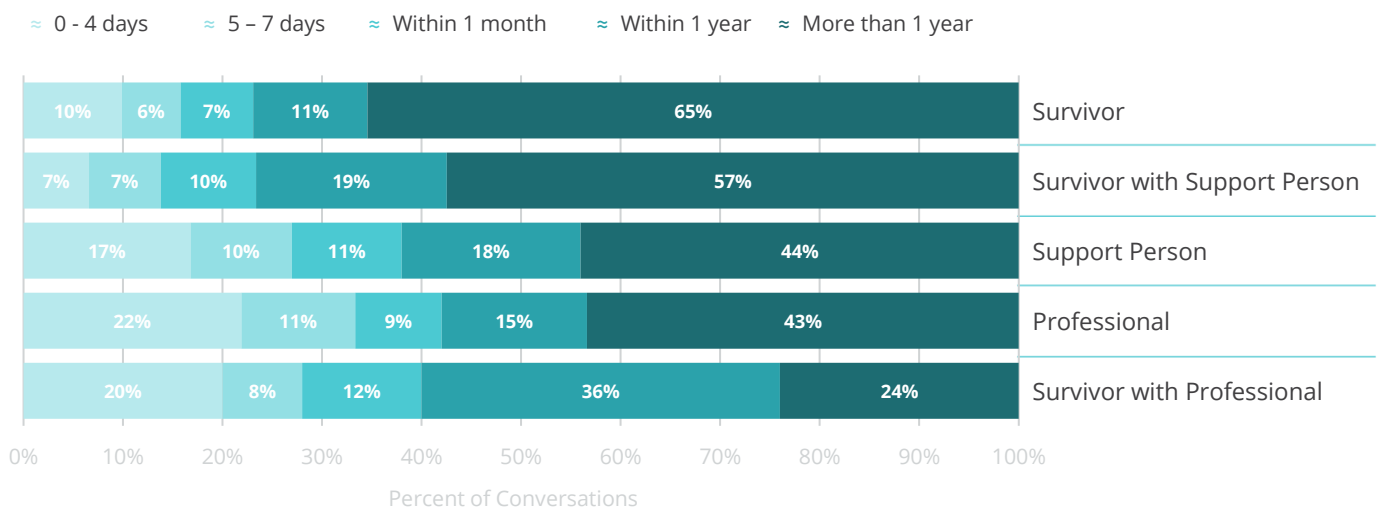


Figure 10: Caller Type & Recency of Sexual Violence
Recency of the sexual violence by caller type, 2021–2025.

A particularly distinct picture emerges among professionals contacting the lines together with a survivor. In this group, 20% of contacts involved sexual violence within the previous 96 hours, and 76% involved sexual violence within the past year, compared with 35% among survivors calling alone. Only 24% related to harm that occurred more than a year earlier. When sexual violence is disclosed within a professional setting, it may increase the likelihood of timely connection to specialized sexual violence services, highlighting the importance of a well-informed and responsive broader service system.

These findings align in direction with the literature. Research on comparable lines finds that non-survivor callers, including professionals, family members, and friends, are more likely than survivors themselves to reach out shortly after a sexual assault, with one study reporting 65.5% of non-survivor calls within 72 hours.²⁴ Support persons and professionals appear to engage earlier in the help-seeking process, often in direct response to a disclosure, shaping how survivors are supported in the immediate aftermath of harm.

Chronology of Contact

Across all support conversations, contact volume is concentrated during weekday daytime hours. Monday is the busiest day, followed by Tuesday through Thursday at similar levels. Friday departs from this pattern, with slightly lower volumes. Weekend volumes are notably lower, with Saturday and Sunday each accounting for roughly half the volume of peak weekdays.

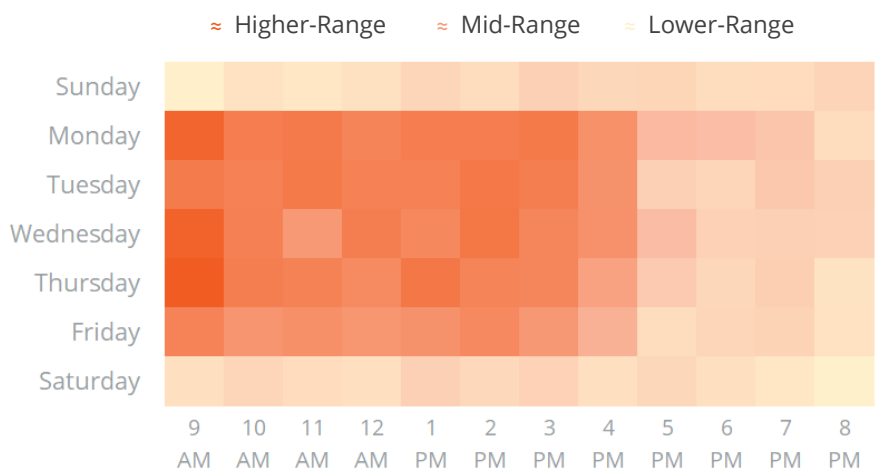


Figure 11: Volume of Contacts by Day of Week
Contact volume by hour and day of the week, 2021–2025.

Within each day, contact volume is consistently high from 9 AM through mid-afternoon. On Fridays, this pattern is less pronounced, with lower peak volumes and an earlier drop in the afternoon. Volume tapers into the evening, with meaningful levels of contact continuing into the early evening hours.

This pattern reflects practical realities. While the data does not indicate why this pattern occurs, it suggests that help-seeking is shaped not only by need, but by when individuals are able to access support.²⁵ This reinforces the importance of ensuring that specialized services are consistently available across a range of times and access points.

Monthly call volumes follow a consistent seasonal rhythm across the five-year period. While total annual volumes vary, the relative distribution of contacts by month remains stable, suggesting the rhythm reflects broader dynamics in when people are able or ready to seek support rather than fluctuations in underlying demand.

The year typically opens with stable, near-baseline volumes from January through March. April represents one of the lowest volume months of the year. Contact numbers then gradually rise through late spring and early summer, returning to baseline by July. A modest decline follows in August before volumes begin to climb through the fall, reaching a clear peak in October, the highest-volume month across all five years. Volumes then decline through November and into December, which represents the lowest point in the annual cycle.

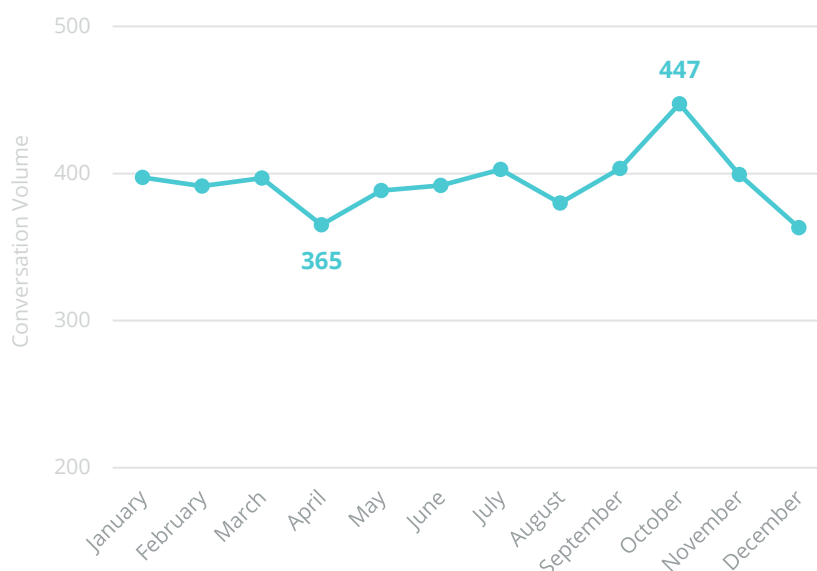


Figure 12: Average Monthly Volume
Average monthly contact volume, 2021–2025.

Additional analysis was undertaken to better understand what might be driving this seasonality. Across key variables, including caller type, age, relationship to the person who caused harm, and the recency of the sexual violence, monthly distributions remained largely stable, with only minor variation and no consistent spikes throughout the year. The composition of contacts does not shift meaningfully from month to month, nor does the nature or timing of the sexual violence being discussed.

Seasonal fluctuations in call volume therefore do not appear to be driven by changes in who is reaching out or what they are reaching out about. They appear instead to reflect broader life circumstances that shape when people are able and ready to come forward. Lower-volume months should not be understood as periods of reduced need, nor higher-volume months as increases in the occurrence of sexual violence. The fluctuations point to the importance of consistent, accessible support throughout the year.

The five-year period also shows longer-term variation in overall volume. The first half of the data period, from June 2021 through early 2022, saw consistently higher contact volumes, while the period from late 2024 into early 2025 saw consistently lower volumes before contact numbers gradually climbed again toward the end of 2025.

What Types of Sexual Violence Are Disclosed?

Across 23,634 support conversations during the five-year period, callers disclosed 17,456 instances of sexual violence of various types, revealing that some contacts involved more than one form of sexual violence being named.

Sexual assault was the most frequently identified type, accounting for 45% of the total, with suspected sexual assault adding a further 4%. Suspected sexual assault refers to contacts where the caller is exploring or questioning an experience and has not yet fully identified it as sexual violence. For some survivors, this understanding does not arrive all at once, and the act of reaching out is itself part of making sense of what happened. Research on support and information line use finds that some callers contact these services specifically to work through whether what they experienced constitutes sexual violence, reflecting uncertainty about definitions and the nature of consent.²⁶

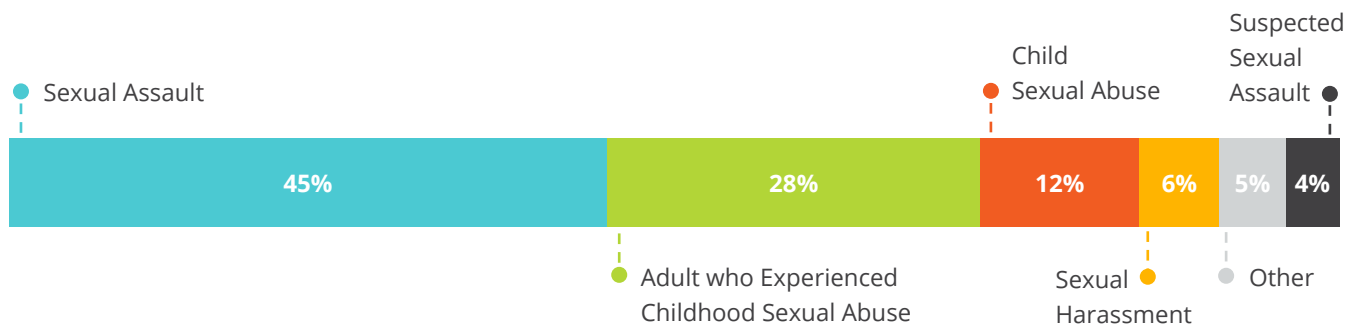


Figure 13: Types of Sexual Violence

Distribution of disclosed types of sexual violence, 2021–2025.

Adults calling in relation to childhood experiences of sexual abuse represented 28%, while contacts involving child sexual abuse occurring in the present, including child sexual exploitation, accounted for 12%. Together, these two categories represent one of the most significant areas of need across the data period, with roughly one in four identified instances of violence relating to child sexual abuse, whether historical or current.

Sexual harassment, including online sexual harassment, accounted for 6% of disclosed sexual violence. Contacts also reflected a wide range of other forms of harm, including non-consensual photo and video sharing, domestic violence, sexual coercion, sex trafficking, elder abuse, and suspected child abuse.

Relationship to the Person Who Caused Harm

The data on those who caused harm adds an important dimension to understanding what callers are navigating. Among contacts where these details were disclosed, 96% of survivors identified someone known to them. Family members represented the largest single identified category, followed by intimate partners and former partners, acquaintances, and friends. Strangers accounted for fewer than 500 instances across the entire five-year period.

This pattern directly challenges the common misconception that sexual violence is most often committed by strangers. It also underscores why specialized support must be equipped to navigate harm that occurs within families and close or ongoing relationships, where the dynamics of disclosure can be particularly complex.

Research confirms that survivors are less likely to disclose sexual violence committed by someone close to them than violence committed by a stranger or lesser-known person.²⁷ This shapes not only whether survivors reach out but how much they are willing to share when they do, and underscores the importance of non-directive, survivor-led conversations.

A notable portion of responses regarding relationship to the person who caused harm fell into an "Other" category. On closer examination, this reflects the wide range of relationships within which sexual violence occurs, including roommates, neighbours, landlords, step-relatives, family friends, and clients, among others. These relationships resist simple categorization but collectively illustrate that the harm survivors are navigating is often deeply embedded in the fabric of their daily lives.

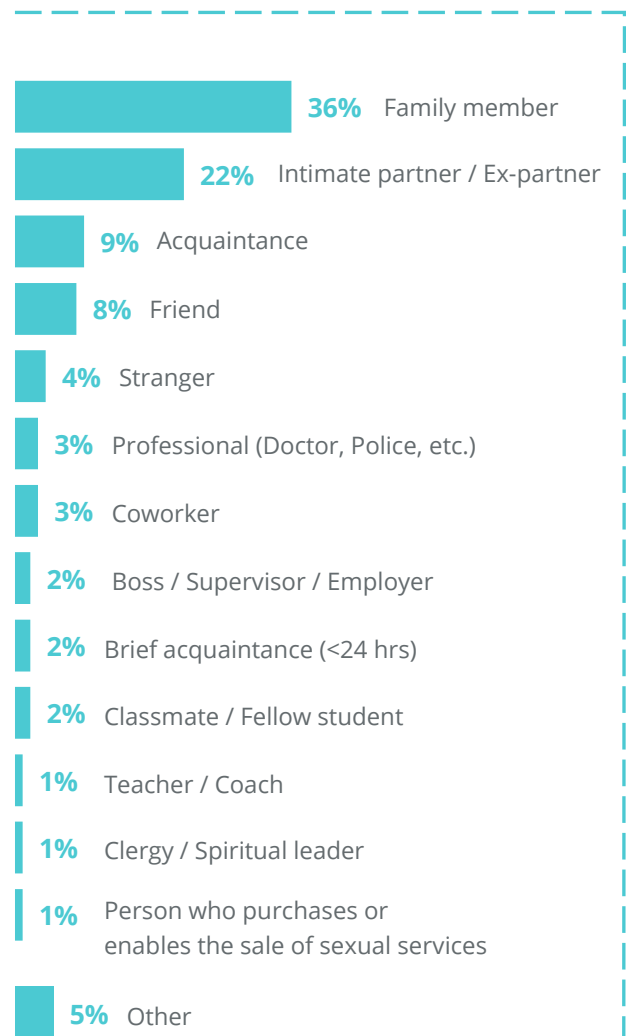


Figure 14: Person Who Caused Harm
Relationship to the person who caused harm, 2021–2025.

Timing of Help-Seeking and Relationship to the Person who Caused Harm

The relationship between the survivor and the person who caused harm shapes the timing of help-seeking in a consistent pattern. Contacts involving family members, intimate partners, friends, and others with whom survivors typically have ongoing relationships were more likely to occur months or years after the violence. Contacts involving strangers and brief acquaintances showed a stronger tendency toward earlier help-seeking.

The most pronounced delay appears when the person who caused harm was a family member, with 88% of contacts occurring more than one year after the violence. Intimate partner contacts show a more distributed pattern, with 48% occurring more than one year out but a meaningful share spread across earlier windows, including 11% within the first four days. This may reflect the layered dynamics of intimate partner sexual violence, where barriers to disclosure coexist with immediate safety concerns or escalating harm.

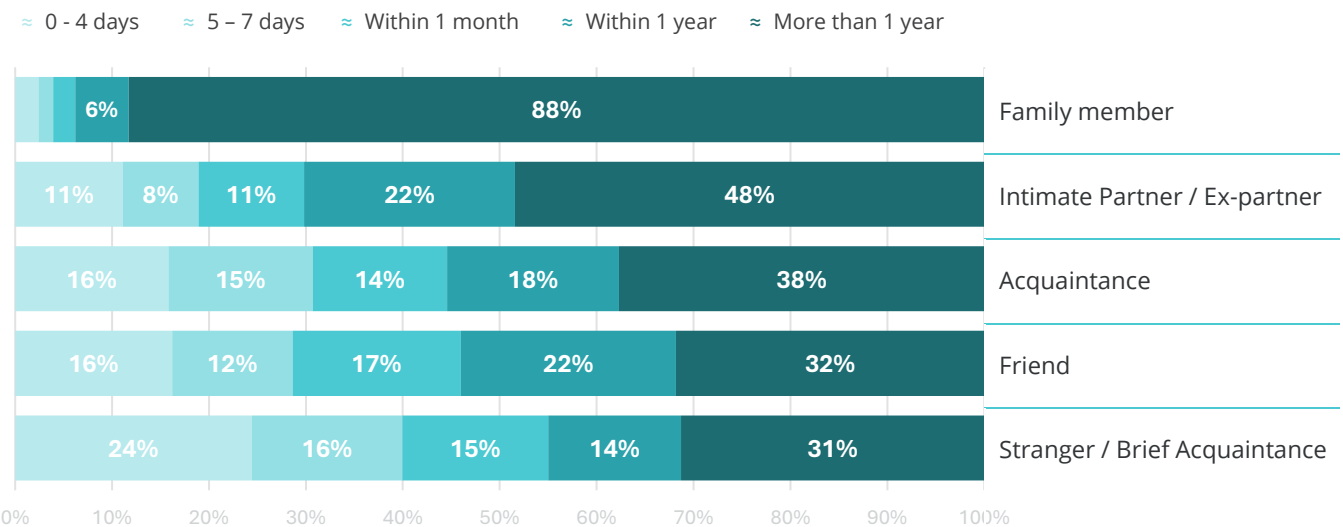


Figure 15: Person Who Caused Harm and Recency of the Sexual Violence
Recency of the sexual violence by relationship to the person who caused harm, 2021–2025.

Contacts involving friends and acquaintances fall between these poles. Delayed help-seeking remained common, but these contacts were less concentrated in the more-than-one-year category and showed more early help-seeking than family member or intimate partner contacts. Stranger and brief acquaintance contacts tilted most strongly toward earlier help-seeking, with 24% occurring within the first four days and only 31% more than one year after the violence.

These patterns are consistent with research finding that survivors are less likely to disclose sexual violence when the person who caused harm is someone close to them.²⁸ When that person remains embedded in a survivor's daily life, concerns about relationships, family dynamics, safety, or community connections can create additional barriers to recognizing and disclosing the harm. It reinforces the importance of specialized services equipped to respond when the path to help-seeking is gradual and nonlinear.

Formal Reporting

A related question in the data asks whether the sexual violence had been reported before the caller reached out. Among all contacts, only 14% indicated that a report had been made, while 16% indicated it had not, with the remainder either not disclosing or the question not applicable.

Of those who had reported, most had done so to police or the RCMP, representing 11% of all contacts. Small numbers had reported to Children’s Services, the Alberta Human Rights Commission, or online exploitation reporting platforms. The 11% rate at which callers had already reported to police or other authorities is meaningfully higher than the national police-reporting rate for sexual violence, which sits at roughly 6%.

Even so, the overall picture is one of low formal engagement with systems. Among contacts where this information was known, most callers reached out before engaging with any formal system, or had chosen not to do so at all. For many, a specialized support and information line provides a space to name what happened, sometimes for the first time.

Research also suggests that negative or harmful experiences within formal systems can contribute to increased distress and discourage future help-seeking.²⁹ In this context, some survivors may turn to specialized sexual violence services as an alternative source of support, particularly where previous responses have not met their needs, placing these services at a uniquely important moment in a survivor’s help-seeking journey.

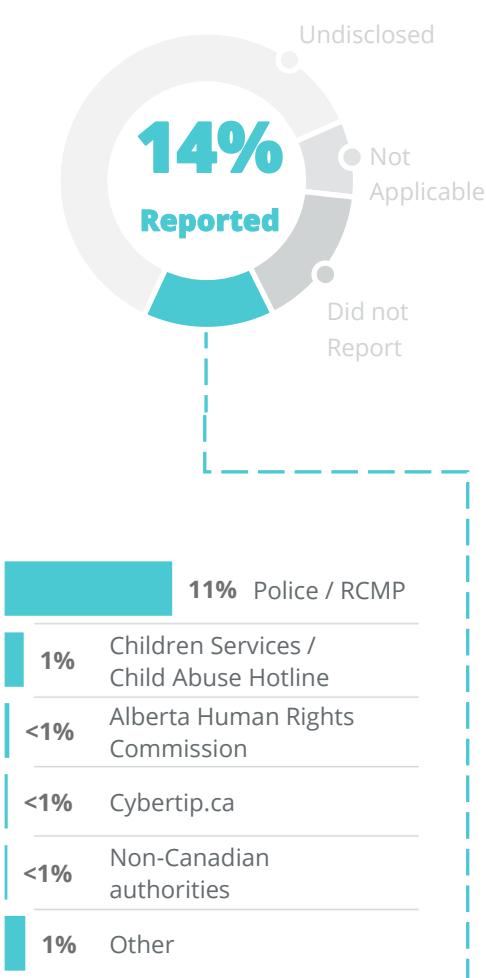


Figure 16: Agencies Reported To
Agencies to which the sexual violence was reported, 2021–2025.

4 What Responses Are Provided?

The data on actions taken during the conversation reveals something important about the nature of specialized support. A single conversation rarely involves just one type of response. Across 23,634 support conversations, responders recorded 65,049 distinct actions, an average of nearly three per contact. This breadth of response within individual conversations reflects both the complexity of what callers are navigating and the range of skills that specialized responders bring to each interaction.

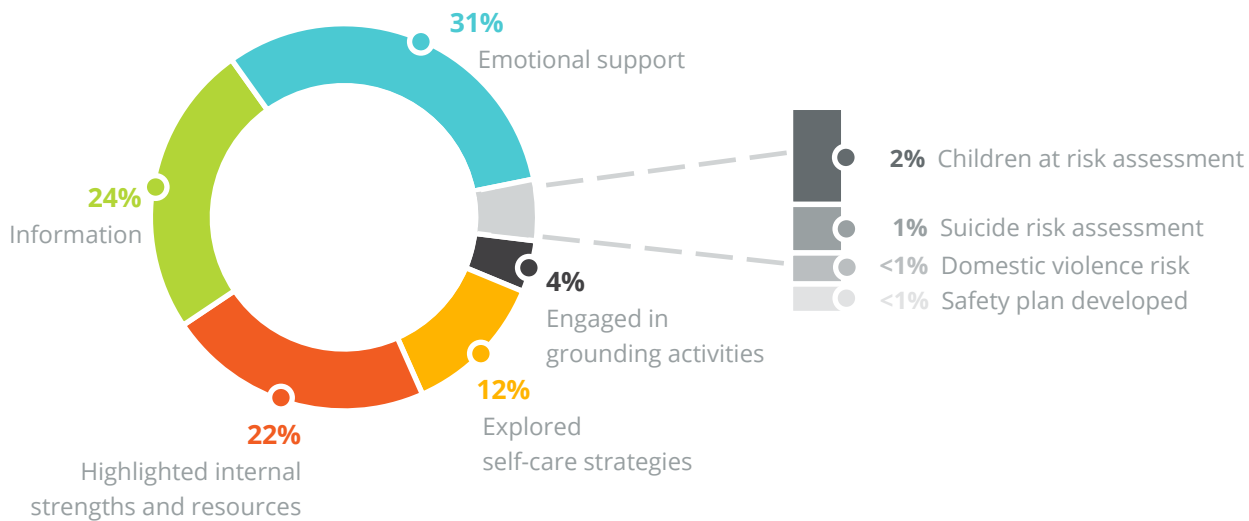


Figure 17: Types of Actions Taken During Conversations

Distribution of responses provided during support conversations, 2021–2025.

Emotional support was the most frequently recorded action, accounting for 31% of all responses. Providing information followed at 24% and highlighting a caller's internal strengths and resources accounted for nearly 22%. Exploring self-care strategies represented a further 12% and engaging in grounding activities accounted for 4%.

Together, these five categories represent the core of what specialized support looks like in practice. They combine emotional presence, practical information, and deliberate, trauma-specialized techniques that help survivors feel heard, informed, and more capable of taking their next step. This combination corresponds closely to what comparable research has found, where information provision and empathy are among the most frequently documented responses on specialized sexual violence support and information lines.³⁰ Research also shows that survivors seek support to discuss coping strategies, which aligns with the focus in this data on building internal strengths, exploring self-care, and engaging in grounding techniques.³¹

The data also captures the more acute end of the response spectrum. Children at risk assessments were completed in 1,119 conversations, suicide risk assessments in 925, and domestic violence risk assessments in 378. Safety plans, which follow from these assessments, were developed in 420 conversations.

These responses occur less frequently than other forms of support, reflecting the broader picture of help-seeking captured in the data. Most contacts relate to sexual violence that occurred months or years earlier, rather than immediate crisis situations. While responders are equipped to conduct risk assessments and safety planning when needed, most conversations focus on emotional support, information, and processing experiences that are not occurring in the immediate aftermath of harm.

Referrals Across the Continuum of Care

Referrals were recorded in 18,969 instances across the five-year period. Nearly half of all referrals, 49%, directed callers to sexual assault services. A further 4% were referred to Sexual Assault Response Teams, which provide specialized medical care and forensic evidence collection to people who have been recently sexually assaulted. Together, these closely related referrals account for 53% of the total, underscoring the role these lines play as an entry point into the broader specialized sexual violence service network. Police, RCMP, and Tribal Police Services accounted for 9% of referrals, and other counselling outside specialized sexual violence services for a further 9%.

The remaining referrals span a wide range of services including legal supports, medical clinics, mental health agencies, family violence supports, child abuse reporting options, shelter and housing, victim services, social services, and others.

The proportion of contacts resulting in referrals to specialized sexual assault services in Alberta is meaningfully higher than what comparable research has documented. Studies report that roughly 37 to 41% of contacts result in referral to victim service organizations,³² compared with the

53% directed to sexual assault services seen in the Alberta data. That higher rate reflects strong coordination within Alberta's sexual violence service system, where specialized support and information lines function as a well-integrated entry point into a broader continuum of care.

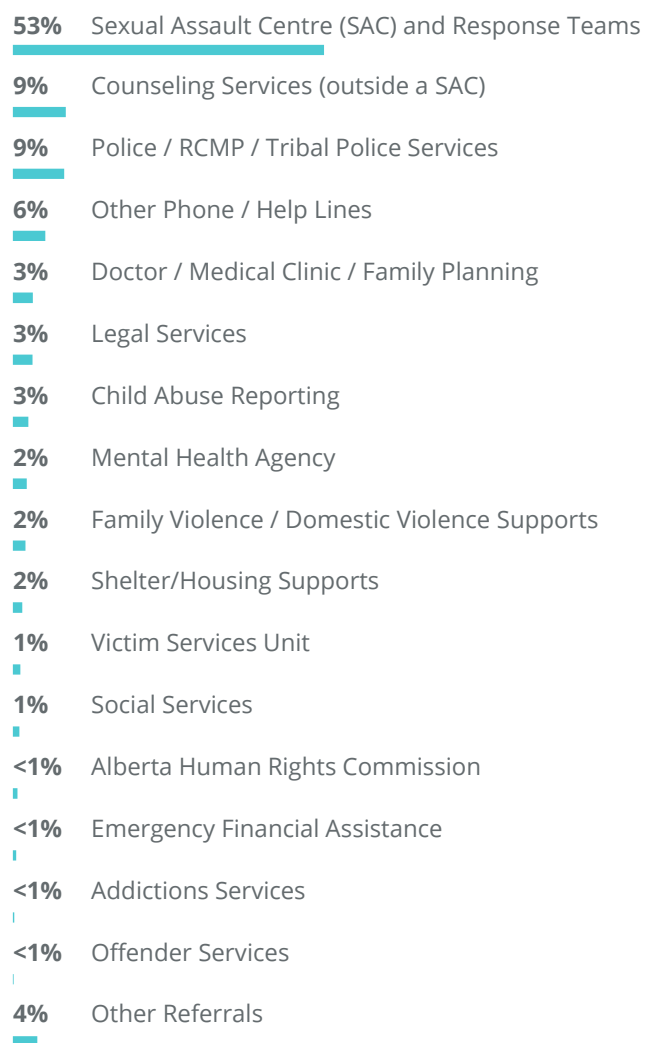


Figure 18: Referrals Made During Conversations
Distribution of referral types provided during support conversations, 2021–2025.

What Difference Does Immediate Support Make?

One measure of whether specialized support and information lines are making a difference is whether people come back. The repeat contact ratio across the five-year period rose from 1.98 in 2021 to a peak of 2.61 in 2023, settling at 2.51 by 2025, with the overall trend line continuing upward. This means that on average, each unique caller contacted the lines more than twice over the period. Rather than signalling ongoing crisis, this pattern more likely reflects trust. Survivors and support persons are returning because the support they received was useful, and because specialized lines offer something they cannot easily find elsewhere.

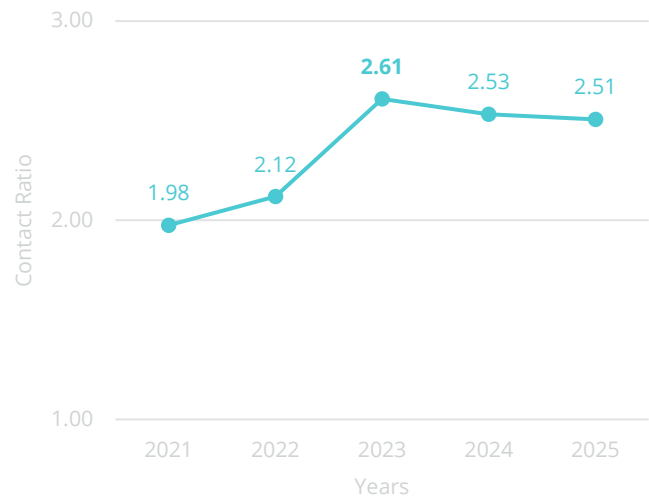


Figure 19: Repeat Contact Ratio

Annual ratio of total contacts to unique callers, 2021–2025.

Conversation length varies considerably by contact method and offers insight into the different ways people engage with support and information lines. Phone-based support conversations averaged just under 17 minutes, while chat conversations averaged nearly 32 minutes and text conversations averaged just under 49 minutes. Length alone, however, is not a measure of impact. Even brief contact can help reduce distress, support decision-making, and create a sense of connection at a critical moment. Unlike phone calls, text and chat interactions are not synchronous, and the elapsed time of a conversation includes gaps between messages as callers compose their thoughts or attend to other things. The longer duration of text and chat contacts reflects a meaningfully different form of engagement that may unfold gradually over time. Together, these different contact methods allow callers to engage at their own pace and in ways that work for them.

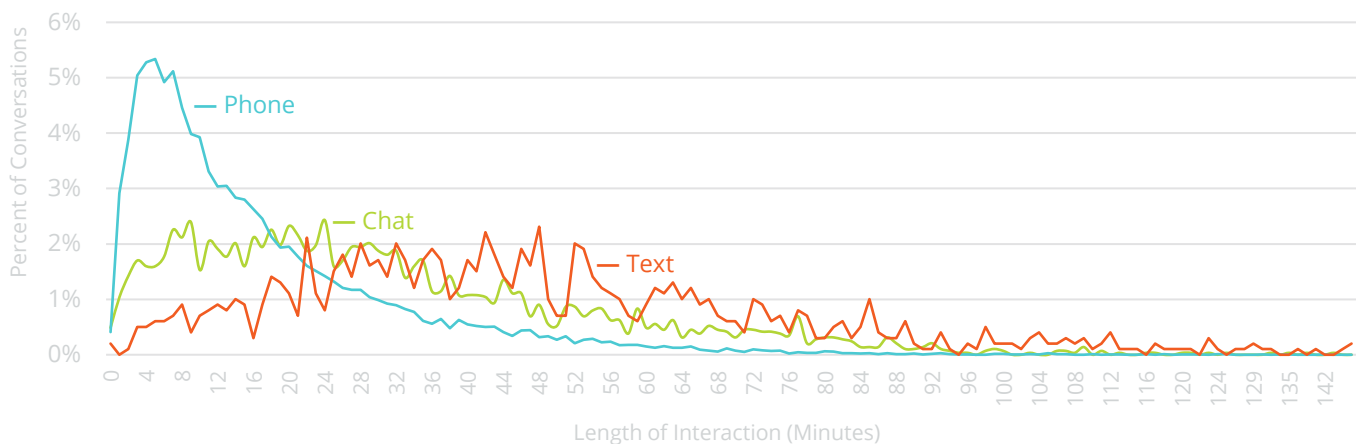


Figure 20: Conversation Length by Contact Method

Average conversation length by contact method, 2021–2025.

The most direct outcome measure available in the data asks whether each caller received emotional support specific to sexual violence and trauma, defined as normalization, validation, grounding, supportive statements, feelings check-ins, and empowerment messaging. Of the 15,832 support conversations from 2022 to 2025, 85% were recorded as having received this type of emotional support. A smaller proportion of callers (14%) indicated they did not need it, but were calling for different reasons. Among callers who required this type of emotional support, 99% received it. Support was identified as needed but not received in 1% of contacts. While the absence of narrative data limits deeper analysis of individual outcomes, this figure is itself meaningful. Across nearly 16,000 conversations over four years, the rate of unmet need as recorded by responders was exceptionally low, pointing to a service model that is consistently delivering on its core purpose.

While the data in this report captures service outputs rather than long-term healing outcomes, the broader research literature offers meaningful context. Studies consistently find that positive, respectful responses to disclosure are associated with lower PTSD symptoms over time, while harmful or blaming responses worsen distress and reduce the likelihood of future help-seeking. Alberta's record of consistently delivering trauma-specific emotional support sits squarely within the type of engagement that the research identifies as beneficial.

A second outcome measure captures whether callers received relevant information about sexual violence and its impacts where appropriate, including information about reporting options, trauma responses, coping strategies, and pathways to healing. Among the 15,832 contacts where this outcome was recorded, 61% of callers received this type of information and psychoeducation. In 38% of contacts, information was not required, reflecting conversations that were focused primarily on emotional support and connection rather than information-sharing or skill-building. Among callers who required information or psychoeducation, 99% received it, while information was identified as needed but not provided in 1% of contacts. Read alongside the emotional support figures, this points to a service model that is reliably meeting caller needs across both the relational and informational dimensions of its work.

99%

of callers who sought emotional support received it.

99%

of callers who required information about sexual violence and its impact received it.



ALBERTA DATA IN CONTEXT: ANALYSIS & COMPARISON WITH RESEARCH LITERATURE

The research literature on sexual violence help-seeking aligns closely with what the data from these three specialized support and information lines reveals, offering an independent set of reference points against which provincial findings can be read. Across the five core areas of inquiry, the direction and character of the findings are largely consistent with what the literature describes, and in several instances the data examined here strengthens or adds specificity to patterns documented in research.

The demographic profile of callers in the data closely matches what the broader research describes. Studies of comparable support and information lines find approximately 80% of callers identify as female,³³ consistent with the 85% disclosed in the data examined here. The literature also confirms that a meaningful share of contacts come from non-survivors, including family members, friends, and professionals,³⁴ a pattern clearly reflected in the caller type data. Research further suggests that the anonymous nature of specialized lines may make them more accessible to male survivors, who face additional disclosure barriers related to stigma and masculinity norms.³⁵ The 10% male caller proportion in the data is consistent with that observation.

The timing of help-seeking shows a similarly clear correspondence with the literature. Research describes a dual pattern in which some callers reach out within days of an assault while others do so months or years later.³⁶ The data from the three specialized lines confirms both. The largest recency category across all five years reflects sexual violence that occurred more than one year before contact, while a meaningful share of contacts also occurs in the immediate aftermath of an instance of harm. Research also indicates that support persons tend to reach out closer in time to the harm than survivors themselves, with one study finding that 65.5% of non-survivor callers contacted a sexual violence support line within 72 hours of the assault.³⁷ The data examined here reflects the same pattern. While survivors reaching out on their own were most likely to contact the lines about sexual violence that occurred more than a year earlier, contacts involving a support person or a professional, with or without the survivor present, were considerably more likely to involve recent sexual violence. The pattern is most pronounced among professionals contacting the lines together with a survivor, where 20% of contacts involved sexual violence within the

previous 96 hours and 76% involved sexual violence within the past year. This is consistent with the role support persons play in seeking guidance on how to respond to disclosures, and with the more time-sensitive position professionals are often in when a disclosure reaches them.

The match between the data and the literature is also strong on the question of what specialized lines provide. The most frequently recorded responder actions in the data examined here, emotional support and information provision, correspond directly to what research identifies as the most commonly delivered responses on comparable support and information lines.³⁸ The breadth of referral data also reflects what the literature describes as one of the core functions of specialized lines, serving as an accessible gateway into the broader network of services. The 53% of referrals directed to sexual assault services and Sexual Assault Response Teams in Alberta is meaningfully higher than the 37 to 41% referral-to-victim-services rate documented in comparable research,³⁹ pointing to particularly strong integration between these specialized support and information lines and the provincial sexual assault service network.

On the question of what difference immediate support makes, the literature offers a frame that the data can be read against even where direct outcome measurement is limited. Research consistently finds that positive, respectful responses to disclosure are associated with lower PTSD symptoms over time, while harmful or blaming responses worsen distress and reduce the likelihood of future help-seeking.⁴⁰ The quality of the response matters more than its timing alone. The three specialized lines' record of delivering emotional support in 85% of conversations, with just 1% of contacts identified as having needed support that was not received, is directly relevant to that body of evidence.

One area where the data diverges modestly from general population estimates is prior police reporting. The 11% of callers who had already reported to police or other authorities is meaningfully higher than the national estimate of roughly 6% of sexual assault survivors making formal reports.

Together, the literature and the data examined here paint a consistent picture. Specialized support and information lines play a distinct role in responding to sexual violence, whether someone reaches out in the immediate aftermath or years later, offering a quality and specificity of response that general services are not designed to provide. The evidence base for these services is stronger than is often recognized, and the five years of provincial data examined in this report contribute meaningfully to it.



THE DISTINCT ROLE OF SPECIALIZED SEXUAL VIOLENCE SUPPORT & INFORMATION LINES

Across the provincial data and broader research literature, a consistent picture emerges of how people seek support following sexual violence. Many delay reaching out for months or years, and many never engage with formal systems at all. Specialized sexual violence support and information lines fulfill a distinct role within Alberta's response continuum, providing accessible, trauma-specific support and connection to care at multiple stages of help-seeking.

These services function not simply as crisis lines but as flexible access points that meet people through a wide range of experiences, decisions, and needs.

Accessible Pathways Across Different Stages of Help-Seeking

The data shows that specialized support lines are accessed across the full continuum of need, from the immediate aftermath of sexual violence to experiences being processed months or years later. This reflects a broader pattern identified throughout the report. Help-seeking after sexual violence often unfolds gradually, on timelines that vary widely from person to person.

Accessibility is central to this role. Callers can reach out anonymously, without appointments or formal intake, and engage on their own terms. Phone, text, and chat options allow people to connect in ways that reflect their circumstances, communication preferences, and privacy needs. Together, these features create pathways into care for those who may not otherwise access services.

Recognizability matters as well. These services must be identifiable as relevant when someone is ready to reach out, particularly where callers may still be making sense of what occurred or may not yet name their experience as sexual violence.

The reach of these services extends beyond survivors themselves. One in five contacts came from a support person or professional responding to a disclosure. These interactions strengthen the broader community and professional response to survivors.

For some callers, contacting a specialized line may represent a first disclosure. The ability to speak anonymously, without pressure or immediate consequence, can create space to begin naming and processing their experience.

Sexual Violence Requires Specialized Responses

The conversations documented across the data reflect the complexity of needs that emerge after sexual violence. Across more than 23,000 contacts, responders delivered layered support tailored to each caller's circumstances.

A single conversation may involve emotional support, validation, normalization of trauma responses, psychoeducation, exploration of coping strategies, discussion of reporting or medical options, and connection to additional services. These conversations are often non-linear and may involve tentative, partial, or evolving disclosures.

The nature of these interactions reflects the need for knowledge and training specific to sexual violence and trauma. Responders must be prepared to navigate conversations shaped by uncertainty, shame, self-blame, and complex relationships with the person who caused harm. Specialized expertise is foundational to this work.

Research on disclosure outcomes reinforces the importance of these responses. Positive and respectful responses to disclosure are associated with lower trauma symptoms over time and a greater likelihood of future help-seeking. The consistency observed across five years of data suggests that these services reliably deliver forms of support that research identifies as beneficial.

Integration Within Alberta's Sexual Violence Continuum of Care

The provincial and regional lines examined in this report function as interconnected access points within Alberta's sexual violence continuum of care. Beyond providing direct support, they connect callers to specialized services and help navigate a complex service landscape.

Nearly half of all referrals over the five-year period directed callers to Sexual Assault Centre services across the province, with additional referrals to Sexual Assault Response Teams, healthcare services, police, counselling, legal supports, and community-based resources. These patterns reflect both the complexity of needs presented in conversations and the integration between specialized support lines and Alberta's broader network of sexual violence services.

The data also shows that these lines serve as ongoing points of contact rather than one-time entry points. Many callers contacted the lines more than once over the five-year period, indicating that these services may remain available as needs evolve.

The patterns observed across five years of provincial data point to the value of sustaining accessible, trauma-specific, and well-integrated entry points within Alberta's response to sexual violence.

CONCLUSION

This report opened with a description of the three specialized support and information lines as a window into formal help-seeking for sexual violence in Alberta. Five years of provincial data have made it possible to describe, with a specificity that prevalence statistics alone cannot offer, who is reaching out, when they do so, what they are disclosing, and how they are received.

Across thousands of conversations, what these lines provide remains consistent. Callers receive immediate, trauma-informed, survivor-centred support, paired with sexual violence-specific information and connection to services. Whether someone is disclosing for the first time, trying to make sense of what happened, seeking guidance on how to support someone else, or reaching out long after the fact, these are the conversations specialized support and information lines across the province are expressly built for.

Together, provincial and regional lines serve as both a source of specialized support and a point of connection to Alberta's broader continuum of care. Their accessibility allows people to seek support on their own terms, while their specialized expertise ensures that the response is grounded in an understanding of sexual violence and trauma.

Five years of data from these lines show that help-seeking after sexual violence does not follow a single path. People reach out at different times, for different reasons, and with different needs. The sustained demand for these services underscores the importance of having specialized support available when someone chooses to reach out.

Endnotes

- ¹ The Association of Alberta Sexual Assault Services (AASAS) coordinates Alberta's ONE LiNE for Sexual Violence. The service is operated by Calgary Communities Against Sexual Abuse (CCASA) and the Sexual Assault Centre of Edmonton (SACE), with support from the Sendero Centre.
- ² Summary of Key Findings Prevalence of Sexual Assault and Childhood Sexual Abuse in Alberta, Association of Alberta Sexual Assault Services, 2020. https://aasas.ca/wp-content/uploads/2022/05/Prevalence-of-Sexual-Assault-Childhood-Sexual-Abuse-Summary-of-Key-Findings_FINAL.pdf
- ³ *Ibid.*
- ⁴ Ending Violence Association of Canada (EVA Canada), Facts and Stats, 2023, citing Statistics Canada (2018, 2019). <https://endingviolencecanada.org/wp-content/uploads/2023/05/STATSpdf-SexualViolenceStats-Eng-EVA-Canada.docx-5.pdf>
- ⁵ EVA Canada, Facts and Stats, 2023, citing Statistics Canada (2018, 2020, 2021, 2022). <https://endingviolencecanada.org/wp-content/uploads/2023/05/STATSpdf-SexualViolenceStats-Eng-EVA-Canada.docx-5.pdf>
- ⁶ Government of Alberta (alberta.ca). <https://www.alberta.ca/what-is-sexual-violence>
- ⁷ Statistics Canada, "Sexual Assault Incidents in Canada: From the Police to Criminal Courts," November 2024 (Catalogue no. 11-627-M). <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2024051-eng.htm>
- ⁸ Government of Alberta (alberta.ca), citing Statistics Canada. <https://www.alberta.ca/what-is-sexual-violence>
- ⁹ EVA Canada, citing the Canadian Centre for Justice and Community Safety Statistics, 2022. <https://endingviolencecanada.org/wp-content/uploads/2023/05/STATSpdf-SexualViolenceStats-Eng-EVA-Canada.docx-5.pdf>
- ¹⁰ Pijlman, V., Eichelsheim, V., Pemberton, A., & de Waardt, M. (2023). "Sometimes it seems easier to push it away": A study into the barriers to help-seeking for victims of sexual violence. *Journal of Interpersonal Violence*, 38(11-12), 7530-7555.
- ¹¹ Addington, L. A. (2022). Exploring Help Seeking Patterns for Emerging Adult Victims Using the National Intimate Partner and Sexual Violence Survey. *Violence against Women*, 28(5), 1188-1212; Donne, M. D., DeLuca, J., Pleskach, P., Bromson, C., Mosley, M. P., Perez, E. T., Mathews, S. G., Stephenson, R., & Frye, V. (2017). Barriers to and facilitators of help-seeking behavior among men who experience sexual violence. *American Journal of Men's Health*, 12(2); Ullman, S. E. (2025). Relationships between trauma exposure, PTSD, and formal help-seeking in African American and Latina women sexual assault survivors. *Aggression and Violent Behavior*, 85.
- ¹² Addington, L. A. (2022). Exploring Help Seeking Patterns for Emerging Adult Victims Using the National Intimate Partner and Sexual Violence Survey. *Violence against Women*, 28(5), 1188-1212.
- ¹³ Dworkin, E. R., Brill, C. D., & Ullman, S. E. (2019). Social reactions to disclosure of interpersonal violence and psychopathology: A systematic review and meta-analysis. *Clinical Psychology Review*, 72, 101750; Moylan, C. A., Carlson, M. L., Campbell, R., & Fedewa, T. (2022). It's hard to show empathy in a text: Developing a web-based sexual assault hotline in a college setting. *Journal of Interpersonal Violence*, 37(17-18), 1-23; Ullman, S. E., & Peter-Hagene, L. (2014). Social reactions to sexual assault disclosure, coping, perceived control, and PTSD symptoms in sexual assault victims. *Journal of Community Psychology*, 42(4), 495-508; Young, S. M., Pruett, J. A., & Colvin, M. L. (2018). Comparing

help-seeking behavior of male and female survivors of sexual assault: A content analysis of a hotline. *Sexual Abuse*, 30(4), 454-474.

- ¹⁴ Moylan, C. A., Carlson, M. L., Campbell, R., & Fedewa, T. (2022). It's hard to show empathy in a text: Developing a web-based sexual assault hotline in a college setting. *Journal of Interpersonal Violence*, 37(17-18), 1-23; DeLoveh, H. L. M., & Cattaneo, L. B. (2017). Deciding Where to Turn: A Qualitative Investigation of College Students' Helpseeking Decisions After Sexual Assault. *American Journal of Community Psychology*, 59(1-2), 65-79.
- ¹⁵ DeLoveh, H. L. M., & Cattaneo, L. B. (2017). Deciding Where to Turn: A Qualitative Investigation of College Students' Helpseeking Decisions After Sexual Assault. *American Journal of Community Psychology*, 59(1-2), 65-79.
- ¹⁶ Moylan, C. A., Carlson, M. L., Campbell, R., & Fedewa, T. (2022). It's hard to show empathy in a text: Developing a web-based sexual assault hotline in a college setting. *Journal of Interpersonal Violence*, 37(17-18), 1-23; Wood, L., Pettyjohn, M. E., Schrag, R. V., Caballero, R., Temple, J. R., & Baumler, E. (2023). Even Through Text, there is that Connection: User Experiences on Chat and Text Hotlines for Intimate Partner Violence and Sexual Assault. *Journal of Family Violence*, 40(4), 687-699.
- ¹⁷ *Ibid.*
- ¹⁸ Colvin, M. L., Pruett, J. A., Young, S. M., & Holosko, M. J. (2017). An exploratory case study of a sexual assault telephone hotline: Training and practice implications. *Violence Against Women*, 23(8), 973-992.
- ¹⁹ *Ibid.*
- ²⁰ *Ibid.*
- ²¹ Moylan, C. A., Carlson, M. L., Campbell, R., & Fedewa, T. (2022). It's hard to show empathy in a text: Developing a web-based sexual assault hotline in a college setting. *Journal of Interpersonal Violence*, 37(17-18), 1-23.
- ²² Ameral, V., Palm Reed, K. M., & Hines, D. A. (2020). An analysis of help-seeking patterns among college student victims of sexual assault, dating violence, and stalking. *Journal of Interpersonal Violence*, 35(23-24), 5311-5335.
- ²³ Young, S. M., Pruett, J. A., & Colvin, M. L. (2018). Comparing help-seeking behavior of male and female survivors of sexual assault: A content analysis of a hotline. *Sexual Abuse*, 30(4), 454-474; Colvin, M. L., Pruett, J. A., Young, S. M., & Holosko, M. J. (2017). An exploratory case study of a sexual assault telephone hotline: Training and practice implications. *Violence Against Women*, 23(8), 973-992.
- ²⁴ Colvin, M. L., Pruett, J. A., Young, S. M., & Holosko, M. J. (2017). An exploratory case study of a sexual assault telephone hotline: Training and practice implications. *Violence Against Women*, 23(8), 973-992.
- ²⁵ Bhuptani, P. H., Fleming, C. E., & Orchowski, L. M. (2023). Timing of sexual assault disclosure: A study of college women. *Violence Against Women*, 29(12-13), 2372-2392; Pijlman, V., Eichelsheim, V., Pemberton, A., & de Waardt, M. (2023). "Sometimes it seems easier to push it away": A study into the barriers to help-seeking for victims of sexual violence. *Journal of Interpersonal Violence*, 38(11-12); Zinzow, H. M., Littleton, H., Muscari, E., & Sall, K. E. (2022). Barriers to formal help-seeking following sexual violence: Review from within an ecological systems framework. *Victims & Offenders*, 17(6), 893-918.
- ²⁶ Young, S. M., Pruett, J. A., & Colvin, M. L. (2018). Comparing help-seeking behavior of male and female survivors of sexual assault: A content analysis of a hotline. *Sexual Abuse*, 30(4), 454-474.
- ²⁷ Bhuptani, P. H., Fleming, C. E., & Orchowski, L. M. (2023). Timing of sexual assault disclosure: A study of college women. *Violence Against Women*, 29(12-13), 2372-2392.
- ²⁸ *Ibid.*

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- ²⁹ Moylan, C. A., Carlson, M. L., Campbell, R., & Fedewa, T. (2022). It's hard to show empathy in a text: Developing a web-based sexual assault hotline in a college setting. *Journal of Interpersonal Violence*, 37(17-18), 1-23; DeLoveh, H. L. M., & Cattaneo, L. B. (2017). Deciding Where to Turn: A Qualitative Investigation of College Students' Helpseeking Decisions After Sexual Assault. *American Journal of Community Psychology*, 59(1-2), 65-79.
- ³⁰ Colvin, M. L., Pruett, J. A., Young, S. M., & Holosko, M. J. (2017). An exploratory case study of a sexual assault telephone hotline: Training and practice implications. *Violence Against Women*, 23(8), 973-992.
- ³¹ Buckley, C., Radhakrishnan, A., Boran, L., Brennan, M., & Travers, Á. (2025). Barriers and facilitators of help-seeking for LGBTQ+ survivors of sexual violence: A systematic review. *Trauma, Violence, & Abuse*, 1-19.
- ³² Moylan, C. A., Carlson, M. L., Campbell, R., & Fedewa, T. (2022). It's hard to show empathy in a text: Developing a web-based sexual assault hotline in a college setting. *Journal of Interpersonal Violence*, 37(17-18), 1-23.
- ³³ Colvin, M. L., Pruett, J. A., Young, S. M., & Holosko, M. J. (2017). An exploratory case study of a sexual assault telephone hotline: Training and practice implications. *Violence Against Women*, 23(8), 973-992.
- ³⁴ Moylan, C. A., Carlson, M. L., Campbell, R., & Fedewa, T. (2022). It's hard to show empathy in a text: Developing a web-based sexual assault hotline in a college setting. *Journal of Interpersonal Violence*, 37(17-18), 1-23; Wood, L., Pettyjohn, M. E., Schrag, R. V., Caballero, R., Temple, J. R., & Baumler, E. (2023). Even Through Text, there is that Connection: User Experiences on Chat and Text Hotlines for Intimate Partner Violence and Sexual Assault. *Journal of Family Violence*, 40(4), 687-699.
- ³⁵ *Ibid.*
- ³⁶ Young, S. M., Pruett, J. A., & Colvin, M. L. (2018). Comparing help-seeking behavior of male and female survivors of sexual assault: A content analysis of a hotline. *Sexual Abuse*, 30(4), 454-474; Colvin, M. L., Pruett, J. A., Young, S. M., & Holosko, M. J. (2017). An exploratory case study of a sexual assault telephone hotline: Training and practice implications. *Violence Against Women*, 23(8), 973-992.
- ³⁷ *Ibid.*
- ³⁸ Colvin, M. L., Pruett, J. A., Young, S. M., & Holosko, M. J. (2017). An exploratory case study of a sexual assault telephone hotline: Training and practice implications. *Violence Against Women*, 23(8), 973-992.
- ³⁹ Moylan, C. A., Carlson, M. L., Campbell, R., & Fedewa, T. (2022). It's hard to show empathy in a text: Developing a web-based sexual assault hotline in a college setting. *Journal of Interpersonal Violence*, 37(17-18), 1-23.
- ⁴⁰ Dworkin, E. R., & Schumacher, J. A. (2018). Preventing posttraumatic stress related to sexual assault through early intervention: A systematic review. *Trauma, Violence, & Abuse*, 19(4), 459-472.