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Males Experiencing Sexual Assault at a Young Age: A Social Policy Evaluation in Canada

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Abstract

The paper aims to examine whether there should be policy intervention in Canada specifically helping males experiencing sexual assault because the current literature about the causes and consequences of male sexual assault victimization was limited in Canada, and sexual assault policies in Canada were mainly for female victims. The secondary study was conducted using the 2014 General Social Survey, Cycle 28: Victimization main file, a dataset created by Statistics Canada. Two binary logistics regressions are conducted to examine the relationship between the sex of the respondent and the relationship between sexual assault victims and attackers, and the male's disability status and the likelihood of being sexually assaulted before age 15. Ordinary least squares regression is used to examine the impact of sexual assault victimization on one's mental health. The results based on the weighted analyses oppose the potential indicators identified by current literature; there is no statistically significant relationship with a 95% confidence level found in all three hypotheses after controlling the potential key indicators. Although the result suggests no policy interventions should target males, males, or males with physical or mental/psychological disabilities, the results may be more accurate by using a more updated dataset with more relevant questions and sociodemographic information available and more advanced statistical models and knowledge about quantitative research. The paper still suggests helping male sexual assault victims; other studies suggest that some face difficulties while seeking help. Anti-sexual assault policies should be created through prevention, reduction, legal responses, and various institutions and levels of authorities cooperating to solve the complex issue.

Keywords: Sexual assault, social policy, male victimization, victim-perpetrator relationship, disability, mental health

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Word count: 4545

In Chinese-speaking regions, a video went viral a decade ago; it was created by National Academy for Educational Research in Taiwan to bring awareness to sexual violence against young men. The video became a popular meme ever since due to the actor's dramatic performance (Ettoday, 2013). The policy intervention was ineffective because the video became a joke than conveying to audiences the severity of the issue. Other than reflecting on the ineffectiveness of the policy intervention in Taiwan, the event may also inspire policy advisors in other countries to examine whether policy interventions should be implemented to treat sexual assault or sexual violence against young men.

The article is interested in whether introducing policy evaluation is necessary for Canada for male sexual assault victims because there are limited Canadian studies about sexual assault against men or males. The paper conducts a quantitative study using the 2014 General Social Survey (GSS): Victimization main file to examine the victims' identities that the incident file does not include: the potential causes and consequences of sexual assault. My research questions for the study are: are females more likely than males to be sexually assaulted by someone they know? Will males with a physical or mental/psychological disability be more likely to experience sexual assault than males without the types of disability? Will males who experience sexual violence rate lower mental health than males who do not experience sexual violence?

Literature Review

The literature review will be divided into two main sections. First, the paper will look at the prevalence and explanations of sexual assault targeting males or men. Second, I will review the current policies in Canada related to men and sexual assault. Although males and men have

different meanings, many studies do not explain or distinguish the two terms. Thus, the unknown difference between using the variable male and variable men may be a barrier to comparing existing literature.

Centers for Disease Control and Prevention (2020) defines sexual violence as sexual activities without consent; some examples include sexual coercion, rape: penetration of the victim, and unwanted sexual contact. Basile et al.'s (2009) definition include other activities like attempted rape and sexual harassment. Sutton (2023) suggests that sexual harassments are comments or behavior related to gender and intent to bully or derogate someone. Statistics Canada defines sexual assault as similar to sexual violence, which is forced or attempted force sexual activities or relations (Perreault, 2015).

Compared to sexual violence against women, sexual violence against men does exist, and official numbers are often lower than the actual frequency in the U.S. (Donnelly & Kenyon, 1996). Smith et al.'s (2017) U.S. national survey found that 1 out of 4 men experienced sexual violence in their lifetime. In Canada, Cotter and Savage (2019) and Sutton (2023) summarize the findings that males or boys are less likely to experience sexual assault than females or girls. Many studies focus on sexual violence against male children or youth (Bolton et al., 1989) or men in prison (Groth & Burgess, 1980). Stoltenborgh et al. (2011) infer that 8% of boys worldwide experienced sexual assault, though Holmes and Slap (1998) suggest the prevalence rate is between 4% and 76% depending on the studied populations, the definition of sexual abuse and the data collection method. Dube et al.'s (2005) U.S. study found that 1 out of 6 males experienced sexual violence before 18 years old. Most sexual violence against men first happens before age 25 (Centers for Disease Control and Prevention, 2020). In Canada, Sutton (2023)

summarizes that men between 15 to 24 years old have the highest likelihood of reporting sexual assault victimization.

According to Sivakumaran (2007), sexual violence against men frequently happens in families, communities, and prisons; both men and women may commit it during peace and conflict. Parent and Bannon (2011) claim that boys' sexual abuse also happens in sports teams. Kreb et al. (2007) found that at least 6% of sexual assault victims in the U.S. college are men. Male victims have a higher proportion than female victims when sexual assault happens in a community or organizational setting (Gallagher, 2000). In the U.S., the perpetrators often know the victim, such as their intimate partners (Centers for Disease Control and Prevention, 2020) or family members (Mitra et al., 2016); the prevalence of intimate violence, including sexual violence are high against men (Roebuck et al., 2020). However, Finkelhor (1994) and Holmes and Slap (1998) suggest that most male or boy victims are sexually assaulted by perpetrators who are not their family members.

For the consequences of experiencing sexual assault, Kaufman et al. (1980) claim that male victims will feel the same way as female victims: they are ashamed, helpless, fearful, and traumatized by the victimization, though Frazer (1993) suggests that male victims may report higher levels anger, hostility, and depression. O'Brien et al. (2015) confirm Kaufman et al. (1980) claim that men will feel ashamed and often self-blame as the consequence of sexual assault victimization but struggle and are concerned about masculinity and sexual orientation. According to Dube et al. (2005), men who experienced sexual violence in childhood may be more likely to report long-term side effects like illegal drug usage, alcohol and current families and marital problems, and suicidal thoughts.

Sexual violence against men may be ignored because of two reasons. First, Buiten and Naidoo (2020) argue that the definition of gender-based violence is often violence against women, and McMullen (1990) claims no accurate terms in English describe rape against men accurately. Second, Sivakumaran (2007) mentions that more materials are about sexual violence against women, which makes the field easier to be studied.

Most men survivors do not seek help unless they are physically harmed or threatened (Masho & Alvanzo, 2010), or they may seek psychological help years after the victimization (King & Woollett, 1997). There may be a tendency for men victim cases to be underreported (Vertommen et al., 2016). There are several reasons for underreporting. First, the victims may be harder to prove the rape because of low trust, so disclosing the incident may not be effective for male victims (Sivakumaran, 2007). Second, the causes may be the stereotypes of men and masculinity, such as that men should be able to deal with the consequences of sexual violence themselves (Mezey & King, 2000; Finklehor & Baron, 1986), believing that men cannot be raped (Smith et al., 1988; Donnelly & Kenyon, 1996), or feeling unnecessary to treat male victims because the cases are very few (Donnelly & Kenyon, 1996). Vertommen et al. (2016) claim that sexual assault against men may be perceived or framed as non-violent and thus not reported. Sivakumaran (2005) considers the cause relates to homophobia: many people believe both the victims and attackers as homosexual. Victims who report sexual violence victimization may be labeled as gay and stigmatized and tainted, so they may not report the experience. Dolan (2014) suggests lacking support for men victims: they may be less likely to report sexual violence victimization. Without adequate support, Donnelly and Kenyon (1996) argue that the experience may be more harmful to male victims due to less help in reducing traumas. According

to Cook and Ellis's (2020) finding, trusting the male survivors' experience is important for their recovery.

Many existing studies explain sexual violence targeting men or males by identities. Mitra et al.'s study (2016) considers the role of intersectionality: men with a disability in the U.S. may be more likely to report experiencing sexual violence or non-consensual sex in their lifetime. Mitra et al. (2016) identify that perpetrators who commit sexual aggression other than penetration against men are more likely to be women. Mitra et al. (2016) and Kaufman et al. (1980) find sex and gender differences of who is the perpetrator: male victims may be more likely to have multiple attackers and receive nonsexual injuries than female victims (Kaufman et al., 1980). Men are more likely to be raped by friends; women are more likely to be raped by intimate partners (Heidt et al., 2005). Sexual minority status impacts the likelihood of experiencing sexual violence. Martin-Storey et al. (2017) study in Quebec universities observes that students who belong to the sexual minorities group are more likely to experience sexual violence than cisgender students, especially happening during athletic contexts and volunteering. Heidt et al. (2005) find that homosexual and bisexual men are more likely to experience sexual violence than other men. Race and gender may also intersect and impact the reporting of sexual violence; Clark et al.'s (2012) find that Black men are less likely to report than white men; women and especially white women are more likely to be sexually assaulted than men in the U.S. Other than identities, factors like regions may be important when examining the prevalence of sexual violence against men. A U.S. national survey suggests certain states may have a higher prevalence of men experiencing sexual violence (Smith et al., 2017).

Sexual violence policies are largely federal matters in Canada. To solve sexual violence and broader gender-based violence, Stojanoska (2020) suggests federal ministries or entities in

Canada cooperate with provincial, territorial, and Indigenous partners to prevent and provide legal responses and other support to the population that is influenced by gender-based violence that includes physical violence targeting based on someone's gender identity, perceived gender, or gender expression; they are Public Health Agency, Public Safety, National Defence, Royal Canadian Mounted Police, and Immigration, Refugee and Citizenship Canada. For current policies in Canada, Ontario Human Rights Commission (2013) has a policy in treating sexual and gender-based harassment that protects both men and women, for women are more likely to be the victim; the policy is intended to ensure the equity of females. The advisory council is created to talk about practices and research about gender-based violence; the council is specifically for the marginalized groups: young women and girls, Indigenous women and girls, especially those with migrant, Indigenous, and disability status, and people from sexual and gender minorities (Statistics Canada, 2023). Therefore, the existing policy in Canada aims to pursue gender equality, specifically creating equity programs for women and girls, while programs that may help men are not specified.

The existing literature implies that men or male victims are not likely to report victimization because masculinity culture encourages them to be independent and deal with the harm themselves. Consequently, there are fewer studies about sexual violence against men in Canada and less support targeting them; only Cotter and Savage (2019) and Sutton (2023) look at descriptive data regarding men or young men experiencing sexual violence without focusing on the causes and consequences. Therefore, my paper will fill the gap by examining males with certain characteristics and their experience of sexual assault at a young age (before 15 years old) and whether experiencing sexual assault impacts males' mental health negatively. The factors impacting the victim-perpetrator relationship will also be examined.

Hypothesis

Four hypotheses that the dataset can answer will be tested in the study; the first two hypotheses will be conducted using binary logistics regression to test together, and ordinary least squares (OLS) regression will be used to examine the last hypothesis. First, males are less likely than females to be sexually assaulted by people they know, such as their family members, acquaintances, neighbors, and classmates than strangers, to test Mitra et al.'s (2016) result in the Canadian context. Second, males with a disability may be more likely to experience sexual violence; the prediction is the conclusion of Mitra et al.'s (2016) study. Third, young males who experienced sexual violence before age 15 compared to young males did not will rate lower mental health, which is similar to Kaufman et al.'s (1980) result.

Method

Data

To study the prevalence of sexual assault impacting Canadian males, I used General Social Survey, a representative open-source data that Statistics Canada collects annually through a telephone survey that examines Canadian's living conditions and social well-being (Perreault, 2015). I used the 2014 GSS, cycle 28: Victimization main file, the latest publicly accessible version focused on criminal victimization. To protect the participants' privacy, many variables in the public-accessible version became binary or ordinal. Since the study was conducting quantitative secondary research using the publicly accessible version of GSS, no ethical approval was required.

Because limited studies had been conducted in Canada and no known social policies related to sexual violence targeting males existed between 2009 to 2014, the paper will focus on addressing the hypotheses that the 2014 dataset could answer; future studies could be done to

compare the prevalence of sexual violence targeting men by appending several GSS victimization datasets.

Data Collection

The dataset is collected randomly based on the frame provided by the Census and other administrative sources. Because it is a telephone survey, people without a phone cannot be reached, which negatively impacts the representativeness of the sample (Statistics Canada, 2016). One respondent in the selected household and above 15 years old was selected randomly to be interviewed through a computer-assisted telephone interview; the respondents chose one of the two official languages: English or French; the final sample size was 33127 respondents, and the response rate was 52.9% (Perreault, 2015).

Measures

For the first hypothesis, the independent variable is sex, specifically male. Sex, such as "male" and "female," is operationalized as a part of the sex of the respondent and is conceptualized as someone's sex at birth based on their physical traits (Statistics Canada, 2021). The dependent variable is the relationship between the sexual assault victims before age 15 and the attackers, which is originally defined as the relationship between the respondent and the attackers for the most serious sexual assault incident, and operationalized as a parent, other family, acquaintance/friend/neighbor/classmate, authority figure, stranger, and other/known by sight. I combine stranger and other/known by sight and the other four values to create a binary dependent variable, which is essential for running a binary logistics regression. The rationale is that the four values are usually someone the respondent is familiar with, while victims or someone known by sight may not be considered familiar with the respondent. Although it is hard to distinguish other relationships which are included in the value of known by sight, the

frequency is lower than other original values, suggesting that the option will not impact the result dramatically.

Disability status, the independent variable for the second hypothesis, is conceptualized as physical, mental or psychological, learning, and unknown type of disability and operationalized as yes and no for every type of disability. The study will compare whether the likelihood of young males will be differed by physical and mental disability to fill the gap of Mitra et al.'s (2016) study that conceptualizes disability status as physical, psychological, and mental disabilities without explaining why they conceptualize disability within these categories; the study will consider physical disability and mental or emotional disability that the GSS has conceptualized and operationalized.

The dependent variable for the second hypothesis is also the independent variable for the third hypothesis: whether a respondent experienced sexual assault before age 15 by an attacker who is above 18 years old, which is operationalized in the study as binary: "never" and "yes, at least once," for the majority choose the two options. It is the only available question in the dataset regarding sexual assault victimization. The dependent variable for the third hypothesis is the respondent's self-reported mental health. Mental health is not conceptualized and operationalized as an ordinal variable: excellent is 1, very good is 2, good is 3, fair is 4, and poor is 5. I reversed the numbers and treated the ordinal as interval/ratio to run the OLS regression, so 5 becomes excellent mental health, 4 means very good, and 1 is poor.

Control variables for the hypotheses are visible minority status, age, and the province of residence. Statistics Canada (2016) conceptualizes visible minority status as "persons, other than Aboriginal persons, who are non-Caucasian in race or non-white in color," though operationalized in the dataset as "a visible minority" or "not a visible minority." The GSS

database operationalizes the age of respondents as an ordinal variable and has the value of 15-24 years old, similar to the United Nations definition (UNESCO, n.d.). The sex of the respondent is operationalized as binary: male and female due to the limitation of the GSS database. The province of residence is conceptualized as the ten provinces in Canada and operationalized as a nominal variable.

Data Analysis

Stata 17 basic edition is used to analyze the data from the GSS dataset. The statistical analyses used were univariate, binary logistics regression, and ordinary least squares (OLS) regression. Binary logistics regression is used when the dependent variable is binary. The OLS regression is a common technique for understanding how independent variable changes will change a dependent interval/ratio variable or an ordinal variable treated as an interval/ratio (Carr et al., 2021). The sample is weighted because the GSS database was not entirely random; certain populations were oversampled (Statistics Canada, 2017). Otherwise, an unweighted sample might influence the representativeness of the results. I follow Gagné et al.'s (2015) instructions to weigh the sample appropriately using STATA. Reference categories are default, the first value of every nominal variable, for convenience.

Results

Table 1 is about the descriptive statistics of the independent and dependent variables. It shows that the unweighted population by sex is relatively even: 45.74% of the sample population (n=15134) are males, and 54.26% (n=17955) are females. Respondents' age groups are relatively even in the sample; except 6599 respondents (19.94%) are between 55 to 64 years old, the percentage of other age groups ranges from 9.44% to 16.88%. People between 15 to 24 (n=3958) and 25 to 34 (n=3966) occupy around 12% of the population each. Also, according to the

descriptive data, respondents who were sexually assaulted before age 15 by someone above 18 years old (n=3071, 9.46%), with a physical (n=6432, 19.70%) or mental/psychological disability (n=2072, 6.34%) are the minority. In contrast, more sexual assault victims are familiar with the attackers (n=2310, 76.57%), and more people rate excellent (n=12229, 37.33%) and good mental health (n=11075, 33.81%). For the province of residence, most respondents are from Ontario (n=8432, 25.48%) and then Quebec (n=6245, 18.87%). Newfoundland and Labrador, New Brunswick, Manitoba, and Saskatchewan each occupy around 5-6% of the sample population. Prince Edward Island had the lowest percentage (n=724, 2.19%).

Table 2 answers the first hypothesis, whether female victims are more likely to be sexually assaulted before the age of 15 by someone they are familiar with than male victims. The odds ratio shows that female victims have 2.72 times the odds of male victims being sexually assaulted by someone they are familiar with. Model 2 controls the factors that other studies have mentioned, such as age, physical and mental/psychological disability status, and the province of residence; the odd ratios increase to 2.77 from 2.22, which suggests that the controlled variables do not change the relationship between sex of respondent and the relationship between sexual assault victims and attackers. However, after running the weighted logistics regression, p values for all factors are higher than 0.05, which means that the relationship between the sex of the respondent and the relationship between the victims and attackers are not statistically significant with a 95% confidence level: we can be 95 percent confident that the relationships are due to chance. In addition, other controlled variables are also not statistically significant in the relationship in a weighted sample.

Table 3 answers the second hypothesis, whether males with a physical or mental/psychological disability are an indicator of being sexually assaulted before age 15 by

someone above 18. Model 1 is the logistics regression without considering controlled variables. The results indicate that males with a physical disability are 2.17 times more likely than males without a disability to experience sexual assault before age 15. Males with a mental or psychological disability are still 2.02 times more likely than males without a disability to experience sexual assault before age 15.

Model 2 is the relationship when variables like age and province of residence are controlled. The odds ratio for people with physical violence reduced to 1.79 from 2.17, which suggests that the two factors, age and the province of respondents, slightly suppress the relationship between males with a physical disability and sexual assault victimization before age 15 slightly, which males with physical disability are still 79% more odds than males without a disability to be sexually assaulted before age 15. Something odd is that the two controlled variables make the relationship between mental/psychological disability and being sexually assaulted before age 15 slightly stronger, from 2.02 to 2.31. However, because no variables are statistically significant in the relationship at a 0.05 significance level, physical and mental or psychological disabilities are not the key indicators of the likelihood of being sexually assaulted before age 15 in a weighted sample, which falsify the hypothesis and the findings of the Mitra et al.'s (2016) findings in the U.S.

Table 4 results from running the ordinary least squares regression regarding the mental health impact of experiencing sexual assault before age 15. Model 1, which does not control any variables, shows that respondents who were sexually assaulted before age 15 versus respondents who were not sexually assaulted before age 15 have a 0.29-unit reduction of mental health ratings on a five-point scale. The result is statistically significant with a 95% confidence level. However, the linear regression model does not fit the data as the R square is 0.00 when only

considering two digits after the decimal. After controlling the variables like sex, age, physical and mental/psychological disability status, and the province of residence, the relationship between sexual assault victimization and self-rated mental health is no longer statistically significant with a 95% confidence level. Although the result shows that people with a mental disability are more likely to report a 1.30-unit reduction in mental health rating, which may be considered a strong indicator of one's mental health rating, the relationship is also not statistically significant with a 95% confidence level. The result in model 2 shows that all variables considered in the weighted ordinary least squares regression are not key indicators of respondents' self-rated mental health; the key indicators of one's mental health are not included in the model. At least, the R square in model 2 is 0.17, higher than the R square in model 1, which means that the second regression model fits the data relatively better than the first model.

Discussion

The results from the weighted sample falsify all the hypotheses and all indicators that other studies suggest regarding the factors impacting the likelihood of experiencing sexually assaulted before a certain age, experiencing sexually assaulted when the victims are familiar with the attackers, and the mental health consequence of the sexual assault victimization at a young age.

Based on the result, I suggest future studies to find other indicators that explain the potential causes of sexual assault victimization against men in Canada and the consequences of the victimization. However, many limitations may negatively impact the reliability and validity of the data analysis results in my paper due to the limited survey questions in the dataset and the author's limited knowledge of running the most suitable statistical models. Future studies can examine the young male or men's sexual violence victimization by collecting primary data and

using more advanced regression analysis to generate more sophisticated insights into the causes and impact of sexual violence targeting men, which is an essential step before identifying effective policy interventions to address the issue.

Although the result generated from the GSS dataset suggests no statistically significant relationship between men and sexual assault victimization or between men who have a disability and their mental health, some case studies still find challenges that male victims may face, such as underreporting (Masho & Alvanzo, 2010), which the dataset could not find out because no relevant question was asked. Despite the challenges the male victims face may not be a generalizable trend, policy advisors can still help the cases through some interventions.

Some studies may be helpful for potential policy interventions of helping male sexual assault victims. Basile et al. (2009) suggest preventing sexual violence from happening in the U.S. school setting considering the prevalence of youth victimization; ways include increasing family support and strengthening ties between students and school, though the policy is not targeting young men because the victims are more likely to be young women. Ontario Human Rights Commission's (2013) policy also suggest different institutions, such as schools, apartments, and workplace, develop clear and comprehensive anti-sexual and gender-based harassment policies and contact local police services for severe forms of sexual harassment or Human Rights Tribunal of Ontario (HRTO) for legal support. Although Lee and Wong's (2017) policy suggestions for solving sexual assault in Canadian universities do not specify sexual assault against men, the recommendations may also work for men survivors: having knowledge, resources, and training about sexual violence, ensuring the policies are effective, comprehensive, and the students are feeling satisfied. Roebuck et al. (2020) provide a good example of a legal response: revising the Criminal Code of Canada and including more examples of sexual assault

or sexual violence in criminal acts, which requires future studies to determine the activities currently ignored by the legal system.

My major suggestion for addressing sexual assault against males and men is similar to Roebuck et al.'s (2020) idea: provide enough resources, rights, and services for every gender. I argue that justice is ensuring everyone is helped rather than ignoring men and sexual minorities and focusing on women. The reason is that many men do not report sexual assault victimization due to the masculinity culture and lack of support, which may be hard to estimate. Therefore, the solution is to prioritize and provide more support to women because of a higher rate of sexual assault victimization, and at the same time, not ignore men victims.

Conclusion

The study uses logistics regression and ordinary least squares regression to test the hypotheses that the GSS dataset can answer. The data analysis results based on the 2014 GSS victimization dataset show that there is no statistically significant relationship between sex and the victim-perpetrator relationship, males' physical and mental/psychological disability status and experiencing sexual assault before age 15, and no relationship between sexual assault victimization and self-rated mental health, which suggests that no policy intervention should be done in Canada is required to help male victims and male victims with disabilities or pay more attention to the victims' their mental health. However, my secondary study is a preliminary examination of males experiencing sexual assault in Canada. The result may not be accurate because the dataset was outdated, the data analysis section may be inaccurate due to the limited knowledge I have, and the questions and sociodemographic information collected by the dataset do not enable researchers to find or test all potential key indicators of the causes and consequences of male sexual assault victimization. To address the sexual assault against males in

Canada, several ministries or institutions should work together from several dimensions, such as legal responses, sexual assault prevention, and victim supports through the healthcare and policing system, as sexual assault is a complex issue that happens in various institutions and contexts.

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Tables

Table 1. Descriptive Statistics of the Variables, Unweighted

Variable	N	Mean/%
Sex		
Male	15134	45.74%
Female	17955	54.26%
Was sexually assaulted		
Yes, at least once	3071	9.46%
Never	29387	90.54%
Relationship between victims and attackers		
Familiar with	2310	76.57%
Not familiar with	707	23.43%
Physical disability status		
Yes	6432	19.70%
No	26219	80.30%
Mental/psychological disability status		
Yes	2072	6.34%
No	30592	93.66%
Self-rated mental health		
Excellent (5)	12229	37.33%
Very good (4)	11075	33.81%
Good (3)	7626	23.28%
Fair (2)	1487	4.54%
Poor (1)	343	1.05%
Age group (years)		
15 to 24	3958	11.96%
25 to 34	3966	11.99%
34 to 44	4832	14.60%
45 to 54	5585	16.88%
55 to 64	6599	19.94%
65 to 74	5026	15.19%
75 years and older	3123	9.44%
Province of residence		
NL	1592	4.81%
Prince Edward Island	724	2.19%
Nova Scotia	3908	11.81%
New Brunswick	1744	5.27%
Quebec	6245	18.87%
Ontario	8432	25.48%

Manitoba	2106	6.36%
Saskatchewan	1728	5.22%
Alberta	3077	9.30%
British Columbia	3533	10.68%

Note: NL=Newfoundland and Labrador

Source: Statistics Canada. 2014. General Social Survey, cycle 28 Victimization

Table 2. Logistics Regression of Sexual Assault Victimization When Victims Know the Attacker for Male and Female, Weighted

Factor	Model 1		Model 2	
	Odds Ratio	95% CI	Odds Ratio	95% CI
Female	2.72	0.75-9.89	2.77	0.71-10.81
Age group (years)				
15 to 24			reference	
25 to 34			1.32	0.02-81.81
35 to 44			0.98	0.02-41.36
45 to 54			0.96	0.02-43.35
55 to 64			1.11	0.03-46.08
65 to 74			1.01	0.02-42.47
75 years and older			1.33	0.02-87.52
Visible minority status				
Not a visible minority			1.84	0.27-12.63
Disability				
Physical			0.99	0.22-4.54
Mental/psychological			0.93	0.14-6.14
Province of residence				
N.L.			reference	
Prince Edward Island			0.89	0.01-153.71
Nova Scotia			0.65	0.02-26.91
New Brunswick			0.74	0.02-36.25
Quebec			0.35	0.01-10.64
Ontario			0.43	0.01-12.91
Manitoba			0.67	0.01-49.23
Saskatchewan			0.49	0.01-34.10
Alberta			0.30	0.01-11.23
British Columbia			0.56	0.01-21.54

*p < .05. **p < .01.

Note: CI=confidence interval

Source: Statistics Canada. 2014. General Social Survey, cycle 28 Victimization

Table 3. Logistics Regression of Male Victims and Sexually Assault Victimization When Having a Physical or Mental/Psychological Disability, Weighted

Factor	Model 1		Model 2	
	Odds Ratio	95% CI	Odds Ratio	95% CI
Disability				
Physical	2.17	0.31-13.31	1.79	0.30-18.01
Mental/psychological	2.02	0.44-10.85	2.31	0.30-10.62
Visible minority status				
Not a visible minority			1.28	0.20-8.02
Age group (years)				
15 to 24				reference
25 to 34			5.65	0.03-1002.47
35 to 44			12.02	0.09-1599.74
45 to 54			13.34	0.10-1796.08
55 to 64			15.17	0.11-2122.06
65 to 74			17.58	0.12-2499.56
75 years and older			7.25	0.04-1313.26
Province of residence				
N.L.				reference
Prince Edward Island			2.36	0.04-138.32
Nova Scotia			1.46	0.07-30.02
New Brunswick			1.70	0.07-43.84
Quebec			2.01	0.11-36.15
Ontario			1.25	0.06-25.00
Manitoba			1.24	0.04-34.57
Saskatchewan			1.44	0.04-51.67
Alberta			1.20	0.04-36.22
British Columbia			1.42	0.06-34.18

*p < .05. **p < .01.

Note: CI=confidence interval

Source: Statistics Canada. 2014. General Social Survey, cycle 28 Victimization

Table 4. Self-rated Mental Health Regressed on Sexual Assault Victimization and Other Selected Variables, Weighted

	Model 1	Model 2
	Coefficient	Coefficient

Independent Variables

Was sexually assaulted	-0.29*	-0.11
Sex		
Male		reference
Female		0.01
Visible minority status		
Not a visible minority		0.30
Age group (years)		
15 to 24		reference
25 to 34		0.00
35 to 44		0.00
45 to 54		0.00
55 to 64		0.02
65 to 74		0.07
75 years and older		-0.10
Disability		
Physical		-0.40
Mental/psychological		-1.30
Province of residence		
Newfoundland and Labrador		reference
Prince Edward Island		-0.14
Nova Scotia		-0.06
New Brunswick		-0.08
Quebec		0.11
Ontario		-0.03
Manitoba		-0.05
Saskatchewan		-0.16
Alberta		-0.03
British Columbia		-0.02
R ²	0.00	0.17
N	28633747	28425865.00

*p < .05. **p < .01.

Source: Statistics Canada. 2014. General Social Survey, cycle 28 Victimization