



AVALON
SEXUAL ASSAULT CENTRE

Annual Report
2013-2014

**Message
from the
Executive
Director and
the Chair of
the Board**

Greetings

This report provides highlights of the past year and is a collaborative effort on behalf of the Chair of the Board and the Acting Executive Director, and also includes input from staff members of the Avalon Sexual Assault Centre.

The fiscal year of 2013/14 was one of challenges, tragedy, resilience, and change that affected not only Avalon Centre but also the community of HRM and the Province of Nova Scotia. As the only sexual assault service in HRM and one of three in NS, Avalon Centre has had leadership and support roles in many endeavors that have been initiated in the past year to address sexualized violence and abuse. In September, Irene Smith, the Executive Director for the past 18 years, announced she would retire in March 2014. Jackie Stevens, Coordinator of Community/Legal Education and Training was named Acting Executive Director for 2014/15.

In early April 2013, we were saddened to hear of the tragic death of a young woman, Rehtaeh Parsons. Her difficult battle for appropriate and timely support following a sexual assault, ongoing issues with bullying related to the assault and secondary wounding, lead to multiple trauma responses and her suicide. Rehtaeh's family went public with her story which demanded response from all systems involved and lead to overwhelming public attention to the issue of sexualized violence, bullying, and appropriate response to the issue province wide. A long overdue and immense response to address this very serious issue ensued, from our living rooms, to the community, schools, provincial and federal governments, across the country.

Publicity surrounding Rehtaeh's death, prompted a flood of calls for support, resources, media inquiries/interviews, and requests for services. Avalon's attention was turned towards responding to the community's needs, creating a crisis to

provide adequate response at all levels in the months following.

Also this year, a group of adult survivors of physical and sexual abuse at the Nova Scotia Home for Coloured Children took action against the Home and the Provincial government. Their courage to come forward inspired others to speak out against sexualized violence and abuse and was a catalyst for systemic action. Our community was further outraged and then mobilized after publicity about sexist and rape inciting chants during Frosh Week at Saint Mary's University. Since then, a great deal of community, institutional, and government attention continues to be focused on sexualized violence, with a plan to implement a sexual assault framework for the province, and organizations and institutions improving their capacity to address sexualized violence. Avalon Centre has met with government, police, universities, and other systems throughout the year and these meetings, discussions, and plan for an improved response within HRM and across the province continue.

As Avalon Centre entered into a new fiscal year, we were already struggling to address the ongoing and increased demands on the organization. The NDP government provided Avalon Centre with one time Emergency Funding in the amount of \$100,000 to help us address the increased demand and ensuing crisis. This funding enabled us to re-instate a full time position that had been reduced, and to increase a part time counsellor to full time and to extend her term of employment. We received funding from Service Canada for a summer student to assist with communications and public awareness. The emergency funding enabled us to extend her position to include a fall co-op placement and then to hire her part time. We were able to hire an additional Relational Healing counsellor for a one year term.

Program Highlights

Legal Support/Advocacy

The Canadian Women's Foundation provided one year funding for the Legal Support Advocate position. As a result we were able to reinstate this program between January 2014-March 2015. Between January to March, the Legal Support Advocate provided direct services to 26 clients and provided general support and advocacy to 29 other individuals.

Individual Counselling and Group Programs

Despite the increases to our staff compliment the level of demand on the counseling program continued to increase. This fiscal year we re-

ceived 321 requests for counseling services. We provided services to 86 more people than last year just through the counseling program. This increase has added to our wait list for Relational Healing Counselling and has extended the wait time for Foundations of Safety counseling as we struggle to respond to new requests and people in need of services after an immediate sexual assault or as a result of a crisis. The counseling program was evaluated by an independent researcher with a goal of providing insight as to the effectiveness of our program as well as to identify gaps and areas for improvement. This document will also serve as a guide for other organizations as they embark on formalizing sexual assault services.



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Community/Legal Education and Training

The Youth Outreach Education Project ran from January to December 2013. This year we provided engagement/mobilization arts based workshops for 153 participants in 9 schools and through 37 community events. We produced a video, *A Beautiful Struggle*, which showcases the art activism of the girls and young women who were part of this project. While we continued to provide school and community based education programs and first responder training for other services providers this year, there was an increased focus on professional consultation and collaborative initiatives with community partners

to address gaps in service delivery and build capacity.

Sexual Assault Nurse Examiner Program (SANE)

Direct medical/forensic response was provided to 113 clients this year. Additional immediate assistance was also provided to 58 clients and health care professionals for a total of 171 immediate response calls. This is an increase over the past fiscal year. The SANE Coordinator focused on providing further education to hospital and medical staff and students at the IWK and other SANE partners.

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Year in Review

- **Start By Believing:** Avalon Centre brought this campaign initiated by Ending Violence Against Women International to HRM. The campaign highlights the need for community and service providers to believe people when they disclose sexual assault/abuse and to mobilize to address systemic violence and other forms of oppression. We launched a video and bus poster campaign last fall as well as hosted a "Start by Believing" conference which was well-attended and included a number of highly regarded experts.
- Avalon Board and Staff met to revise our Mission and Guiding Principles and to begin identifying a strategy to sustain existing programs and services and work towards building capacity to address gaps in our service delivery.
- **Provincial Sexual Assault Strategy (NDP):** Hub Model \$22,000 – With this funding Avalon Centre gathered with various organizations from across the province to develop a demonstration project proposal. Our intention was to develop a provincial hub model for sexual assault delivery. We were unsuccessful in obtaining funding for this initiative.
- **Dartmouth North Violence Against Women and Girls Prevention Project:** We received two year funding from Status of Women Canada to conduct a community needs assessment and pilot a community mobilization strategy. \$200,000 over two years
- **Canadian Women's Foundation:** Initial Response Legal Support Advocate/Counsellor \$25,000 awarded; Emergency funding \$25,000

- Province of Nova Scotia: \$100,000 one time emergency funding
- Law Foundation of Nova Scotia: Community Legal Education – \$50,733 continual funding
- Canadian Women's Foundation: Youth Outreach Education Project – \$28,000 one year funding

Advocacy/Community Capacity Building Activities

- Avalon Centre provided consultation to the Halifax Regional Police regarding their sexual assault media messaging. We also presented to the HRP/RCMP Executive Committee Management Team on trauma informed response.
- We presented the Avalon Model to the Provincial Sexual Assault Strategy Committee and participated in a number of consultation processes as part of the government's sexual assault strategy for the province. We provided consultation to former Minister Marilyn More as part of the province's Sexual Assault Action Plan.
- We provided consultation to Saint Mary's University and presented to the President's Round Table Committee that was struck to improve university response to sexual assault.
- We have had various meetings with the IWK to discuss improving referrals and coordination between our services, a future partnership to build the IWK's trauma informed practice.



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Moving Forward

In 2014/15 we continue to work toward sustainability of staff resources and service delivery. We are committed to building stronger community partnerships and collaborations to identify and address gaps in sexual assault service delivery and to enable us all to respond better to victims/survivors. While Avalon Centre has provided services, resources, and support to trans individuals through our SANE and Community Education programs and through our phone information/support/referral service we have only recently started to provide counseling to trans people who have experienced sexual assault and abuse. We continue to seek training, build our capacity, and build/improve relationships with trans communities in order to improve our response and ensure that Avalon Centre is a safe space to access services.

member), Angela Jeffrey, Tess Laidlaw, and Ilana Luther. Staff members (permanent, term, contract, students) – Cindy Preeper, Elizabeth Fitzgerald, Irene Smith, Autumn Chilcote, Gwyneth Dunsford, Pam Rubin, Erin Grinnell, Elaine Toombs, and Ann Lawton.

Much appreciation to our funders: Department of Community Services, Capital Health, Law Foundation of Nova Scotia, The Canadian Women's Foundation, Status of Women Canada, The Province of Nova Scotia via the Nova Scotia Advisory Council on the Status of Women, and the Halifax Regional Municipality Community Grants. We wish to also thank the organizers, contributors, performers, participants, and donors involved in our annual fundraiser Light After Dark with special thanks to past-board member Lee Ann Arsenault and the Company House for making the event possible. Thanks to Kitchen Design Plus, the Saint Mary's Women's Centre, and Can't Stop the Serenity for organizing third party fundraisers on our behalf. We wish also to acknowledge everyone who has also donated to Avalon Sexual Assault Centre over the year. We appreciate your ongoing support.

We also acknowledge the courage and strength of the people who access our services and who reach out to us. You inspire us to continue to do this important work. This past year the ongoing trust and support shown by our community partners and supporters, members of the general public, as well as people who have experienced sexualized violence and abuse has been greatly appreciated. As we move forward into a new fiscal year we do so knowing that there is wide spread commitment and mobilization to end sexualized violence in Nova Scotia. I come full circle in acknowledging one of the catalysts for change. Irene Smith stated in her interview with Global News at the Start By Believing confer-



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Appreciations

For the past 18 years Irene Smith has led Avalon Sexual Assault Centre through organizational restructuring and has been at the forefront of the development of the Counselling and SANE Programs. She has advocated tirelessly for sustainable funding for the organization and for systemic and social change. She has provided compassionate response to people who have reached out to Avalon Centre over the years. Irene has been a mentor and support to all Avalon staff members. Thank you Irene for your many years of dedication and inspiration. We wish you well in your retirement and future endeavors. We would like to also acknowledge the contributions of the following outgoing staff and board members: Board members - Gaye Wishart (out-going Board Chair/staying on as a board

ence, "Without a doubt, Rehtaeh's legacy is that she has mobilized this province in a way that we've never seen before. Other people who've experienced sexualized violence are finally feeling as if they're not alone and that they have a voice." To Rehtaeh's parents, Glen Canning and Leah Parsons, your profound courage during the most heartbreaking experience has had tremendous impact on how our city, province and country are addressing sexualized violence. Words cannot express how thankful we are for all that you have done and the support you have shown for Avalon. Our thoughts are with you and with everyone impacted by sexual violence and abuse.

Avalon Board Key Result Areas and Goals

Financial Stability and Sustainability - To establish and implement plans that will ensure the financial stability and sustainability of Avalon Centre.

Strong Governance - To ensure a diverse, engaged and well informed Board of Directors that provides direction for the organization through sound decision-making.

Human Resource Strategy - To develop, implement and maintain a human resource strategy that strives to ensure sufficient staff resources for effective service delivery and fosters a workplace where employees feel fully engaged and supported.

Public Awareness, Recognition and Relationships - To strengthen the recognition of Avalon Centre's role in addressing sexualized violence and the centre's interaction with community, public, government, media and private sectors.

Strategic Planning - To develop, implement and evaluate a strategic plan (strategic framework and annual action plan) for continuous quality improvement for all components of the organization.

Jackie Stevens, *Acting Executive Director*

Kerry Copeland, *Board Chair*

Vision Statement

We aspire to a world in which individuals are empowered and mobilized to share responsibility in creating communities free from sexualized violence and abuse. We provide a leadership role in raising awareness, supporting those who have experienced sexualized violence, holding sexual perpetrators accountable, and influencing social and systemic change.

Mission Statement

Using a feminist lens* to analyze and respond to sexualized violence/abuse and other forms of oppression, we offer a continuum of specialized services, with an emphasis on support, counselling, education, immediate medical care, forensic evaluation, leadership, and advocacy. Our services are available to those affected by all forms of sexualized violence/abuse, their families, the general public, and other support/service providers.

Guiding Principles

As advocates, counsellors, educators, health practitioners and activists, we are committed to providing a leadership role in the community by developing our practice around the following guiding principles:

- We believe that we can be free from sexualized violence and abuse by promoting equality and changing social norms. Therefore, we are committed to working with our colleagues, clients and community using a feminist lens to invoke healing and change.
- We believe that healing is a process. Therefore, we offer a variety of program options that reflect different needs and layers of recovery work to promote healing.
- We believe in using a flexible, collaborative approach that supports the inherent right to self-determination. As such, we support clients by being non-judgmental, providing information about their options and affirming their decisions.
- We are committed to a practice approach that empowers those impacted by sexualized violence and holds perpetrators responsible for crimes committed.
- We are committed to improving access for individuals who have been affected by sexualized violence.
- We are committed to a leadership role advocating for justice.
- We are committed to working with community partners on a local, provincial and national level to improve social policy and create social change.
- We strive to foster an environment that supports team care and resiliency to vicarious traumatization and that provides professional growth and learning opportunities for Avalon team members, students and volunteers.
- We strive to be flexible and accountable by developing policies, procedures and programs that are in keeping with our mission statement, principles and resources.
- We support leadership and employment opportunities for women.

We acknowledge that sexualized violence profoundly affects individuals, families and our community. We ask every member of our community to support us in assisting those who have been sexually victimized to heal from the injuries of such crimes. We challenge all people to help raise awareness surrounding sexualized violence and to create a world promoting individual freedom, safety, and empowerment.

***Feminist Lens:** Having an understanding of the root causes of sexualized violence—defined as social sexism and the oppression of marginalized groups—and a commitment to changing the social and political culture that condones, supports and permits it; then, applying that understanding and commitment in all planning, decision-making and actions.

***Vision,
Mission
And
Guiding
Principles***



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Individual Counselling and Group Program Services

The Counselling Team

The counselling team currently consists of three full-time positions filled by Nancy Gray, Allison Desjardins, and Glenda Haydon. In addition, a one-year, full-time term position has been filled by Autumn Chilcote since July 2013. Autumn was hired in a temporary position to fill in for Elizabeth Fitzgerald who went on a six month leave beginning in May 2013. With Elizabeth's subsequent resignation in November 2013, Allison was hired on a permanent basis in recognition of her excellent work filling the Initial Response Counselling position.

Previous to Elizabeth's resignation, Allison had been hired on an extended term over a 16 month period. This term position had been previously filled by Pam Rubin from January to June 2012. The position was newly created in response to increasingly high counselling request demands over the past 5 years, which had become unmanageable with three coun-

selling positions. The Initial Response Counselling position began on a part-time basis for the first 6 months and then was extended to a four day a week position over a brief period before it became a 5 day a week position due to an overload of work demands. While Pam Rubin was not able to extend her contract beyond the first 6 months of this position she later was able to rejoin the Avalon team working on contract one day a week between June and October 2013, as well as during the month of December. Pam assisted the counselling team in providing initial consultations and in addressing advocacy related concerns. Her assistance helped us to move through a difficult transition period in response to a counsellor needing to go on leave in the spring followed by her resignation in the fall. During the months of May and June 2013, we were down to three counsellors until we were able to fill the one-year term position.

Individual Counselling Services

The current counselling services offered by Avalon Centre include: initial phone counselling requests, initial consultation sessions, quicker to access safety foundation building sessions, relational healing-focused sessions and follow-up counselling sessions. New counselling request calls are responded to within a week and we strive to offer an initial consultation session to each new client of the Centre within four weeks. Women who have experienced recent sexual assault (past month) continue to be prioritized for consultations, which are offered within a one week period to the best of our ability.

We continue to provide up to 10 initial, quicker to access "Foundations of Safety" sessions to those who have experienced recent sexual assault. We have broadened our quicker to access Foundations of Safety sessions to include all those who have experienced sexual assault within a one year period. The reality we see is that the immediate safety ramifications following sexual assault generally extend throughout the first year and in many cases even beyond. These safety related concerns include: addressing high levels of emotional distress and risk of self-harm and suicidal ideation due to the recent trauma; heightened exposure to secondary wounding through disclosures to peers, family members and systems and in particular with the criminal justice system; concerns around further victimization by the perpetrator(s); and safe housing barriers. We are aware of a vital "window period" following more recent sexual assault to work

to actively offset, buffer and counteract the internalization of sexual assault related stigma and victim-blaming. We are also aware that a significant number of those who experience recent assault are youth and young women within the 16-25 age range, which represents an age group that are at a higher risk of not following through with counselling when not seen more quickly following the initial call. With the fourth counselling (term) position, the additional counselling hours have allowed us to ensure that all those who identified experiencing sexual assault within the past year were able to begin Foundations of Safety sessions shortly following their initial consultation. This has met a vital need that would not have been possible without the addition of this position.

We continue to offer up to 20 initial "relational healing" focused sessions for those who have experienced past sexual violations in childhood or adulthood. Our wait list for these sessions doubled to 12 months by the end of the 2013-2014 fiscal -year due to a 26% increase in counselling requests over just a one-year period. In an attempt to help a small percentage of women manage our long wait list, we began providing the option of from 1 -3 quicker to access "check-in" sessions for those indicating a particularly high level of distress and crisis. We are aware that many women who contact us for counselling related to historical sexual abuse often call at a point when life circumstances have set off a flood of flashbacks and memories resurfacing



from the past trauma. We know that this flooding experience feels to the person like “the abuse is happening all over again”. Thus, we know that there is also an important “window period” for these individuals in providing some immediate assistance in grounding and stabilization to help offset a greater crisis developing. While we are able to offer this small “safety net” to a few women, we know that many others on our wait list also need this assistance. It is difficult to gauge who is most in need as some women do not share the full extent of emotional distress that they are experiencing in one initial consultation session. We are also aware that women drop off from the wait list as they lose their nerve and motivation to begin specialized sexual abuse/assault counselling after such a long wait.

The Counselling Program also provides “follow-up” sessions for women who have engaged in counselling sessions at Avalon Centre and are no longer requiring more frequent sessions. This allows client’s to extend and stretch out the container of support provided by Avalon Centre, which women report makes all the difference in their level of security in managing this transition. Many have named that even knowing they can call in for a follow-up session helps to avoid becoming overwhelmed when triggers arise at times of significant life challenges!

As the statistics have shown over the years, a high percentage of women return to Avalon Centre to address further layers often stemming from multiple abuse experiences often beginning in childhood, which have caused major ramifications in their lives. Women are able to re-access further counselling sessions in either our “Foundations of Safety” or our “Relational Heal-

ing” streams following taking a mandatory break. This approach is in keeping with our stepping-stone model, which supports a safe and gradual shifting away from survival-based coping responses, as well as, an incremental processing of significant past trauma and losses. The mandatory break serves to help manage our wait lists and works for some women.

However, for many of our clients who experience complex trauma as a result of significant early life abuse and neglect, the requirement of mandatory breaks impedes the building of safety, consistency and trust, which are absolutely necessary to create a therapeutic working alliance. Enforcing mandatory breaks in these cases often results in therapeutic ruptures and failures, which contributes further to women’s feelings of despair, abandonment and hopelessness. These outcomes also add tremendously to counsellor’s experience of vicarious trauma. Just as significantly, women who are currently experiencing ongoing crisis due to repeated sexual assaults, threat of a further assault or harassment, or an ongoing court process are also not in a safe position to be required to take a mandatory break. Therefore, in order to maintain our practice of client centered, ethical therapy and to ensure that we meet the required standard of “do no harm”, we determine each woman’s needs on an individual basis to determine the timing of required breaks. For those individuals who are in a better position to safely manage breaks, we offer occasional “check-in sessions on an as needed basis to help offset concerns regarding significant setbacks occurring when losing the safety net of a trusted counsellor in the midst of their healing process. Many women have made use of these check-in sessions.

Group Program Service

During the 2013/2014 programming year, the counselling team of Avalon Sexual Assault Centre once again offered a reduced group program to focus limited resources towards addressing ongoing high requests from women seeking individual counselling.

We presently offer groups within three broad areas of focus including: “Safety Building Foundational Group Programs”, “Relational Healing Focused Group Programs” and “Living Fully in the Present Group Programs”. In a general sense, the safety building foundational programs help prepare women for the relational trauma healing focused programs, which in turn help prepare women for late stage, living fully in the present programs. All group programs are co-facilitated by Avalon Centre counselling team

staff, which ensures a high standard of safety.

The Group Program Services provided by Avalon Centre this fiscal year consisted of 5 group programs totaling 14 sessions, along with 10 pre-group meetings. Avalon Centre provided 128.75 hours of direct client service through our group’s sessions. A combined total of 46 women began in these programs, while 42 completed them. Overall, we saw a decrease in the number of group sessions offered this year as compared with the previous fiscal year.

*Please note that Elaine Toombs, a graduate student with the Health Promotions Department of Dalhousie University co-facilitated our two spring, “Counselling Program Evaluation Project Focus Groups” with Nancy Gray.

Individual Counselling and Group Program Services



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Individual Counselling and Group Program Services

Service Demand

The extreme 26% increase this past fiscal year has stretched our current resources beyond our ability to meet service demands. We recognize that the surge in demand experienced by Avalon Centre during the 2013-2014 fiscal year significantly affected all staff and all programs. Over these last years we have seen an increase in counselling requests involving adult sexual assault including recent assaults. At the same time, the requests involving childhood sexual abuse have remained fairly consistent. We have needed to cope with these demands by prioritizing access to Foundations of Safety counselling sessions to those who have experienced sexual assault within the last year. This has resulted in a steady increase in our wait list for Relational Healing sessions, which has gradually built up to reach its current record length of a 14 month wait.

This circumstance has necessarily resulted in our no longer being able to serve well the population base contacting Avalon Centre for therapeutic counselling to address childhood sexual abuse and earlier life sexual assault because of the very lengthy waitlist. The Counselling Program holds a long tradition of providing high quality therapeutic healing counselling to this popula-

tion. This current limitation has represented a real loss to the women, our Centre and the community.

During this fiscal year, we have also been experiencing the challenge of meeting the service needs for those who have experienced a recent assault due to the high numbers. We have not been able to always maintain our service parameter of providing an initial consultation session within one week of contact for women who have experienced a very recent assault. It is also evident that many of these clients require weekly counselling sessions, which we are not able to provide. These individuals also have greater needs for phone support and advocacy.

The addition of the fourth counselling position through term contracts over the past (almost) two years has been detrimental in surviving through this time of further increased demand with more clients in higher levels of crisis. As numbers have further peaked over the past year, we now need two full-time positions to be able to meet the demands and to be sustainable. We really appreciate all of the incredible efforts of Irene, Jackie and our board in working hard to address this vital service need!

Counselling Program Evaluation Project

In January of 2013, the Counselling Program began working with Elaine Toombs, a graduate student with the Health Promotions Department of Dalhousie University to develop a program evaluation template and to complete an evaluation project. The project was divided into two phases including: an individual counselling program evaluation and a focus group component involving women who have taken part in our group program over the past two and a half years.

We co-developed two individual counselling program evaluation questionnaires following a feminist-based qualitative research model of narrative-based interviewing. The questionnaires reflect the two streams of the counselling program, (Foundations of Safety stream and the Relational Healing stream). We also developed a set of questions for the focus groups to capture how our specialized counselling program model differs in comparison to other sources of counselling and psychotherapy offered in our community. We then developed information and consent forms for the individual counselling program evaluation interviews and for the focus groups. Women were invited to participate in two focus

groups, which were held during the month of June this year.

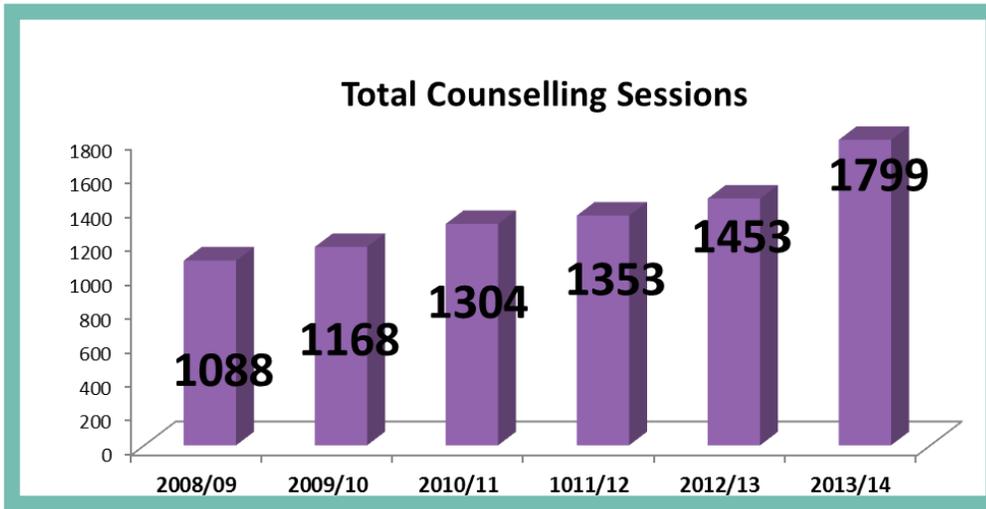
A total of 28 women participated in the project. These participants completed a total of 41 interviews, which included: 13 in person individual interviews, 10 online questionnaires, one telephone interview and two focus groups, with a total of 15 participants. The focus group interviews reflected primarily on our group programs while the individual interviews and on line questionnaires focused on the individual counselling component of our service. Some women participated in both the individual counselling and group program interview components.

Elaine completed a draft of the key theme areas identified by the project participants including their quotes and sent this piece of the document out to each participant to ensure that they were assured that their confidentiality has been protected and their feedback had been accurately reflected in the document. The results will be available to the public once we have had a chance to review and respond to the evaluation as an organization.



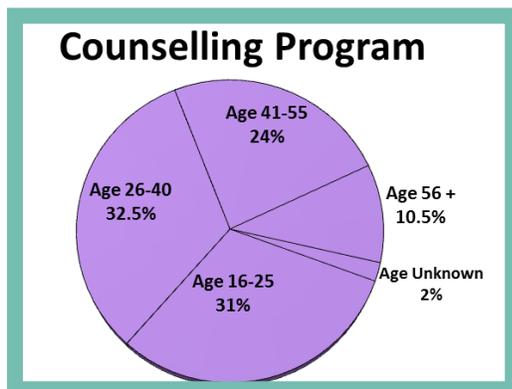
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Statistical Breakdown of Counselling Program



*Individual
Counselling
and Group
Program
Services*

- We see a continuing increase in total counselling sessions over the past six years. This has been facilitated by a gradual expansion in counselling hours due an increase in one of the permanent staff position hours, along with term positions to help us manage the rising counselling request demands.
- The increased counselling sessions total in 2013-14 reflected the peak increase (26%) in counselling requests. We would have seen a much higher increase in total counselling sessions this year if we had had the staff capacity to work with many more women who were placed on our very lengthy wait list for Relational Healing sessions. The number of foundation of safety sessions showed a significant increase this year while the relational healing sessions showed a modest decrease. We saw a small increase in consultation sessions above last year's totals.
- The number of foundation of safety sessions showed a very large jump of 359 additional sessions above the previous fiscal year. The relational healing sessions showed a significant decrease of 135 less sessions below the previous year. We saw a large increase in consultation sessions with 122 additional sessions above last year's totals.
- The percentage of childhood sexual abuse cases remained on par (67.5%), while the percentage of adult sexual assault cases showed a slight increase (54%). This resulted in a decreasing 13.5% disparity.
- The past fiscal year represents the highest total counselling requests recorded since the professional counselling program began in 1996.



Community/ Legal Education and Professional Training

About the Program

The Community/Legal Education and Professional Training Program includes four types of educational services: Public Awareness and Public Education, Community and School Based Education, Legal Education, and Professional Training. This program also encompasses professional consultation, public/professional information sessions, community consultation/liason/mobilization, public speaking, resource displays, and resource development/distribution. In the past few years art based activism and empowerment has been integral to our prevention and awareness programming. While this has been emphasized in our work with girls and young women we have been exploring this medium with all youth and also to some extent with adults and other service providers.

The main objectives of this program are: To increase understanding of root causes and effects of sexualized violence. To change societal, professional, and systemic perceptions of and responses to victims/survivors of sexualized violence.

There are four primary goals of our Community/Legal Education and Professional Training Program. They are: to prevent sexualized violence from occurring, to increase support for people who have been sexually victimized, to address sexualized violence and abuse as a systemic societal issue that intersects with other forms of oppression and discrimination, and to engage/mobilize people and communities to take action on sexualized violence.

Along with the coordination of the program and the day to day activities that I was responsible for, there were two active projects under the auspice of Community/Legal Education and Training: The Dartmouth North Prevention of Violence Against Women and Girls Project funded by the Status of Women Canada (March 2013 -December 2015) and the Youth Outreach Education Project funded by the Canadian Women's Foundation (January-December 2013). The Youth Outreach Educator responsible for coordinating youth sexual assault awareness, prevention, empowerment and engagement was Jane Gavin-Hebert. During the first year of the Dart-

mouth North Project there were two coordinators involved in the project, Erin Grinnell and Elaine Toombs. Elaine and Bridget Ebsary (Co-op/Summer Student) also assisted with some community education initiatives. Thanks to other Avalon staff members and student placements who have assisted with resource displays/public events and resource development/distribution this year.

While there were initiatives planned for this fiscal year, the focus and direction of the program slightly shifted in early April due to the sexual assault and suicide of Rehtaeh Parsons and subsequent responses to address sexualized violence in HRM and Nova Scotia. This continued as a result of the increased awareness of the prevalence of rape culture on university campuses resulting from the Frosh Chants that were perceived as promoting/minimizing/mockng rape, the exposure of institutional physical and sexual abuse at the NS Home, and other high profile sexual abuse/assault incidences. As a result of the publicity and the concern over systemic gaps and failures to address incidents of sexual assault/abuse and to respond to victims and survivors, Avalon Centre was called upon to provide crisis intervention, professional consultation, respond to media requests, and to participate in community engagement and mobilization. Many of the activities and initiatives we had planned last spring had to be postponed or cancelled while we addressed the urgent requests that resulted from this crisis situation. As the year progressed we struggled to carry on existing projects and activities as well as also initiate new endeavors and priorities. For example, the Dartmouth North Project that had started in mid-March 2013 had to be delayed and did not get actively started until September. A change in coordinators further delayed the project. SOWC graciously extended our project deadline to December 2015 from March 2015. Unfortunately we also had to cancel or postpone some workshops and meetings and had to decline participation in other events. We appreciate the understanding and support from funders and community partners during this time.

Community/Legal Education and Training

There were 151 inquiries/requests for community/legal education and training. We were able to participate in 89 educational/training related activities. While the number of actual presentations and professional training sessions were lower than other years, we increased our meetings and consultations with other service providers and schools. We found that for some educators/schools and youth service providers there

was an urgency to increase their capacity to respond to sexualized violence/abuse, improve best practices, and to provide sexual assault awareness and prevention for youth. However, we were also informed that some schools were refraining from addressing sexual assault, participating in Sexual Assault Awareness Month, limiting education and public action pertaining to sexualized violence as they felt it was too sensi-



Community/Legal Education and Training

tive and would upset students/parents. There was also a public speculation that some groups and administrators were avoiding the issue of sexual violence and abuse and putting their energies into addressing bullying, cyber bullying and suicide prevention. However, there was an increased public awareness and mobilization that occurred that enabled Avalon to actively interact with the community in unique ways. We were invited to participate in/support/promote community mobilization events. Some media requests enabled us to educate the public more broadly about the systemic issues pertaining to sexualized violence.

Some examples of community/school based education and professional training include the following: We presented at the Cyber Bullying Conference hosted by the Province of NS and participated in a number of initiatives to increase youth engagement in sexual assault awareness and prevention. We participated in a youth conference on Hypersexualization organized by the Canadian Mental Health Association – Halifax Branch. We continued to provide first responder training and volunteer training for Help Line, Ravensburg College, the Saint Mary's University Women's Centre and other student organiza-

tions, as well as the IWK Breast Feeding Grand Rounds (health professionals involved in providing pre/post natal care, labour and delivery, and breast feeding support), and Youth Health Centre Coordinators. We hired and trained new SANE nurses.

All education and training sessions have a legal education component as we provide information about sexual assault laws, consent/age of consent, mandatory reporting, etc. We also get asked to assist with/participate in legal endeavors because of our specialized knowledge of sexual assault law, i.e. guest lecture for SMU criminology and Dalhousie Law School classes. The Halifax Regional Police consulted with Avalon regarding sexual assault media messaging. This year and continuing into the 2014/15 fiscal year we are partnering with the Nova Scotia Barristers' Society and Pro Bono Students Canada at Dalhousie Law School to research, develop, and implement sexual assault training for lawyers/law students. We are partners with the Legal Information Society of Nova Scotia on a project regarding consent. There are other community collaborations in progress that may carry into 2014/15.

Community/ Legal Education and Professional Training

Community Liaison/Professional Consultation/Administrative Duties

The Community/Legal Education and Training program plays an integral role in Avalon's community liaison/collaboration and providing professional consultation and information sessions for services providers, students, community partners, and key stakeholders. The aim of this work is committed to improve collaborative approaches to addressing sexualized violence and responding to victims/survivors. As more and more organizations and communities move toward coordinated sexual assault initiatives and youth engagement activities, they look to Avalon for consultation, support, resources, and as a model of practice. Some of the initiatives included: As part of the Provincial Sexual Assault Strategy and the Sexual Assault Action Plan conducted by the Province we were involved in capacity building and consultation. We were interviewed as part of the research conducted by Students' NS to develop a campus sexual assault strategy. We also presented to the SMU Presidents' Committee that was struck to review sexual assault response after the SMU Frosh Chant incident highlighted the pervasiveness of rape culture on university campuses. We participated in the revision of the Mayor's Round Table to include gender violence and violence against women.

HRP Police Victim Services, Avalon Centre, Bryony House, Alice Housing, The YWCA Halifax and other community/women's organizations are partnered on The Clothesline Project. Through this project we all worked with groups of women to create messages about violence against women on T shirts. These were displayed last November at the Mic Mac Mall and the Halifax Shopping Centre. We partnered with HRP Victims Services, the RCMP/RCMP Victim Services, Provincial Victims Services, Military Police, Silent Witness, THANS, the Native Friendship Centre, NS Association of Black Social Workers, and the Military Family Resource Centre to host a one day symposium on Partner Homicide and a one day sexual assault training workshop.



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**Community/
Legal
Education
and
Professional
Training**

Youth Outreach Education Project

The **Youth Outreach Education Project** ran from January to December 2013. The Avalon Sexual Assault Youth Education Project is committed to supporting youth empowerment and resilience. This project is a partnership with the YWCA Girls' Space, Lea Place Women's Centre in Sheet Harbour and Youth Health Centres in HRM high schools. During the project, the Youth Outreach Educator, Jane Gavin-Hebert facilitated engagement/mobilization arts-based workshops for youth (predominantly girls) ages 12-19 on issues relating to sexualized violence as well as supported sexual assault projects initiated by youth and girls groups. During the project Jane developed and facilitated 18 workshops in 9 schools across HRM for 153 total participants. She participated in/facilitated 37 community events and distributed approximately 450 Avalon resources through the project. 120 participants engaged in art-based programming such as block printing posters, silk screening T shirts, letterpress baking, radical graphic design, digital audio recording, resistance collage, political mobiles, and making empowerment kites.

At the end of the project, we contracted with videographer Krista Davis to create a video showcasing the outcomes of the project. The video *A Beautiful Struggle* is available on our youtube channel. Three new resources also resulted from the project: a new zine which will replace the outdated "little green sexual assault

zine", a brochure on resilience, healing, and empowerment, and Public Education Framework and Youth Education Modules. This resource was designed to provide templates and ideas for teachers, youth workers, and administrators seeking tools and programming ideas educate and engage youth in sexualized violence awareness and prevention. This resource is the result of the tools, programs, and approaches designed and utilized by Avalon Centre during the three years of the Youth Outreach Education Project.

An exciting outcome of this project was that it inspired other service providers to engage more effectively with youth to address sexualized violence and mobilized youth to engage in their own initiatives. The project also enabled us to connect and work with youth who were already politicized and actively addressing sexualized violence and/or were inspired by the project. We were often invited to support or attend youth organized events and to consult with service providers. Some of the youth and young adult women accessing counseling and groups through Avalon Centre also were inspired by the project. As a result the counseling program facilitated an arts activism group. On V-Day, Avalon Centre hosted a social gathering to bring participants from the various art activism and young women engagement groups together to meet and share through art, discussion, spoken word, mentorship, and sisterhood.

Resource Development/Distribution

Avalon Centre continues to update and create new educational and training resources to address learning needs and current issues/trends. This year through the Youth Outreach Education Project we were able to print additional copies of the Stop It ASAP Zine in French. We provided resources to other organizations for their sexual assault initiatives.

Along with distributing resources via education and training sessions, resource displays, to schools and other organizations etc. we also distribute resource materials via email, our website, and social media. Our estimation does not include this method of distribution. We continue to evolve our analysis and approaches to exploring the concept of consent.

Moving Forward

There is an identified need for sustainable funding and increased staff resources to support the Community/Legal Education and Training Program. The continued requests resulting from our work with youth and youth service providers and the continued need for first responder training has demonstrated that awareness and prevention education, youth engagement/mobilization, professional/legal training and program/resource development can no longer be done as part of one year projects by one full time and/or part time or term contract staff. Sexual Assault prevention programming for youth, public awareness campaigns, and professional training have all been identified as a priority in moving forward to address sexualized violence in HRM/Nova Scotia. In order to sus-

tain our current standard of service and to continue to grow and build an innovative education program we must secure increased, sustainable funding. Avalon Sexual Assault Centre is one of the few organizations that has specialized in sexual assault education and training for over 30 years. Even as other organizations and service providers build their capacities in this area they look to Avalon Centre for training and support. This is especially crucial given the demand in Nova Scotia now for sexual assault prevention and awareness and due to the Provincial Sexual Assault Strategy. As we prepare for the new fiscal year we are focusing not only on this sustainability plan but also to address gaps, and build our ca-



capacity to address inclusion, cultural competency, and diversity on a number of levels within our education program.

Statistical Overview

Note: For the purpose of this report I am using the following headings: Number of **Contacts**, **Number of Requests/Activities**, **Education/Training** (includes: community/school presentations, professional/volunteer training, information sessions, resource displays, public events, conferences, key notes, guest lectures, legal education/training endeavors, etc.); **Administrative/Community Liaison/Consultation** (includes: staff/student orientation and supervision, professional consultation, meetings, Avalon professional development); **Inquiries Only** (contacts that did not result in any action to date); **Unable to Attend** (activities we were not able to participate in due to prior commitments, limited resources, did not fit within our mandate, etc.); **Resources Distributed** (includes resources provided during all education and training sessions, resource packages distributed to schools, Youth Health Centres, requested by other service providers for distribution through their activities/programming, resources provided during displays, public events, conferences etc. This does not include the resources distributed through the counselling and SANE programs) and **Number of Participants** (estimate of people who were provided education services).

There appears to be a decrease in the number of contacts this year, however the number of activities carried out increased. Due to the crisis situation and high demand day to day,

statistical tracking was not accurate or consistent and not always identified to a particular program as all staff were responding to all inquiries and requests. There was definitely a higher volume of calls, emails that didn't all get recorded or responded to in a timely way and many missed opportunities due to lack of time or other commitments. The majority of our public and school based education was conducted through the Youth Outreach Education Project. While there was a decrease in education and training, there was an increase in the administrative activities, professional consultations and community collaborations/liaison. This is in keeping with the requests for Avalon's involvement in initiatives related to the NDP government's Provincial Sexual Assault Strategy, the Sexual Assault Action Plan (in response to Rehtaeh Parsons), the Liberal governments Provincial Sexual Assault Strategy, the Saint Mary's University President's Committee, and new initiatives resulting from all of these activities locally and across the province. While we engaged in less community education, we participated in large events like our Start By Believing Conference and other conferences, The Teens Now Talk Youth Expo, public events involving 100 or more people, and training sessions for 30+ people. Resource distribution also increased due to the Start By Believing conference and poster/bus campaign.

Community/ Legal Education and Professional Training

Request/Contact	Total: 608
Education/Training	89 (completed)
Admin/Community Liaison/ Consultation	617
Inquiries Only	27
Unable To Attend	35

Total Number of Participants	Approx. 3, 521
Total Number of Resources Distributed	Over 5,000



Legal Support/ Advocacy

About the Program

The Legal Support/Advocacy service initially was offered between 2007-2012 with funding from the Law Foundation of Nova Scotia. When Avalon's continued funding from the Law Foundation decreased as a result of the economic down turn, we were unable to sustain the staff position for this service. We received a one year grant from the Canadian Women's Foundation that enabled us to re-instate this service and hire an Initial Response and Legal Support and Advocate

Counsellor between January 2014-March 2015.

The Initial Response and Legal Advocate Counsellor (Advocacy Counsellor) assumed this position January 13th, 2014. The following are statistics and summarizations collected from the direct service work and other tasks undertaken by the Advocacy Counsellor for the months of January, February, and March 2014.

Types of Advocacy Requests

- There were a total of 26 new client requests for advocacy counselling in this quarter which took a total of 11.16 direct service hours.
- Types of trauma include:
 - ASA – Adult sexual assault
 - CSA – Childhood sexual abuse
 - SH – Sexual harassment
 - Recent – (ASA past month)
 - Calendar Year (ASA past calendar year)
 - S.A.N.E. – Sexual Assault Nurse Examiner
- Of all clients who presented with ASA, 60% had experienced ASA in the last month or last calendar year, and 40% had been seen by the S.A.N.E. Program.
- Five requests (19.2%) presented with both CSA and ASA. It is important to note that this number likely does not represent the actual number of clients who have experienced both ASA and CSA as not all experiences of trauma may be disclosed to the advocacy counsellor.
- While the advocacy counsellor did not have any individual requests from non-offending parents or partners, the advocacy counsellor met with one non-offending parent with one client, two partners who attended sessions with two clients, and a supportive aunt attended 2 sessions with another client.
- The highest age range category for advocacy counselling requests was the 26-40 category, followed by the 16-25 category. Therefore, 69% of advocacy counselling requests were made by women 40 years of age and under.
- All but one of these requests were made by women within Halifax Regional Municipality.
- The highest number of referrals came from the Avalon Counselling Program (14 referrals), followed by the Avalon S.A.N.E. program (4 referrals).
- Of 26 referrals, only 6 referrals came externally, although this includes 2 referrals that were re-accessing Avalon services.
- The large majority of advocacy requests are regarding the criminal justice system. In total, there were 25 requests made by women for information/support for police and court processes, and court accompaniment.
- In total, 58% of advocacy requests made were regarding the criminal justice system.
- The advocacy counsellor provided 17 initial consults (16 hours) and 20 ongoing support sessions (18.9 hours) with clients which represents 34.25% of the direct service hours this quarter.
- The advocacy counsellor provided 6.25 hours of phone contacts and 1.5 hours of e-mail contacts with clients which represents 7.18% of direct service work hours this quarter.
- The advocacy counsellor spent 11.7 hours on collateral contacts and 6.5 hours on research which represents 16.85% of the direct service work hours this quarter.
- The advocacy counsellor provided a total of 47 hours on court accompaniment this quarter, which represents 43.5% of the direct service work.



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About the Program

Over the past few years Avalon Centre has been working on ways to increase our public identity as well as increase awareness about sexualized violence. We created a communications position to focus on developing our visual identity and improve how we communicate our message to the general public. As part of our organizational strategic planning we are in the process of developing a communications plan that will guide our approach to social media, public awareness

campaigns, fund development, and corporate sponsorship/partnerships. The Communications Officer is responsible for liaising with Media and preparing press releases and other public communications, maintaining the website and social media sites, media watch, collaborating with other staff members on resource development/revision, and event planning, etc.

Communications

Campaigns

Avalon launched a new awareness campaign within the community on the importance of believing people when they disclose their experience. End Violence Against Women International uses the Start by Believing campaign around the world and we chose to bring that campaign to Halifax to continue to spread the message. A group of Nova Scotia Community College graphic design students developed concepts for various campaign materials. Gabrielle Jeannotte created posters with a new twist on the Start by Believing message. To help us spread the Start by Believing message to a wider audience, Halifax Regional Municipality generously donated 120 spaces on Metro Transit buses for our campaign posters. Halifax Regional Police, the Halifax department of the Royal Canadian Mounted Police, the IWK Health Centre and the Nova Scotia Department of Justice partnered with Avalon to cover the cost of the printing for the bus boards. In addition to the posters, Avalon also created a video for the Start by Believing campaign which premiered at the beginning of the conference in September. On September 26 and 27, 2013, Avalon hosted the Start by Believing Conference at the Lord Nelson Hotel in Halifax. The two days were highlighted with presentations from our four guest speakers: Dr. Rani Srivastava, Dr. Lori Haskell, Olga Trujillo and Dr. David Lisak. Approximately 140 people attended from across the province and from various sectors that work in the area of sexualized violence, including police, public prosecution, health care professionals, educators and counsellors.

Media

One of the most prominent news stories in Nova Scotia in 2013 involved a case of sexual assault. In April 2013, Rehtaeh Parsons, age 17, died. She was sexually assaulted when she was 15-years-old and then cyberbullied when a photo of her assault was circulated online. Her parents, Leah Parsons and Glen Canning, brought her story to the public's attention to try to get justice for their daughter. Rehtaeh's story made international headlines and the media was paying significantly more attention to issues of sexualized violence.

On April 10, 2013, Avalon issued a press release expressing our deepest sympathies to Rehtaeh's family. In the release, Executive Director Irene Smith also addressed the normalization in our society of sexualized violence, posing the question "When did sexualized violence, sexual harassment, and stalking become bullying?"

In the months that followed, members of Avalon's staff conducted numerous interviews with media, especially following announcements regarding the provincial government's action plan on sexual violence. There were also reviews conducted into Rehtaeh's experience with the Halifax Regional School Board and the health care system, following which staff members participated in interviews after the release of those reports.

The conference we hosted in September received a great deal of news coverage as well. Reporters from local and provincial news outlets came to the conference and spoke with Avalon staff, conference participants and guest speakers on the importance of having that kind of event to learn about various aspects of sexualized violence. It was covered extensively in television, radio and print news formats.



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Dartmouth North Project

About the Project

Community members and service providers from Dartmouth North contacted Avalon Sexual Assault Centre about bringing the Youth Outreach Education Project to Dartmouth North. Young women in the neighbourhood were identifying risks of violence and gender/societal barriers that were impacting their safety and limiting their potential. These young women were looking for opportunities to explore and address issues pertaining to street harassment/sexual harassment, sexualized violence, intimate partner/family violence, gender/racial oppression, hypersexualization, self-esteem/body image, sexual and self-empowerment, as well as youth/community engagement/mobilization.

In October 2013, Status of Women Canada called for proposals for community mobilization projects to reduce/prevent violence against women and girls in at risk neighbourhoods. The project, considered to address communities who experience increased adversity, specifically in-

volving community violence, is nevertheless deemed important as residents of Dartmouth North have historically faced systemic barriers that can increase the risk of poverty, racism, violence, marginalization, and other forms of oppression. In March 2013, SOWC notified Avalon Centre that we were successful in obtaining the funding for this project. The project duration is March 2013-December 2015.

This project focuses on female youth ages 12-25 living in Dartmouth North. It aims to address the institutional barriers and other factors that limit community efforts to prevent and reduce violence against women and girls in "high-risk" neighbourhoods. This project, funded by Status of Women Canada provides the opportunity for Avalon Sexual Assault Centre to work with organizations and community members in Dartmouth North to address systemic barriers that lead to violence against women and girls.

Community Needs Assessment

The first phase of the project was to build collaboration within the community and to conduct a community needs assessment. Community members were invited to share what they deemed to be critical concerns and what they would like to see accomplished to decrease violence against women and girls in Dartmouth North. The purpose of this needs assessment aims to convey community information regarding key issues surrounding unmet community needs, possible solutions and gaps in the community resources through an informed gender based lens.

The key priorities the community want addressed are:

- **Sexual Assault and Sexualized Violence** (normalization of sexual violence, exploitation of young girls, date rape)
- **Violence associated with means of survival** (sex work, weapons, gangs, drugs)
- **Verbal and Physical Violence** (often in the form of domestic abuse)

Additional findings of areas to be addressed are:

- **Police Presence in the Community** (relationships with community, response time)
- **Barriers to Community Collaboration** (lack of communication, awareness of

programs/services, duplication of programs/services

Recommendations:

- More involvement with the schools in the area. Service providers could facilitate programs during or after school hours and evening programs.
- Community collaboration between service providers and community members should be strengthened.
- Service providers should look at how easy they are to be accessed, like hours of operation, location, cost and lack of specific services.
- Service providers should move towards a trauma-informed model of care.

Strategies for Preventing Violence Against Women and Girls

The next phase of the project aims to identify strategies to address violence against women and girls, and consult with neighbourhoods or communities in which these strategies have already been implemented. The project will then select, adapt and pilot a strategy within the community of Dartmouth North, in partnership with women and girls of the community and additional community partners or collaborators. This approach enables the community to sustain the collaboration and mobilization built through the project, as well as continue to move forward with the chosen strategies and project outcomes beyond the duration of the project and funding.



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About the SANE Program

The Avalon Sexual Assault Nurse Examiner (SANE) Program provides immediate response to sexual assault victims/survivors requiring medical/forensic/supportive care. Now in its 14th year, the program provides SANE response to 4 health centres within Halifax Regional Municipality: QEII Health Sciences Centre, Dartmouth General Hospital, Cobequid Community Health Centre, and IWK Health Centre for Women, Children, and Families. The SANE Program is funded by the Nova Scotia Department of Health and Wellness through the District Health Authority (IWK).

A Sexual Assault Nurse Examiner (SANE) is a registered nurse with advanced training and education in sexual assault examination and treatment, including medical and forensic examination of sexual assault victims. The SANE Program provides emergency response to all ages and genders within 72 hours of a sexual assault.

Response is provided by 2 on-call SANEs 24 hours/day. Immediate care, emotional support, and medical/forensic examinations are provided to victims of sexual assault with their consent. This may include physical assessment for injuries, treatment, support, and information/referral to available resources. A forensic examination may also be completed, which may include evidence collection, careful written and photo documentation, and evaluation of injuries. The SANEs also provide fact and expert testimony if the case proceeds to a court of law.

Victims are offered the following choices: medi-

cal examination, medical and forensic examination with evidence collection for immediate police involvement, as well as medical and forensic examination with evidence collection for storage (6 months) and possible police involvement at a later date. The option to store evidence for potential release at a later date is an empowering and valuable one to sexual assault victims, allowing them some additional time to consider their options and make a decision when they feel better able to do so.

The Program employs a full time SANE Coordinator and a part time SANE Administrative Assistant. Additionally, there are currently 15 active on-call contract SANEs working within the program. The Coordinator and Administrative Assistant are largely involved in administration of the program, as well as community education and involvement.

The SANE Program receives regular daily calls from victims and service providers (i.e. emergency departments, police, family physicians, community organizations) with requests to provide direct care, assistance or advice regarding care or follow-up, or education for service providers or other groups. In addition to the 113 cases seen by the SANEs this year, the program also provided immediate response from the on call SANEs to 58 information calls from victims or service providers regarding immediate sexual assaults throughout the year.

Sexual Assault Nurse Examiner Program

Community Involvement

The SANE Coordinator is involved in a number of community committees and chairs the Halifax Sexual Assault Response Team (HSART). Other involvement of the SANE Coordinator includes: lead of the Making a Difference Canada – Halifax Advisory Group, IWK Multidisciplinary Child Protection Rounds Committee, Child and Youth Advocacy Centre Steering Committee, and the Atlantic Partners in Sexual Assault Response (Co-chair), as well as active membership in the International Association of Forensic Nurses and Forensic Nurses Society of Canada.

The SANE Program provides education sessions, principally focused to medical or legal audiences, about the SANE Program, sexual assault response and examination, drug facilitated sexual assault and sexual assault trauma. Other educational sessions provided by the SANE Coordinator this year on request include: Halifax Regional Police (HRP) Sexual Assault Investigators Course hosted by the Ontario Police College (acute sexual assault), HRP/RCMP Executive Committee Management Team (trauma informed response), RCMP HRM Corporals retreat (trauma informed response), Department of National Defence military clinicians - physicians/physician assistants (acute sexual

assault), Canadian Women's Foundation (acute sexual assault response), and Department of Health and Wellness (panel presentation, acute care services).

Professional Development

The SANEs are committed to ongoing professional development and attend education sessions regularly, including community resource education sessions, conferences and regular SANE monthly meetings. Three SANEs were able to attend the International Association of Forensic Nurses (IAFN) Conference, which was held in Anaheim this year. This is our international professional body of forensic nurse professionals and provides an opportunity for the SANEs to share important knowledge and practice related to sexual assault and forensic nursing and incorporate evidence-based strategies into our nursing practice, ensuring a high standard of care is maintained. We currently have 3 SANEs who hold a SANE-A (Adult/Adolescent) Certification. The SANE Coordinator also holds a SANE-P (Pediatric) Certification. Certification as a SANE-A and/or SANE-P signifies that a sexual assault nurse examiner has demonstrated the highest standards of forensic nursing practice.



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Sexual Assault Nurse Examiner Program

Service Delivery

Direct medical/forensic response was provided to 113 clients this year. Additionally, assistance was provided by phone to 58 clients and healthcare professionals regarding acute sexual assault for a total of 171 immediate response calls from the SANEs. This is a 40% increase in cases and a 107% increase in support/information calls over last year. These numbers have fluctuated from year to year, but overall, are in keeping with previous years on average.

The summer months saw more clients and the winter months fewer as in previous years. There is no correlation between the type of assault reported and the month, i.e., these numbers are not largely associated with university students, attending bars, campus sexual assaults, or specific holidays, but are a combination of scenarios, age groups, and dynamics throughout the year.

A total of 110 adult/adolescent exams and 3 pediatric (prepubescent) exams were completed for a total of 113 sexual assault clients seen by the SANE Program this fiscal year. 109 clients seen identified as female (96%), 3 male (3%), and 1 transgendered (1%). These numbers are consistent with previous years, with 90-95% of reports female, 5-10% male, 1-2% transgender.

The age range of clients seen this year was 3 months to 71 years. Those in the age range 17-25 category remain the highest number of individuals seen, consistent with all previous years at nearly half of the total number of clients seen. 28% of those reporting this year are in the 26-40 age range. These age groups combined, ages 17-40, comprise 72% of all cases seen this year.

Nearly half (42%) of the clients seen chose to complete a sexual assault examination kit (SAEK) with evidence collection and involve police immediately. More than a third (36%) of victims chose to store/freeze evidence kits for potential release to police at a later date. Of the clients who chose to collect and store/freeze evidence for up to 6 months, 64% later released their evidence kit, which is a significant increase from most years. 78% of clients seen this year chose to complete a forensic exam for release to police or storage of evidence than in previous years, with 22% choosing to receive medical care only by the SANE's. This is consistent with previous years.

There has been no significant change in the number of known and unknown offenders. Known offenders continue to comprise the majority, totaling at least 51% of all cases. The unknown offenders are not necessarily stranger assaults, but also include a large number of assaults involving brief encounters, memory loss, etc.. 5% of cases involved offenders met online.

There were 7 reports of stranger assaults this year, accounting for less than 7% of all cases seen, consistent with a global picture of the majority of offenders having established some sort of relationship with the victim prior to the assault.

There have been fewer reports of domestic violence sexual assaults this year involving partners or ex partners, comprising 4% of cases. These numbers are low in comparison to the actual incidence of domestic violence assaults, however reporting is known to be low in this population.

Males comprised 87% of known/documented offenders. A large number of cases have unknown information about the offender or information not documented, which may be associated with a decreased level of consciousness (as a result of drug/alcohol related impairment for example) in many of the cases. There were no cases involving female or trans offenders.

Offender age is distributed between the age groups, with those in the 25-40 age range accounting for a slightly higher number, 26% of offenders. There was 1 report of an offender over the age 65. There are fewer cases involving youth age 13-16 (3%), and no reports of offenders under the age of 13. Age in 33% of offenders was not known/reported.

Sexual assault is often an unwitnessed crime, committed by one individual. In 77% of cases seen, there was one offender involved, consistent with previous statistics. There are fewer reports of multiple offenders than previous years. Cases involving multiple offenders are often more violent assaults, often resulting in more physical injury. There are a greater number of cases with no memory, undisclosed, or not reported than has been seen in other years, accounting for 21% of cases.

The majority of reported assaults occurred on Friday, Saturday, and Sunday, totaling 58%. This is also consistent with more social gatherings and a higher number of drug and alcohol facilitated sexual assaults during these days of the week.

The majority of assaults reported occurred in the HRM (69%). 9% had no recall or the information was not reported.

Half of sexual assaults reported to us occurred in the victim's (19%) or assailant's (31%) home. That number remains consistent with findings from previous years and is also consistent with the majority of offenders being known to and trusted by the victim.



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The majority of victims (68%) reported to SANE within 24 hours, consistent with previous years. It is noteworthy to mention that a number of victims do not report immediately for a variety of reasons, with 15% reporting after 48 hours. Three individuals were seen beyond 72 hours, just beyond the 72 hour time period. We had several requests to see victims beyond 72 hours and within a week of the assault, however, had to decline as this is beyond our mandate. In these cases, SANE was unable to respond to meet the client's needs, resulting in ER staff providing this care. Expanded response beyond the traditional 72 hours has become a standard model across North America, however we are currently not adequately resourced to meet this gold standard of care. This is a gap that needs to be addressed.

As in previous years, the majority of reports are to the QEII (55%), and DGH (25%), comprising 80% of all reports to SANE. Although the majority of those under the age of 16 are seen at the IWK, there are some reports within the 13-15 year age group who report to DGH and Cobequid.

Our data reflects that the majority of clients seen had some degree of injury, ranging from bruising, abrasions, redness, swelling, pain, tenderness, lacerations, fractures, strangulation, and head injuries (blunt force injuries). The injuries varied from minor to severe. Physical injury was not noted or recorded in 24% of cases of sexual assault. Depending on the circumstances of the assault, time of report, and other variables with the victim and offender, injuries may not be evident at the time of the exam or present in the

victim. 11% of victims declined an exam by the SANEs, choosing treatment only without examination. Injuries included in the category "other" include bitemarks, puncture and sharp force/penetrating wounds. Of particular concern, injury was severe enough to cause head injury, fractures, or significant risk of harmful effects/lethality from strangulation in 10% of cases. Nearly 18% of cases seen this year involved exceptionally high levels of violence including threats, restraint, weapons, and severe injury as noted above.

Many victims experience genital trauma following sexual assault, however it is not uncommon to note no significant genital trauma. This is due to the elasticity of the tissue in this region, time between the assault and reporting, as well as a variety of individual factors related to the victim and offender. In 39% of victims seen this year, injury was not noted or not recorded. "Other" refers to genital bleeding or discharge from trauma.

Everyone is at risk of sexual assault, however there are some factors that place individuals at greater risk. Some of these risk factors include mental illness, homelessness, drug/alcohol use, or addictions. One of the most significant risk factors for sexual assault is the use of alcohol by the victim or the offender. Alcohol is the number 1 drug used in drug facilitated sexual assault. To add to the complexity of drug and alcohol facilitated sexual assault, many of the victims have partial or complete memory loss about the assault, leading to an even greater reduction in reporting rates, both for medical care and to police.

Sexual Assault Nurse Examiner Program

Moving Forward

A focus was placed this year on providing further education to hospital and medical staff and students at the IWK and throughout the area on request. This will be ongoing throughout the next year. Additional education to students and service providers within CDHA will be a focus this year. Ongoing education with SANE partners needs to continue, with emphasis on the ER Departments at the 3 CDHA sites, in light of turnover in staff, to gain a better understanding of the SANE role.

The SANE Program will continue to balance internal and external demands with ongoing education both within the SANE Program and within the community as we continue to work to identify learning needs and bridge gaps in service.

Our program continues to receive many calls

with requests for information and assistance from outside the HRM area regarding immediate care of sexual assault victims and assistance with completion of sexual assault evidence kits, as well as guidance for implementation of SANE Programs in other areas within the province and outside the province. We continue to advocate for expansion of sexual assault services across the province. This year, the new Liberal government announced a Sexual Assault Strategy Committee to look at the issue of sexualized violence in our province and develop a province-wide framework. A report is expected in the spring of 2014. Sexual violence is a community problem in need of a community solution and we need to work together to address prevention, treatment, best practice, and optimal long term outcomes across the province.



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Sexual Assault Nurse Examiner Program

Trends and Concerns

Ongoing trends we have seen this year are a high number of victims with mental health concerns, repeat victimization, and drug/alcohol facilitated sexual assault. Although it is known that perpetrators will target those in vulnerable situations, these numbers remain significant and pose a great concern for us. These victims are also at increased risk for multiple health sequelae and more difficult recovery. The complexity of cases due to a disturbingly high level of violence and other contributing factors as listed above continues to escalate.

The advancement in technology continues to play a role in sexual assault, with reports of clients who have been sexually assaulted following a meeting with someone met via the internet (online dating, social networking sites), as well as many concerning reports about pictures and videos of the assault being taken with cell phones and distributed through social media. Resulting cyberbullying is a troubling issue, particularly with youth.

We continue to receive several consults to respond within a week of the assault, although beyond our 72 hour mandate, which raises the issue of extending our response time. In these cases, SANE was unable to respond to meet the

client's needs, resulting in ER staff providing this care. Expanded response beyond the traditional 72 hours has become a standard model across North America, however we are currently not adequately resourced to meet this gold standard of care. Additionally, we are unable to respond to victims of domestic violence without a sexual assault component, as it is outside the program's mandate and resources. Appropriate response to this population is demanded and required.

A number of victims assaulted in other areas of the province report to the SANE program in Halifax as they were unable to have the medical/forensic exam completed in their community within a reasonable time period. Additionally, others have been unable to access our services due to accessibility, transportation issues. SANE services across the province are in demand and an appropriate response is urgently required.

We continue to work with government and our community partners to address these concerns and seek possible solutions.

Month	2013/2014		2012/2013		2011/2012		2010/2011		2009/2010	
	Cases	Info calls								
April	9	2	8	2	7	5	10	3	9	4
May	8	6	9	4	7	2	11	7	6	3
June	12	6	10	2	20	10	7	6	6	4
July	11	6	10	1	16	2	14	14	18	17
August	16	4	9	1	16	6	12	16	18	13
September	13	7	7	7	10	5	6	5	14	12
October	9	3	6	6	10	4	6	11	14	6
November	5	1	4	1	10	3	7	8	13	8
December	1	0	6	1	9	1	4	6	9	15
January	3	9	5	1	4	1	3	4	6	13
February	13	8	8	2	6	2	5	2	5	3
March	13	6	5	0	3	2	7	2	9	5
Pediatric cases	3		1		2		1		3	
Total cases	113		90		118		93		130	
Total info calls	58		28		43		84		103	
Total response calls	171		118		161		177		233	



AVALON
SEXUAL ASSAULT CENTRE

Treasurer's Report

The 2013-2014 fiscal year was a challenging one for the Avalon Sexual Assault Centre on many fronts including financial. Demands on services increased greatly this year as a result of high profile incidents in the community and the media. Emergency funding in the amount of \$125,000 was received to help with the increased demand on services from the Province of Nova Scotia and the Canadian Women's Foundation. Funds from the Canadian Women Foundation was used to reinstate our Legal Support and Advocacy Counsellor for one year. However, it has been difficult to use the emergency funding to increase our counselling compliment as the one time emergency funding meant only short term, lower paid positions are possible which generally makes it difficult to attract candidates who have the specialized counselling skills we require. In addition, staffing turnover resulted in the need to replace existing staff while trying to also add new counsellors. A more sustainable funding model is required to address the needs of the community on a meaningful basis.

Total revenues recognized during the fiscal year were \$533,000, an increase of 13% or \$61,000. The increase was due to the emer-

gency funding discussed above and a new project financed by the Status of Women Canada for preventing and reducing violence against women and girls in high risk neighbourhoods. Core funding from the Department of Community Services remained unchanged at \$342,000.

Total expenses increased by \$35,000 to \$533,000. This was due to increased spending to move toward addressing issues of wage deficits and inability to recruit and retain qualified staff given our current salary ranges. We also incurred expenses with the Status of Women project. The 2013-14 fiscal year ended with a balanced statement of revenue and expenses due to the emergency funding offsetting expenses.

Other projects and programs offered by the Centre during the year included the SANE program which received funding of \$316,000 from the Nova Scotia Department of Health through the IWK Children and Women's program. Expenses for the year were \$343,000.

I would like to thank the outgoing Executive Director, Irene Smith, for her tireless dedication to the Avalon Centre and wish her the best for her retirement.

Laurie MacKeigan, CA

Avalon Sexual Assault Centre Summary Statement of Revenue and Expenses Year ended March 31, 2014

	2014	2013
Revenue		
Department of Community Services	\$ 341,800	\$ 341,800
Province of Nova Scotia	25,415	-
Law Foundation	50,733	50,733
Status of Women Canada	38,385	-
Donations, Fundraising	37,461	31,691
Project Funding and other grants	39,501	47,737
	\$ 533,295	\$ 471,961
Expenses		
Salaries and benefits	\$ 404,487	\$ 379,798
Special projects	75,284	46,228
Rent	52,204	50,912
Communications	2,285	29,373
Office and administration	46,982	38,174
Administrative Allocation (SANE)	(47,947)	(45,928)
	\$ 533,295	\$ 498,557
Deficiency of Revenue Over Expenses	\$ ()	\$ (26,596)



AVALON
SEXUAL ASSAULT CENTRE

Nominating Committee Report

The Nominating Committee would like to present the following nominees as members of the Board of Directors for Avalon Sexual Assault Centre for the 2014-15 term:

Joanne Bealy
 Debbie Campbell - Secretary
 Kerry Copeland - Chair
 Melissa Furey
 Emma Halpern
 Laurie MacKeigan - Treasurer
 Katie Mallam
 Ann McCabe
 Anne McGuire
 Sylvia Parris
 Mara Vizzutti
 Kathryn Willett
 Gaye Wishart

Board members not reoffering:

Angela Jeffrey
 Tess Laidlaw
 Ilana Luther

Respectfully submitted by Kerry Copeland

Avalon Staff

Avalon Staff 2013/2014

Allison Desjardins, *Initial Support and Intake Counsellor*
 Glenda Haydon, *Coordinator – Individual Counselling and Group Program Services*
 Jackie Stevens, *Coordinator of Community/Legal Education and Professional Training/Associate Director*
 Barbara Mevold, *Office Manager/Accounting Administrator/Receptionist (Term)*
 Adrienne Buckland, *Initial Response Legal Advocate Counsellor (Term)*
 Susan Wilson, *Coordinator- Sexual Assault Nurse Examiner (SANE) Program*
 Tarah Vallee, *Administrative Assistant SANE Program (Part Time)*
 Tobbi Dyer, *Grant Writer (Contract)*
 Jane Gavin-Hebert, *Youth Outreach Educator (Part Time, Contract)*
 Cindy Preeper, *Office Manager— Resigned*
 Irene Smith, *Executive Director — Retired*
 Autumn Chilcote, *Counsellor (Term)*
 Bridget Ebsary, *Communications (Summer Student/Co-op Student Placement)*
 Gwyneth Dunsford, *Communications Officer (Term) — Resigned*
 Pamela Rubin, *Legal Advocate Counsellor (Contract) — Resigned*
 Elizabeth Fitzgerald, *Counsellor— Resigned*



AVALON
 SEXUAL ASSAULT CENTRE

Avalon Staff 2014/2015

Jane Gavin Hebert, *Coordinator Community/Legal Education and Professional Training* (Term)

Ellen Taylor, *Community Educator* (Term)

Amina Abawajy, *Communications* (Summer Student, Co-op Student Placement)

Cindy Boland, *Counsellor*

Allison Desjardins, *Counsellor*

Jackie Stevens, *Acting Executive Director*

Adrienne Buckland, *Initial Support and Intake Counsellor* (Term)

Elizabeth Dantzler, *Initial Response Legal Advocate Counsellor* (Term)

Cindy Knapton, *Counsellor* (Term)

Nancy Gray, *Counsellor— Resigned*

Autumn Chilcote, *Counsellor* (Term) — *Term Ended*

Bridget Ebsary, *Communications Officer— Resigned*

Glenda Haydon, *Coordinator – Individual Counselling and Group Program Services*

Susan Wilson, *Coordinator- Sexual Assault Nurse Examiner (SANE) Program*

Tarah Vallee, *Administrative Assistant SANE Program*

Barbara Mevold, *Office Manager/Accounting Administrator/Receptionist*

Tobbi Dyer, *Grant Writer* (Contract)

Over the past several years , Rosemary Belgrave, B.A., B. Comm. C.A. of AC Hunter Tellier Belgrave Adamson, Chartered Accountants has served as auditor for Avalon Centre. This fiscal year marks Rosemary's final year in this position. We wish to extend our appreciation and thanks to Rosemary for her assistance.

Dartmouth North Project

Erin Grinnell, *Coordinator Dartmouth North Project* (Contract) — *Resigned*

Elaine Toombs, *Coordinator Dartmouth North Project* (Contract) — *Resigned*

Robyne Gorman, *Coordinator Dartmouth North Project* (Contract)

Lameia Reddick, *Coordinator Dartmouth North Project* (Contract)

Peggy Mahon, *External Evaluator, Dartmouth North Project* (Contract)

SANE Nurses

Susan Wilson

Alice Keeping

Jane Collins

Lynn Dorcas

Sandra Witherbee

Annette MacDonald

Paula Nickerson

Maggie Winstanley

Jodi Simpson

Shauna Matheson

Corinne Thompson

Connie Harrison

Melanie Withrow

Dawn Murphy

Ruth Campbell

Margaret Duykers

Ashley Rose — *Resigned*

Jody Sawchyn — *Resigned*



AVALON
SEXUAL ASSAULT CENTRE



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