# Exploring Service Options for Youth Victim/Survivors in Halifax Regional Municipality

**Pamela Rubin**
**for Avalon Sexual Assault Centre**
**November 2011**

## *Acknowledgements*

Avalon Centre gratefully acknowledges the support of Justice Canada's Victims Fund for this examination of Halifax youth options for the healing and prevention of sexual violence.

Avalon Centre is also indebted to the community organizations that hosted youth discussions for this consultation, including Citadel High School, Duncan Macmillan Junior High School, Ecole Carrefour, Lea Place, St. Patrick-Alexandra School, and the YWCA-Halifax.

The author expresses thanks to the youth who very openly and generously participated in our consultation, as well as the many busy professionals who took time out to speak about safety and healing for youth in Halifax Regional Municipality.

The author also expresses thanks to Heloise Chartrand and Jane Gavin-Hebert, youth facilitators for this study whose expertise and energy allowed our consultation to reach and inspire Halifax area youth. The spoken word artistry of El Jones was an important contribution to the youth groups, for which the author is very appreciative.

The executive director and staff of the Avalon Sexual Assault Centre were also very generous in sharing expertise and time with the author. The administrative support of Cindy Preeper was extremely helpful.

Finally, the author would like to thank the Shambhala Sun Foundation for the provision of a mindful workspace for the writing of this report.

With much appreciation,

Pam Rubin
November 2011

# Contents

Exploring Service Options for Youth Victim/Survivors in Halifax Regional Municipality

by Pam Rubin

## Exploring Service Options for Youth Victim/Survivors in Halifax Regional Municipality

by Pam Rubin

# Summary


### *Consultation Process*

From Dec. 2010 through August 2011 the Avalon Sexual Assault Centre (Avalon) conducted consultations with Halifax Regional Municipality (HRM) professionals serving youth most vulnerable to sexual assault. Thirty-nine adult professionals participated. Seven consultation workshops were also held with HRM female youth age 12-19. Seventy-one youths participated.

Both adults and youth in the consultation were asked to address the following questions:

- What are youth doing now when dealing with sexual violence?
- What are the strengths and weaknesses of sexual violence service response to youth in Metro?
- How can youth best be reached and involved?
- What programming would you ideally like to see happening in Metro?

The purpose of the consultation process was to:

- Conduct an environmental scan and social mapping (including gaps) of services in the Halifax Regional Municipality that serve youth and deal with sexual assault.
- Identify the key needs and issues of youth with respect to specialized services and education about sexual assault.
- Identify key issues of regional service providers, regarding the impact of specialized sexual assault services (or their lack) on youth, communities and systemic outcomes.

In addition, the consultation employed a dynamic, participatory model in which the process itself created value. Key outcomes of the consultation process itself which are relevant to youth sexual violence capacity-building included:

- Empowering participants to express themselves on sexual violence
- Building relationships across organizations
- Formalizing knowledge-sharing
- Modelling respect, plain language use in addressing sexual violence
- Modelling trauma-informed programming

## *Existing Services Addressing Youth and Sexual Violence*

Programming and services providing specialized sexual assault services for healing or prevention for youth are extremely scarce in HRM. Sexual assault victim/survivors of all ages are significantly underserved in HRM and this is even more pronounced for youth.

Specialized organizations addressing youth needs include Avalon Centre and Provincial Child and Youth Forensic Services. Avalon is most active in the community, actively partnering with other agencies on youth education, outreach and leadership. Avalon has explicitly prioritized youth education outreach. Avalon also provides counselling and advocacy to female youth over age 16, and to non-offending parents. The Avalon Sexual Assault Nurse Examiner program serves all ages.

The Nova Scotia Department of Health and Wellness is involved in several initiatives that support and promote sexually healthy behaviour and decision-making, especially among youth. The province has a comprehensive youth health strategy: The Framework for Action: Youth Sexual Health in Nova Scotia was developed by the Nova Scotia Roundtable on Youth Sexual Health and is designed to improve the sexual health of Nova Scotian youth. Health and Wellness is a member of the Roundtable and is supporting implementation of the Framework and playing a leading role in various implementation activities. The Healthy Sexuality Resource continues to be produced by Health and Wellness, intended for distribution to all grade 7's in the province. Created in 2004 by the Nova Scotia Department of Health, it is currently being reviewed for revision by the new Nova Scotia Department of Health and Wellness, with respect to sexual assault content. The Department has committed to consultation with Avalon for the update. The Department of Health and Wellness also has a number of resources to help parents and guardians to talk to children and youth about sexuality issues and to provide youth with information about sexual health issues.

Non-specialized services providing at least some specialized service to youth specifically with respect to sexual violence include:

*The IWK Health Centre*, which has a single social worker addressing the counselling needs of youth and families referred for counselling due to abuse/neglect.

*Phoenix Youth Programs* (Phoenix) Phoenix is a relatively large youth-service organization for Halifax, with 75+ staff, nine locations and ten programs. They serve youth up to 24 years of age. Although not specializing in sexual violence per se, approximately 50% of their youth have been in foster care, some of whom will have been in care due to sexual abuse in their family. Phoenix employs two clinicians to provide counselling to street-based youth connected to Phoenix programs. Phoenix's Director of Community Programs confirmed their specialized competency includes the ability to address sexual violence trauma if youth name this issue.

Case managers will work with youth on safety planning that can include partner violence and sexual violence avoidance.

*Nova Scotia Department of Community Services* helps ensure expedited access to private counselling for issues including sexual violence trauma, for youth who are involved in the child welfare system. They also are involved in careful planning to address the needs of sexually aggressive youth in care.

*Halifax Sexual Health Centre (HSHC)* shares with clients a high degree of non-judgmental, expert care with respect to sexuality and health. Staff have a heightened awareness of sexual violence issues for youth. Victimized youth may access counselling through the Centre's physicians. HSHC also has a community educator who is able to share information on healthy relationships and respectful sexuality.

HSHC has developed relevant specialized competencies. HSHC has also developed a Youth Committee to provide management input into the centre (including through board membership), and to empower youth as community leaders on sexual health and other issues.

*Lea Place*: Lea Place is a Women's Resource Centre providing information, advocacy, programs and support to women and adolescent girls. This centre, located in Sheet Harbour, is within the Halifax Regional Municipality but is nearly a two hour drive from Halifax's downtown. Lea Place responds frequently to sexual violence due to its woman-centred approach and its remoteness from Avalon's location. Lea Place is also actively working with youth, through age-cohort groups. Average attendance is 12-22 every two weeks. They have created continuity and trust within these groups, and have made a connection to Avalon youth outreach as well.

These agencies and institutions have the competencies necessary for community partnership to address sexual violence and youth.

Other non-specialized services that currently deal less directly with sexual violence, offer potential strengths. Strengths relevant for effective sexual violence services for youth include:

- *empowerment model of service, high value on target group leadership*
- *ability to foster trust*
- *high value on community-based activity*
- *long-term prevention view based on culture change*
- *sophisticated understanding of gender and diversity issues*

Effective HRM organizations possessing these strengths that serve youth and could be ready for programming addressing sexual violence if resources were available include:

Choices, a program of the IWK Health Centre, is a voluntary assessment and treatment program assisting adolescents aged 13-19 with challenges around substance abuse, mental health issues and/or gambling.

Cobequid Youth Health Services: Three staff serve youth from age 13 and up, for whatever issues youth present.

Laing House: This peer-support non-profit serves youth members age 16 to 30 with mental illness.

LeaveOutViolencE (LOVE): LOVE is a violence prevention and intervention organization that works with youth who have experienced violence (as victims, witnesses, or perpetrators.)

Youth Advocate Program: Working in neighborhoods experiencing high levels of violence, the Youth Advocate program provides daily intensive contact for youth at risk, age 9-14 and their families.

Youth Health Centres: Approximately 37 youth health centres (YHCs) across Nova Scotia provide health education, health promotion, information and referral, follow-up and support, as well as some clinical services to youths. The majority are located in schools.

YWCA- Halifax: This organization is currently an active partner with Avalon in sexual violence education, and encouraging community leadership among youth with respect to addressing sexual violence.

The Youth Project: This organization is dedicated to providing support and services to youth, 25 and under, around issues of sexual orientation and gender identity.

### *Acute Gaps and Barriers Identified by Youth and Professionals*

Core components of a comprehensive approach to safety and healing from sexual violence for youth that are absent in HRM include:

- Specialized professional education for youth service providers
- Schools-based specialized prevention programming
- Timely access for youth to specialized supportive counselling
- Timely access for youth to specialized therapeutic counselling
- Specialized support for youth sexual violence service providers
- Coordination among responders (SART team or other protocols)
- 24-hour crisis line for sexual violence
- On-call advocates
- Organized, multi-sector community change advocacy
- Cultural competency programming addressing sexual violence
- Data collection

Professionals and youth consulted highlighted the following areas of concern:

- *Lack of youth access to basic information*
- *Lack of access to counselling*
- *Lack of ways to intervene in hypersexualization and sexual exploitation of youth*
- *"Invisibilizing" youth peer sexual violence*
- *Secondary wounding and lack of trust in systems*
- *Resistance to addressing sexual violence is strong in the educational system*
- *Gap for incest survivors*
- *Lack of specialized resources for youth with addictions*
- *Access to services is too crisis-driven*
- *Obstacles in accessing mental health services for youth in general*
- *Transportation barriers*
- *Wear and tear on service providers*
- *Lack of specialized training among professionals*
- *Lack of continuity*
- *Lack of programming for males*
- *Privacy and control issues as barriers*
- *Cultural competency*
- *Transgender youth*

## *Recommended Solutions: Successfully Involving and Serving Youth*

Professionals and youth participating in this consultation were asked to describe their ideas for ideal youth programming to address sexual violence. This inquiry yielded important information about what content and processes were likely to be successful for HRM.

As well, agencies and individuals shared information about their limitations with respect to resources and abilities. Participants shared their concerns about addressing sexual violence in a way that would not overextend current capacities, create false expectations, or stray from what youth actually want.

Top priorities and qualities for services identified by both youth and adult professionals included:

1. knowledge exchange and access to reliable information
2. arts-based activity
3. "by youth, for youth" activity
4. community leadership/mobilization opportunities for professionals and youth
5. "light touch" delivery through informal settings that are accessible to youth

In addition, research-related capacities that would be helpful include:

a. a database that preserved youth's confidentiality that would allow tracking of disclosures by youth to social workers, counselors and other youth workers. This would

capture and increase knowledge about youth whose victimization does not come to the attention of child welfare authorities through legal reporting requirements (the majority).

b. more longitudinal evaluation and follow-up of youth accessing services for sexual violence: what was the impact of both victimization and services, over time, in youths' own words?

c. institutions and agencies need an evaluation template that helps them assess how successful their programming is at identifying and addressing youth sexual violence issues.

## Background

Children and youth are the primary target of sexual violence in Canada. (Brennan and Taylor-Butts 2008). Halifax has a higher-than-average rate of serious crime (Dauvergne and Turner 2010) and sexual victimization (GSS 2004). Sexual violence is characterized by male perpetration and female victimization, generally. The nature of victimization changes as youth age, with female youth victimization becoming even more disproportionately prevalent, and shifting from predominantly family-perpetrated to peer- and acquaintance-perpetrated. Understanding of the prevalence and nature of sexual violence experienced by youth is limited by research challenges and a dearth of research attention in Nova Scotia.

Sexual violence is a high impact crime, for youth, their families, and for communities. In addition to the general adverse impacts, youth experience unique adverse impacts compromising their heath and safety in complex ways. Unique youth impacts relate to increased criminalization, homelessness, exposure to the most severe violence and decreased sexual health efficacy.

Risk and prevention has long been primarily addressed by focusing on individual behaviours. This has not been effective in HRM in producing a safer community. More recently, prevention planning among concerned organizations has focused on social factors and conceptualizes sexual violence primarily as a community problem, rather than an individual or clinical problem. Leading agencies in Halifax Regional Municipality have begun to adopt this approach, using concepts from population health approaches and from anthropological analysis of rape-prone societies, such as those currently used by the Center for Disease Control.

Nova Scotia's high prevalence of child and youth use and abuse of alcohol is also associated with sexual violence and poses prevention challenges.

## *Prevalence*

Sexual assaults are largely crimes committed against children and youth. Overall, children and youth accounted for close to two thirds of all victims of sexual assaults reported to police (AuCoin 2005; Brennan and Taylor-Butts 2008)

In general, Canadians have access to very limited information about the prevalence of sexual violence. Because of the stigma and secondary wounding involved, sexual assault is largely unreported (GSS 2004), limiting the usefulness of justice system data in determining overall exposure of youth. According to the 2004 General Social Survey, Nova Scotia experiences a higher-than-average rate of victimization, and at least 30,000 Nova Scotians age 15 and over have experienced some form of sexual assault. Reported family violence statistics for 2009 show that 15,000 children and youth experienced sexual or physical abuse within the family in that year, that was reported to the police. Police-reported data from 2009 show that close to one-third of physical and sexual offences against children and youth were committed by family members, with parents committing more than half of all family-related physical assaults and sexual offences. Physical assaults accounted for just over two-thirds of family-related violence reported to the police, while sexual offences accounted for the remaining one-third. Girls were more likely than boys to be assaulted, particularly sexually assaulted. (Statistics Canada 2011)

Current, detailed data with respect to service providers' experience of the full extent of sexual victimization of youth is lacking in all jurisdictions in Canada. Consistent with this, there is no recordkeeping in HRM with respect to disclosures to various community actors and agencies that do not result in justice system or child welfare proceedings.

Nova Scotia youth accused of sexual offences are overwhelmingly male (>95%) (NSDoJ 2006), consistent with sex offending in other populations.

In Nova Scotia, in 2009/10 of 2654 cases referred to the IWK Health Centre for abuse issues, 14% of parents identify children have experienced sexual abuse; of 706 youth referred and interviewed, 30% identify sexual abuse as happening sometimes or often.[1]– The Avalon SANE program, providing medical forensic care for immediate assaults in HRM, had 18 clients under age 17, of a total of 92 clients in 2010/11.

Overall, Nova Scotia has had some of the higher rates of sexual assault than the Canadian average. (GSS 2004). HRM in particular has some of the least successful justice responses to sexual assault, including the highest rate in Nova Scotia of concluding cases without charge. (NSACSW 2009) Nova Scotia is also suspected of having extreme underreporting of intimate partner sexual violence, which disproportionately affects youth, further skewing our understanding of youth prevalence. (Rubin, 2008)

Professionals without specialized training are often surprised by the prevalence among the Nova Scotia youth they serve:

[1] Statistics provided by Shireen Singer of the IWK Health Centre

*It's boyfriends, it's dads, it's uncles, it's neighbours, and I could say, when I first got there, I couldn't believe that it happened that much. And all [economic] classes too. –* IWK professional

### *Nature*

Justice system data is more useful in describing the nature of sexual violence experienced by youth than its absolute prevalence.

Youth are victims of sexual assaults which are perpetrated by parents, siblings, other relatives, acquaintances, friends and strangers. They are targeted at home, in their neighbourhood, at school and on the Internet. A high percentage of all reported family sexual assaults is perpetrated against youth age 0-17. As children and youth get older (up to 18), the percentage of female targets increases (AuCoin 2005) from 71% to 88%.

Non-family sexual assault of females also increases as youth get older. Youth aged 11 to 17 years are most likely to be sexually assaulted by a close friend or acquaintance, and someone within the same age group Sixty-nine per cent of all dating violence (including sexual violence) targets female youth age 13-15; an additional 24% targets female youth age 16-17 ((AuCoin, 2005; Kong et al 2003).

Forty-three per cent of female runaways who experience sexual abuse (30% of all female runaways), report it as extremely violent (Tyler 2001).

### *Impacts*

Impacts identified for all Nova Scotian victim/survivors of sexual violence (Rubin 2008) include:

- Greatly increased suicide behaviours and suicide risk
- Self-harming and self-mutilation
- Dissociation
- Sense of isolation and stigma
- Anxiety
- Sexual dysfunction
- Sleep disorders
- Physical health effects
- Criminalization
- Substance abuse
- Re-victimization
- Reduced earning power
- Low self-esteem and self-concept impairment;
- Depression
- Self-blame, guilt, and helplessness
- Posttraumatic stress responses

- Obsessions and compulsions
- Increased risk of homelessness

Ripple effects in families and communities have also been documented for Nova Scotia, due to sexual violence, with intergenerational and other impacts across time. (Rubin 2008)

Youth in particular may be impacted in additional specific ways, including:

- heightened aggression and criminalization: Artz et al (2005) report that gender-based oppression and abuse, especially the sexual objectification and sexual abuse of females, and the acceptance of patriarchal control and the need to attract the male gaze and male approbation, contribute to girls' delinquency and aggression.

- Among female youth at risk of criminalization, sexual abuse history increased negative school and mental health outcomes (Goodking, Ng, Sarri 2006)

- Increased vulnerability to sexual exploitation and sex trade involvement (BC Ministry of AG 2000) as well as increased normalization of violence experienced from pimps and johns (Nixon et al 2002)

- Increased vulnerability to dating violence: the duration of the sexual abuse and the presence of violence or completed intercourse during the abuse could significantly contribute to dating violence for youth above and beyond other known risk factors. (Cyr et al 2006)

- decreased self-efficacy with respect to contraception and sexual activity decision-making (Hovsepian 2010); sexual abuse survivors are more likely to become pregnant as teenagers (Lalor, McElvaney 2010).

### *A newer way of conceptualizing risk and prevention*

Risk and prevention has long been primarily addressed by focusing on individual behaviours. This has not been effective in HRM in producing a safer community. More recently, prevention planning among concerned organizations has focused on social factors and conceptualizes sexual violence primarily as a community problem, rather than an individual or clinical problem. Leading agencies active in Halifax Regional Municipality have begun to adopt this approach, using concepts from population health study and from social analysis of sexually violent societies, such as those currently used by the Center for Disease Control (CDC)

The CDC identifies the following community or societal factors as increasing sexual violence risks (CDC 2002):

. Poverty
. Lack of employment opportunities
. Lack of institutional support from police and judicial system
. General tolerance of sexual assault within the community
. Weak community sanctions against perpetrators of sexual violence
. Societal norms supportive of sexual violence
. Societal norms supportive of male superiority and sexual entitlement
. Weak laws and policies related to sexual violence
. Weak laws and policies related to gender equality
. High levels of crime and other forms of violence

In Canada, the following community factors have been associated with sexual exploitation risks to youth in particular (BC Ministry of AG 2000)

Poverty (and increasing feminization of poverty);
youth unemployment/ homelessness;
gender inequity;
socio-economic marginalization

In Nova Scotia, according to the Nova Scotia Department of Health and Wellness, Nova Scotians are consuming more alcohol, alcohol is more widely available and has become cheaper. Here, children take their first drink at younger ages and heavy drinking is normalized for children and youth. Children and youth continue to drink despite harmful consequences. (Cochrane 2010)

A majority of sexual assaults of college women involve alcohol consumption, by either or both the victims and perpetrators (Mohler-Kuo et al., 2004). One study found that at least half of all acquaintance rapes took place after the perpetrator, the victim or both had been drinking (Tjaden & Thoennes, 2006). Attending a college where heavy drinking is the norm (where more than 50 percent of students "binge drink") has been related to increased risk of alcohol-involved sexual assault (Mohler-Kuo et al., 2004; Norris, 2008).

Nova Scotia's culture of alcohol use presents unique challenges with respect to youth sexual violence. In general, the proportion of university students in Nova Scotia reporting alcohol-related harms was significantly higher than for other Canadian university students. At some point during the 2003/4 academic year, almost four in ten university students in Nova Scotia reported having a serious argument, being pushed, hit or assaulted, experiencing sexual harassment, or sexual assault as a result of another students' drinking. (Cochrane 2010).

*  *  *

The 2008 sexual violence provincial needs assessment (Rubin 2008) outlined youth prevention programming needs, based on a population health approach addressing

community factors that supported sexual violence in a multi-sector, coordinated way. No action has been taken at the provincial or municipal level to begin the comprehensive prevention programming for youth that the needs assessment recommended. (These recommendations are included in Appendix A.)

Both professionals and youth participating in this consultation expressed enthusiasm for a community approach to sexual violence prevention that used a population health analysis. Youth expressed this in their desire to be active in prevention as community leaders who mobilized peers to change cultural norms.

## Consultation Process

From Dec. 2010 through August 2011 the Avalon Sexual Assault Centre (Avalon) conducted consultations with Halifax Regional Municipality (HRM) professionals serving youth most vulnerable to sexual assault. Seven consultation workshops were also held with HRM female youth age 12-19. These consultations were held in an effort to examine the feasibility of developing youth-specific programming addressing sexual violence healing and prevention for HRM.

To develop the list of professionals to be consulted, Avalon staff who were already engaged in youth work and/or community partnership provided referrals, including professionals in private practice, those working at community-, provincial -and nationally-based non-profits operative in HRM, as well as managers and direct service providers from within the medical system and the Nova Scotia Department of Health and Wellness, the justice system, education system and the Nova Scotia Department of Education, and the child welfare system and the Nova Scotia Department of Community Services. In further developing the consultation list, Avalon used snowballing referrals from the initial list: participants from Phoenix Youth Programs, The IWK Health Centre, the Nova Scotia Department of Health and Wellness and the Nova Scotia Department of Community service provided a second set of referrals for consultation. A tertiary set of referrals came from these lists identifying community volunteers and other actors with relevant input.

Consultation questions and an opportunity for participation in an interview or focus group were offered to 55 individuals. Successful outreach efforts were made particularly to professionals serving street-based youth, youth with addictions, youth in foster care, youth living in violent neighbourhoods, and other youth who are largely absent within mainstream agency and systemic programming.

Participating adults were not asked to speak on behalf of their organization unless they chose to do so, but rather in their individual capacity based on their own experiences. They were offered anonymity as to their names and specific positions, if they wished. A total of 39 adults participated in the consultations. This high rate of response indicates the level of concern HRM actors serving youth have with respect to youth and sexual

violence programming. In addition to three in independent practice, 36 participants came from the following organizations (1 participant from each, unless otherwise indicated):

Avalon Centre (9)
Cobequid Youth Health Services (2)
Halifax Regional Police
Halifax Sexual Health Centre (3)
Immigrant Settlement and Integration Services
The IWK Health Centre (6)
Laing House
Lea Place (2)
Leave Out ViolencE
Nova Scotia Dept. of Health and Wellness (2)
Nova Scotia Dept. of Community Services (incl. Child and Youth Strategy) (3)
Palooka's
Phoenix Youth Programs (2)
School-based guidance counsellors (2)
Youth Advocate Program (6)
YWCA

Two youth facilitators collaborated with the project coordinator to design and deliver youth consultation. All workshops were facilitated by the two youth facilitators independently. Seven workshops were held with a total of 71 female youth at the following locations:

Citadel High School (9 participants)
Fairview ( YWCA Newcomers group) (7 participants)
St. Patrick's-Alexandra School(10 participants)
Duncan McMillan Junior High School (15 participants)
Ecole de Carrefour A (7 participants)
Ecole de Carrefour B (8 participants)
Rural HRM: Sheet Harbour (Lea Place) (15 participants)

Youth workshops did reach some groups targetted for particular outreach: female youth, Francophone youth, youth living in violent neighborhoods and immigrant youth. The workshops were less successful in reaching youth in care and street-based youth, due to community perception of street-based youth as over-researched leading to limited cooperation among organizations, and to administrative hurdles respecting access to youth in care. Input from youth in care was indirectly achieved through review of 10 years of "The Voice" publications, a Nova Scotia newsletter created by youth in care. A limited direct listening opportunity with respect to street-based youth was made possible

through an invitation from Phoenix Youth Programs for Avalon to attend a community discussion circle regarding 211 services for youth and other issues.[2]

Both adults and youth in the consultation were asked to address the following questions:

•What are youth doing now when dealing with sexual violence?
•What are the strengths and weaknesses of sexual violence service response to youth in Metro?
•How can youth best be reached and involved?
•What programming would you ideally like to see happening in Metro?

Adult interviews and focus groups were recorded and transcribed. Youth workshops were documented by facilitators' notes made immediately upon the workshop's conclusion, in order to give youth maximum psychological safety during discussions.

The purpose of the consultation process was to:

- Conduct an environmental scan and social mapping (including gaps) of services in the Halifax Regional Municipality that serve youth and deal with sexual assault.
- Identify the key needs and issues of youth with respect to specialized services and education about sexual assault.
- Identify key issues of regional service providers, regarding the impact of specialized sexual assault services (or their lack) on youth, communities and systemic outcomes.

In addition, the consultation approach employed a dynamic, participatory model through which the process itself created value. Key outcomes of the consultation process itself which are relevant to youth sexual violence capacity-building included:

- Empowering participants to express themselves on sexual violence
- Building relationships across organizations
- Formalizing knowledge-sharing
- Modelling respect, plain language
- Modelling trauma-informed programming

Evaluations were very positive among consultation participants:

*"We need more workshops like this one!"* - youth

*"Structure and approach was great. [Avalon] gave us lots of options on how we could proceed and the group guided that process. For me it worked really well and I*

[2] Although this was not an opportunity to gain feedback from youth with respect to sexual violence programming, this opportunity allowed the author to witness Phoenix's approach of youth inclusion, empowerment and power shifting toward youth.

*appreciated the flexibility of how we shared and gathered the info."* - rural community-based non-profit

Adult participants named the following capacity-building benefits from participating in the consultation:

*Understanding more about Avalon's and other organizations' services*
*Increasing leadership by female youth and direct service providers*
*Making personal connections with other concerned service providers*
*Sustaining effect of visibilizing the issues around sexual violence and youth*
*Sustaining effect of feeling valued as a source of input*

Youth participants valued being empowered as consultants and leaders, felt heard, and were able to receive and share needed information about sexual violence, sex roles and healthy relationships in addition to addressing the consultation questions.

Two arts-based resources were created during the course of the consultation workshops: a quilt made with message squares created by youth participants, and a specially-commissioned spoken word piece and video by community leader and artist, El Jones. Both continue to be used in Avalon outreach activities.

## Existing Services Addressing Youth and Sexual Violence

Programming and services providing specialized sexual assault services for healing or prevention for youth are extremely scarce in HRM. Sexual assault victim/survivors of all ages are significantly under-served in HRM (Rubin 2008), and this is even more pronounced for youth.

For the purposes of this section, "specialized" agency refers to an organization or agency that:

- addresses sexual violence as a primary mandate and is promoted as such to the community
- provides services by staff with expert competencies in sexual trauma and sexual violence prevention

"Specialized" services may be provided at non-specialized agencies if they are:

- addressing sexual violence issues explicitly
-provided by staff with expert competencies in sexual trauma and sexual violence prevention

## *Specialized agencies addressing youth needs*

1. Avalon is the only specialized agency providing specialized sexual assault services in HRM to victim/survivors. No counselling is provided to youth under age 16. Youth and their families are served in the following ways:

- Female youth victim/survivors age 16 and over can access:
  - individual and group counselling
  - legal support/advocacy

- Non-offending parents and family members of all ages of youth can access counselling

- Non-offending partners of age 16+ victim/survivors can access counselling

- Avalon's Information/Support/Advocacy/ and Referral Services are available in person to female victims/survivors 16 and older, and by website to victims/survivors under age 16, non-offending family members, youth service providers, and the general public.

- Avalon Sexual Assault Nurse Examiner (SANE) Program responds to immediate sexual assaults of males, females, and trans people of all ages in HRM.

Avalon's Coordinator of Community and Legal Education and Training (Coordinator) interacts with agencies serving youth on an ongoing basis to raise awareness of sexual violence issues. The primary focus of the Avalon education and training program in 2010/11 has been youth sexual assault awareness and prevention. While Avalon Centre has always engaged in youth centered initiatives, in the past few years more and more requests for school and community-based education and for professional consultation have pertained to youth sexual violence issues. Avalon provides school-based presentations on healthy and unhealthy relationships, acquaintance sexual assault, and consent/age of consent. For example, in 2010/11, Avalon participated in youth-focused education initiatives during the YWCA Power Camp, The Girl Conference, three youth symposiums pertaining to hyper sexualization and alcohol, and a Parent's Information Night at Sackville High School.

Avalon also responds to education requests directly from youth, participating in education sessions initiated and/or directed by youth. Typical activities of this type include lunch-and-learns, and peer educator train-the-trainer events.

The Coordinator is able to do some training for adults at other agencies serving youth but has to refuse many requests each year due to limited resources. Avalon has an ongoing working partnership with provincial Public Health and the Youth Health Centre Coordinators at the junior and senior high schools in HRM. Avalon provides professional

consultation and resource packages during the school year and delivers staff orientations for new health nurses/Youth Health Centre Coordinators.

Resource displays are provided by Avalon at youth-related events such as: the Power of Being a Girl Conference, The Girl Conference, Parent Information Night at Sackville High, Youth Hypersexualization and Alcohol Symposium, the Human Trafficking Symposium, and at the annual conference for the Prenatal Support Network.

The Coordinator also oversees some youth-specific community education and empowerment activities which were provided on a short-term project basis in 2010/11, including:

*The Sexual Assault Awareness and Empowerment Project for Girls and Young Women – Stop It ASAP (Awareness of Sexual Assault Project).* This initiative allowed Avalon to partner with the YWCA-Halifax to develop and deliver sexual assault awareness and empowerment programming as part of the YWCA's Finding Leadership in Young Women (FLY-W) programs. An Avalon-based project coordinator has worked with 6 FLY-W groups as well as another school-based youth group to provide interactive sessions about awareness, prevention and empowerment. In the final sessions each youth group was empowered to create their own activities/tools. Through this project Avalon has also provided training to the FLY-W staff and youth peer leaders.
The project was very popular among the young women and girls who participated and has received a great deal of interest from other youth who want to participate in future projects. As a result of the project's success, Avalon received support from the Canadian Women's Foundation to support a Sexual Assault Youth Outreach Educator for one year. Many young women joining FLY-W programming identified wanting to learn how to say "no" as empowerment and part of their healing from sexual violence, based on a survey distributed at the beginning of the program. The programming model for FLY-W includes empowerment as healing. The coordinator of that program remarked:

*It's the only way that they know how to get help. They're not disclosing and they're not going for counselling, but they're like: "I'm joining a girls' empowerment group" at my school, as a way to heal.*

In 2010, Avalon partnered with the Nova Scotia Advisory Council on the Status of Women raising awareness about prevention and consent. As a result of this research the ASK campaign was developed further as an awareness and prevention strategy to address alcohol and drug facilitated sexual assault and to promote the concept of sexual consent, targetting a youth audience. ASK cards, stickers, hand stamps, and T-shirts were distributed to youth organizations, universities, and Youth Health Centres in HRM as well as to universities. Avalon Centre created an information guide and workshop for people who wanted to organize their own ASK campaigns. Avalon also created an ASK promotion page on its website. ASK promotions have been provided during the Evolve Music Festival, at Femme Fest, during Frosh week at Kings College, St. Mary's

University, and Mount St. Vincent University. ASK presentations have been done with participants of the YWCA-Halifax's summer day camp groups.

Throughout these youth activities, Avalon staff record and collect comments, concepts, observations, and outcomes. This information is used to develop promotional and educational tools in various formats relevant to youth. Avalon will also be creating this year a facilitator's guide and "workbook" for youth to used in running similar programs.

In the coming year, support from the provincial Child and Youth Strategy has enabled Avalon to work with the Art Gallery of Nova Scotia to bring art-based methods to sexual violence prevention for youth.

2. The Nova Scotia Department of Health and Wellness is involved in several initiatives that support and promote sexually healthy behaviour and decision-making, especially among youth. The province has a comprehensive youth health strategy: The Framework for Action: Youth Sexual Health in Nova Scotia was developed by the Nova Scotia Roundtable on Youth Sexual Health and is designed to improve the sexual health of Nova Scotian youth. Health and Wellness is a member of the Roundtable and is supporting implementation of the Framework and playing a leading role in various implementation activities.

The Healthy Sexuality Resource continues to be produced by Health and Wellness, intended for distribution to all grade 7's in the province. Created in 2004 by the Nova Scotia Department of Health, it is currently being reviewed for revision by the new Nova Scotia Department of Health and Wellness, with respect to sexual assault content. The Department has committed to consultation with Avalon for the update. The Department of Health and Wellness also has a number of resources to help parents and guardians to talk to children and youth about sexuality issues and to provide youth with information about sexual health issues.

The Department of Health and Wellness has a dedicated Sexual Health office, which has a sophisticated understanding of sexual violence and its community causes and impacts. This office is community-linked and supportive of grass roots work toward sexual health. The manager's experience and population health orientation give her credibility and esteem among community organizations addressing sexual violence.

3. Provincial Child and Youth Forensic Services[3] provides treatment for sexually aggressive youth through its Nova Scotia Initiative for Sexually Aggressive Youth (NSISAY).

[3] Provincial Child and Youth Forensic Services is a partnership between the Department of Health and Wellness and the Department of Justice (Court Services) establishing the IWK Assessment Services as the single entry point for court-ordered assessments from youth justice courts throughout the province. The partnership also places all health services for youth within youth justice facilities under the clinical and administrative management of the IWK Health

### *Non-specialized services providing at least some specialized service to youth with respect to sexual violence*

1. The IWK Health Centre has a single social worker addressing the counselling needs of youth and families referred for counselling due to abuse/neglect. This group includes a high proportion of youth who have identified sexual abuse, nearly 30% in 2009/10. Strengths of this program include the availability of family counselling, the high degree of experience of staff, and a child- or youth-centred environment

The IWK's social worker responsible for child and family counselling in the above circumstances, also organizes, along with a Department of Community Services employee, the ongoing SPARCS group, which involves female youth who have experienced abuse/neglect.

2. Phoenix Youth Programs (Phoenix) Phoenix is a relatively large youth-service organization for Halifax, with 75+ staff, nine locations and ten programs. They serve youth up to 24 years of age. Although not specializing in sexual violence per se, approximately 50% of their youth have been in foster care, some of whom will have been in care due to sexual abuse in their family. Phoenix youth may also have been preyed on by guardians or other adults, sometimes so they can access housing and/or drugs. Phoenix avoids blaming or shaming these latter youth, and encourages/supports them to get what they need in other ways.

Phoenix uses many approaches in an empowerment model of service, including shifting the balance of power toward youth, allowing them to be the experts, and to socialize freely. Phoenix does not separate out sexual violence services but responds to whatever youth are presenting.

Phoenix employs two clinicians to provide counselling to street-based youth connected to Phoenix programs. Phoenix's Director of Community Programs confirmed their specialized competency includes the ability to address sexual violence trauma if youth name this issue. (Other Phoenix staff may not have a specific skill set around sexual violence but do have mental health and addictions skill sets which can be relevant to survivors).

Case managers try to meet youth's needs in a flexible way. They will work with youth on safety planning that can include partner violence and sexual violence avoidance. Safe housing is an area of emphasis. Safety planning can present challenges when youth in a relationship that has included sexual violence are both accessing Phoenix. Case managers work with this issue by limiting youth to specific times to use facilities, and other flexible approaches. Phoenix staff may also make appropriate referrals for sexual trauma counselling if youth are eligible for Avalon or IWK services, for example.

---

Centre. The range of services include clinical (mental health and primary health care); court-ordered assessments; forensic rehab; and NS Initiative for Sexually Aggressive Youth (NSISAY).

Phoenix takes a prevention approach by actively targetting younger youth and female youth for support, having identified these groups as most vulnerable to sexual violence. Phoenix also supports prevention of child abuse, including sexual abuse, by supporting young parents, some of whom may already have child welfare involvement.

3. Nova Scotia Department of Community Services helps ensure expedited access to private counselling for issues including sexual violence trauma, to youth who are involved in the child welfare system[4]. They also are involved in careful planning to address the needs of sexually aggressive youth in care.

4. Halifax Sexual Health Centre (HSHC) shares with clients a high degree of non-judgmental, expert care with respect to sexuality and health. Staff have a heightened awareness of sexual violence issues for youth. Victimized youth may access counselling through the Centre's physicians. They have a strong awareness of Avalon Centre services for youth over 16: "Every staff member here knows that if there is any suggestion of sexual abuse, we offer to make contact for them at Avalon." HSHC also has a community educator who is able to share information on healthy relationships and respectful sexuality in the course of presentations in response to youth questioning.

HSHC has developed relevant specialized competencies, such as allowing youth to ask questions anonymously, being sensitive to the "saturation point" for youth participants in sexual health education, and piloting workshops for youth and parents in response to "sexting." HSHC allows patients to stay with one person as their service provider over time which is a critical option in building and maintaining the trust necessary for addressing victim/survivor's needs. HSHC will also prioritize sexual assault survivors, by prioritizing their requests for appointments, allowing support persons to attend appointments and allowing for longer appointment times. HSHC also takes the step of responsibilizing males as well as females around birth control, which is an important aspect of responsibilizing males to share in all sexual health issues, including sexual violence. HSHC reports that they are seeing a shift in increased acceptance of this role by male youth. HSHC also works actively to identify and address links between alcohol and other substance use and unhealthy sexuality including sexual violence. The HSHC website uses youth-specific techniques to engage participation, such as dispensing information in a study program/test format.

HSHC has also developed a Youth Committee to provide management input into the centre (including through board membership), and to empower youth as community leaders on sexual health and other issues. HSHC seeks information from youth in the community in other informal ways as well:

[4] One professional identified the conundrum of parents having to relinquish parental rights in order for their children to access timely counselling.

*We hear some of the things going on in the community…the young ladies, they start laughing [and I get them to] tell me about that. I say, you can have some lubes, whatever you want, but I need to ask you a question. And they're like, "yeah, what do you want to ask me?" and I'll say "Tell me about this oral sex thing at school dances," and they love to be able to talk to us, just to be able to have the voice.*

HSHC has a long and positive history of partnering with Avalon Centre and continues as an enthusiastic community partner. HSHC staff are exceptional in their motivation to address youth needs in a challenging area with few resources.

5. Lea Place: Lea Place is a Women's Resource Centre providing information, advocacy, programs and support to women and adolescent girls. This centre, located in Sheet Harbour, is within the Halifax Regional Municipality but is nearly a two hour drive from Halifax's downtown. Lea Place responds frequently to sexual violence due to its woman-centred approach and its remoteness from Avalon's location. Lea Place is also actively working with youth, through age-cohort groups. Average attendance is 12-22 every two weeks. They have created continuity and trust within these groups, and have made a connection to Avalon youth outreach as well.

These agencies and institutions have developed the competencies necessary for successful community partnership with specialized agencies such as Avalon, to address sexual violence and youth.

### *Other Non-specialized Services Offering Potential Strengths for Addressing Youth and Sexual Violence*

Given the extreme scarcity of specialized services, and even non-specialized agencies with sexual trauma competencies, mapping strengths and envisioning a community response in HRM requires the identification of "specialization cognates." This term refers to particular qualities and strengths held by individuals and non-specialized agencies that are like the qualities and strengths of effective, specialized services, though not yet connected to particular informational or service expertise for sexual violence. Possessing these specialization cognates allows agencies and individuals to absorb sexual violence expertise rapidly and integrate it most easily into programming. Key specialization cognates for effective sexual violence services for youth that are held by some other non-specialized HRM youth service-providers include:

*empowerment model of service, high value on target group leadership*
*ability to foster trust*
*high value on community-based activity*
*long-term prevention view based on culture change*
*sophisticated understanding of gender and diversity issues*

Effective HRM organizations possessing these specialization cognates that serve youth include:

Choices, a program of the IWK Health Centre, is a voluntary assessment and treatment program assisting adolescents aged 13-19 with challenges around substance abuse, mental health issues and/or gambling through an integrated treatment approach.

Cobequid Youth Health Services: Three staff serve youth from age 13 and up, for whatever issues youth present. The Cobequid centre supports a successful junior high girls' group. Groups are informal, and the content is driven by youth participants' choices.

Laing House: This peer-support non-profit serves youth members age 16 to 30 with mental illness. Laing House's relevant strengths include an emphasis on members' empowerment and leadership, a feminist understanding of sexual violence issues, service to trans clients, and depth of experience navigating the mental health system with youth. Laing House also is a community leader in arts-based programming and strongly values self-care for staff. Its stable presence in the community due to its committed donor base and dedicated fundraising staff allow trust to build over time, instead of appearing and disappearing due to inconsistent funding.

LeaveOutViolencE (LOVE): LOVE is a violence prevention and intervention organization that works with youth who have experienced violence (as victims, witnesses, or perpetrators.) Youth spokespeople use media arts (writing, photography, video, spoken word) as educational tools to teach community members about root causes, effects, and alternatives to violence and crime. Using an empowerment model, youth become community leaders. LOVE recognizes that a high percentage of the youth they serve are victim/survivors of sexual violence and competently addresses the needs of sexual violence survivors to create safe spaces for them to participate in programming. LOVE aims to provide youth who have experienced violence a safe and supportive environment where they can express their emotions and discuss their experiences and issues they are concerned about. LOVE youth educate others about violence, become more aware of issues that affect them, and become part of a supportive and loving community. Every session at LOVE begins with free meals for youth.

Leaders use their personal stories, role-playing, interactive methods, and artworks to examine the impacts of violence and share violence-prevention strategies. Youth at LOVE engage in genuine leadership roles in processes that positively shift communities and organizations toward building loving and caring social space. Participants receive one-to-one support. An on-staff Registered Social Worker is accessible at all times and checks in with each youth on a weekly basis and provides crisis intervention, life-planning, and links youth with resources.

LOVE may be limited in its ability to partner due to resource issues and concerns about re-wounding violence survivors.

Youth Advocate Program: Working in neighborhoods experiencing high levels of violence, the Youth Advocate program provides daily intensive contact for youth at risk, age 9-14 and their families. This dynamic program employs staff with relevant life experience, using a holistic, family-empowerment approach. Integral to the program is the wraparound service delivery model which envelops the youth with support services in their community. Youth Advocate Workers see each youth about five times per week. Each Worker has five youth on their case load. If sexual abuse is identified, the youth worker will refer to professional counselling. Youth advocates are particularly interested in stopping sexual exploitation and trafficking activity.

Youth Health Centres: Approximately 37 youth health centres (YHCs) across Nova Scotia provide health education, health promotion, information and referral, follow-up and support, as well as some clinical services to youths. The majority are located in schools. As described above, they currently partner with Avalon on education and prevention of sexual violence.

YWCA-Halifax: This organization is currently an active partner with Avalon in sexual violence education, and encouraging community leadership among youth with respect to addressing sexual violence. Please see description of the FLY-W program, above.

The Youth Project: This non-profit charitable organization is dedicated to providing support and services to youth, 25 and under, around issues of sexual orientation and gender identity. They provide a variety of programs and services including support groups, referrals, supportive counselling, a resource library, educational workshops, social activities, and a food bank. Programming is accessible to youth using informal, drop-in and/or arts-based approaches.

Participants at these organizations spoke about how their practice and/or their organization was fostering strengths:

*My role as a patient advocate is [making sure] they know their rights…such as a youth feeling they want a different opinion but don't feel competent enough to say anything…probably 50% of my job has been just systemic advocacy within the hospital, the community.* – Choices

*She was young and she said, "Do you think I should change anything? I said: "These are your choices to make. I'm here to support you."* – nurse

*The girls pick their topics* – Cobequid

*[Building trust] requires being quite honest about the limits of the information you can receive; to be very clear about the type of reporting that you're required to do. Reviewing all the boundaries of confidentiality exhaustively, so that they understand explicitly…Not creating a false sense of intimacy or trust that cannot be honored is essential. What I work not to recreate is trust that's fostered through a false premise and then broken.* – IWK professional

## Acute Gaps and Barriers Identified by Youth and Professionals

It is recognized that the best response to sexual violence is a comprehensive one based on the uniform provision of basic core services that encompass personal healing, education, prevention, and advocacy work. These aspects work synergistically in communities to address root causes and harms of sexual violence. In a 2008 needs assessment, focusing on sexual assault services across Nova Scotia, for adults, many core services of a comprehensive response were identified as missing. The Halifax Regional Municipality, though the most resourced region through the presence of the Avalon Sexual Assault Centre, was still missing several types of adult core services, such as a dedicated hotline, adequate accompaniment resources, adequate counselling resources, adequate outreach and education resources and adequate advocacy resources with respect to population need. The situation is even more extreme for youth.

Core components of a comprehensive approach to safety and healing from sexual violence for youth that are absent in HRM include:

- Specialized professional education programming for youth service providers
- Schools-based specialized prevention programming
- Timely access for youth to specialized supportive counselling
- Timely access for youth to specialized therapeutic counselling
- Specialized vicarious trauma support for youth sexual violence service providers
- Coordination among responders (SART team or other protocols)
- 24-hour crisis line for sexual violence
- On-call advocates
- Organized, multi-sector community change advocacy
- Cultural competency programming addressing sexual violence
- Data collection

Professionals described the results of the systemic neglect of the sexual victimization of youth in HRM:

*The sexual trauma goes unidentified and untreated over multiple years. Youth internalize the lack of response. They become addicted and pathologized. They are kicked out of school, have high anxiety, are in the justice system, restorative justice, Waterville, finally the IWK. I see it happen in four-year cycles.* – manager

*Metro is not there yet on a comprehensive approach. Three ways where rape culture is perpetuated and needs to be challenged are among parents who are passing on rape myths, girls' victim-blaming and calling each other sluts, and the older men who target girls for sexualization, often a boyfriend of mom's or a friend's father.* – youth program director

Professionals and youth consulted highlighted the following areas of concern:

- *Lack of youth access to basic information*
- *Lack of access to counselling*
- *Lack of ways to intervene in hypersexualization and sexual exploitation of youth*
- *"Invisibilizing" youth peer sexual violence*
- *Secondary wounding and lack of trust in systems*
- *Resistance to addressing sexual violence is strong in the educational system*
- *Gap for incest survivors*
- *Lack of specialized resources for youth with addictions*
- *Access to services is too crisis-driven*
- *Obstacles in accessing mental health services for youth in general*
- *Transportation barriers*
- *Wear and tear on service providers*
- *Lack of specialized training among professionals*
- *Lack of continuity*
- *Lack of programming for males*
- *Privacy and control issues as barriers*
- *Cultural competency*
- *Transgender youth*

### *Lack of youth access to basic information*

*I heard many times, "Is it sexual assault if…?"It is difficult for them to identify their experiences as sexual assault: examples out of movies or stories for what is a "valid" sexual assault "should" have physical violence, penetration, maybe even kidnapping.* – youth facilitator

Many professionals described youths' lack of basic information around healthy sexuality, sexual violence and trauma. Areas most commonly flagged for education included:

the meaning of consent
responsibilities to ascertain consent
what sexual assault is
understanding sexual exploitation and trafficking
placing responsibility squarely on sexual aggressors
entitlements to special supports in the legal process
options after an assault

healthy sexuality reference points
debunking myths and stereotypes around sexual violence
how to support peers who have been abused/assaulted

In particular, many pointed out that youth were not recognizing sexual assault when it occurred, girls were being responsibilized for male behaviours, and were internalizing myths and stereotypes. (Please see list of frequently asked questions by youth, at Appendix B.)

Participants described the lived experience of youth lacking healthy reference points and information:

*He said to me "Now that I understand this, I've got to say that I don't think I've ever had a consensual sexual experience." He'd been having sex since he was eleven, and didn't understand until that day that he had been a victim or perpetrator in every single sexual contact he'd ever had.* – counselor

*[Youth] often have no sense that's it's not OK to manipulate young girls. Unacceptable behaviours are valued as "gang style" sexuality.* – justice professional

*I just think there needs to be more education around it: they need to understand what sexual assault means. They need to understand it's not their fault.* – youth worker

*They need to know their rights and have a safe person who can give them information.* – youth worker

*We need reference points that are sex-positive, that do not re-traumatize and shame.* – manager

*I would like to give out information about consent when I am giving out birth control* – health care professional

*We have to deconstruct the myths in order to create safety* – counselor

Youth strongly indicated they wanted more access to better information about sexual violence:

*Sexual assault is important to talk about to know what to do. It may happen to one of our friends and we should know what to do.* – grade 9

*We want lots of information* – grade 9

*We need to get good information and get comfortable talking about it* – high school age

*Many victims don't report, because you think in your mind, "I am responsible for this."* – high school Ecole du Carrefour

Youth reported difficulties getting good information from family about sexuality and sexual violence:

*It's hard with family. They want girls to keep their innocence and won't talk about it with them*. – Sheet Harbour youth

*It would be too intense to talk about assault* – Sheet Harbour youth

Many youth described getting their information about sexuality and sexual violence from movies, television and the internet.

Youth were also unsure where to go with disclosures, and were afraid of not being believed.

### *Lack of access to counselling*

As described in the previous section, specialized counselling is only available to limited subsections of youth, mainly through Avalon and the IWK. Avalon currently only sees female youth over age 16. Staff there were concerned about impacts on the organization if under-16 clients were seen for counselling:

*You have to be trained in family counselling in working with [younger] youth. It's a whole different way of working. We'd be dealing with Children's Aid or Community Services, a lot more, and that is a different experience with different pressure.*

Wait lists for counselling were of tremendous concern to professionals serving youth. Reported wait times for IWK counselling varied from 6 months to two years. Those classified as urgent might expect a three-month wait for an initial assessment; others could expect a wait of up to six months. After the initial assessment, another four to six month wait before actually starting counselling was likely, based on professionals' experiences from around HRM. Wait times for youth who are eligible for counselling at Avalon were within 2 weeks for an initial consultation and an additional 4-6 months to start actual counselling. Urgent cases may be seen sooner at both Avalon and the IWK. There are wait times associated with private counselling as well, although a general figure for HRM is difficult to ascertain among these professionals. The IWK prioritizes those youth with no other means of access. Youth in care were described as gaining access to counselling within one month.

Professionals described the situation and its impacts:

*The impact of the wait list is terrible, especially if it is recent or ongoing [abuse]. If there are criminal charges there can be money for private counselling but it's still about a 3 month wait. If there is no Employee Assistance Plan or health insurance, there can be a problem.* – counselor

*Many private counselors do not have experience with sexual abuse. This is the most grievous wound that anyone can experience. Professionals can be afraid and repulsed.* – therapist

*It's always been at least a year wait, for a long time, so it's useless, basically.* – counselor

Despite social workers' interest in having more counselling available to youth, some community-based professionals did not agree that that was a priority:

*I think that sort of clinical therapy approach does not resonate a lot with youth* – Avalon staff member

*One 17 year old said to me, "Does talking help?" She had gone through years of abuse from her father, right? And then Child Protection got involved and she had to leave so suddenly that she couldn't go home, get her things or see her younger brother. But once she turned old enough that Child Protection wasn't involved she was basically kind of alone except for a couple of friends. And she came here, because she disclosed to someone at a feminist rally who told her about Avalon. But she was asking some really interesting questions, like "Does it help to talk?" and "How does it help?" Those are really important questions that we take for granted.* – Avalon staff

*Typically, young women don't want our long sessions. At that age and stage do you really want to be talking to a counsellor, typically an older person. Do you trust this counsellor? Who are they?* – Avalon counsellor

*Some youth don't want that full attention. It's too intense and they're not used to it. What they'd prefer is to have stuff to do, something to draw or to bring a friend.. It defuses the intensity, keeping it sort of more playful, a little more casual. That's a way of developing safety and trust. And shorter, not an hour-long format.* – Avalon staff

Long wait times have an impact on all sexual violence survivors, but an especially great impact on youth victim/survivors whose identity and personality are still in a developmental stage. This was a source of frustration and pain to professionals:

*If they meet the criteria I can offer to put them on the waiting list to see our clinical therapist. The wait is six months or maybe a little bit longer.* – social worker

*The trauma is acute and that person is hoping to see someone within a few weeks. So to tell them about a 4 to 6 month wait is quite alarming, as well as disheartening.* – social worker

*It's a crucial time if you have someone coming to you and wants the help, that's your window, right? Otherwise they may just bury it and you may not be able to get them into it again. And if they have to wait six months, chances are they may not.* – youth worker

*Some of these youth have been repeatedly victimized and they're asking for help. They're youth, they're young and [a 6 months to a year wait] is a huge time in their development that they're going to get no help.* – Avalon counselor

### *Lack of ways to intervene in hypersexualization and sexual exploitation of youth*

*I don't know what to do when I see young girls who may be being exploited.* – afterschool program staff

Many professionals, in particular from Avalon and among professionals working in neighborhoods with high rates of violence, were frustrated that there were no established ways to intervene effectively in the sexual exploitation of youth until very serious harms had occurred. They were frustrated that adults were mainly reactive, not pro-active. There was also some analysis of sexual exploitation in terms of class privilege, and the barriers associated for exploited youth:

*She got befriended by two older women who were sex workers, who offered her an opportunity. And when she looked at what her options were, going to work for an older woman set up in an apartment was better than getting back into an institution where she was being abused, or being on the streets. She's negotiating her own safety and she feels she is in control.* -Avalon staff

*She might not identify as homeless or exploited, but she is having to trade sex to stay on someone's couch.* - Avalon staff

*I was talking to another counsellor about someone whose whole family for two generations has been trading sex in different ways. Trading sex with multiple partners for survival. This is happening at all social levels if you want to consider traditional marriages. But for middle-class white people, they are immediately labelling [such] youth behaviour as closer to prostitution. So how do we talk about youth exploitation with turning it into a negative label?* - Avalon staff

Front-line professionals dealing with this issue were interviewed from both community-based and institutional settings. There was a high level of frustration that the child welfare and justice systems were not addressing the situation proactively.

D*epartment of Community Services is a huge struggle to work with. They refuse to intervene or recognize the causes or conditions leading to exploitation and prostitution* – community-based youth worker

*I think the public is expecting it, they really want to see Child Welfare taking the lead here, but that is not happening in this province.* – institutionally-based youth worker

### *"Invisibilizing" youth peer sexual violence*

Youth spoke about how sexual violence was left out of work done in schools to counter bullying:

*They talk about violence and bullying but never sexual assault specifically.* – immigrant youth

Some professionals were concerned that youth sexual violence is often viewed by the medical and child welfare systems as primarily a family violence issue, and that these systems discount dating and other peer sexual violence:

*We are getting inquiries [from youth] because some youth don't identify with the child abuse programs at the IWK; they're looking for something more along the lines of what we're offering, if it is a dating sexual assault situation.* – Avalon staff

### *Secondary wounding and lack of trust in systems*

*Let's face it, when a kid discloses and then the child welfare people descend and the police descend…and two and a half years pass, because it can take that long for the adjudication thing to peter out, usually what happens is nothing. No one has been adjudicated, no one has been tried and convicted, no one has been identified as a sex offender who can't have contact with children.* – private counselor

A participant from LeaveOutViolencE described a situation of "circular neglect" of sexual violence because there is so little reporting due to hopelessness. Other professionals supported this view, also citing a lack of trust in various systems that could intervene in sexual violence.

#### *Justice*

Ineffectiveness with respect to sexual assault in Nova Scotia was documented in a 2005 and revised 2009 statistical analysis of sex offender processing produced by the Nova Scotia Advisory Council on the Status of Women. (NSACSW 2009) One youth worker in the health care system described what this means in human terms:

*We've seen a lot of it: we have a kid who is beautiful, athletic, academic, and fortunate enough to have a good family. And she was abused by a neighbor and did the court thing right up until the lawyer said, "Look we're not going to win, so let's stop it." And so the guy still lives there. Every day she saw him. She's in our office, has an eating disorder, mood dysregulation…the whole thing with the justice system can be extremely re-traumatizing.* – youth worker

Professionals decried a justice system in which prosecutors were often asking them to defer youths' therapy for the sake of future testimony:

*When I worked with the staff [at the hospital] over the years doing information sessions for parents, some of the things that staff used to say were, "If it's in court it's better not to see the young person until the court process was done." They would raise that a lot actually. Youth and their service providers are being told this message.* – Avalon staff

I *think that one chief of police said to me, "Investigation be damned. Help the kid." And I said, "Thank you Chief, because that's what I'm intending to do." But I can't do it if the Crown prosecutor is beating up [the youth's] social workers for playing around in his evidence. Because that is what a prosecutor is concerned about, "Don't anybody talk to this kid until we have a chance to get them in front of a jury, a year and a half from now."* – private counselor

Professionals serving youth noted that programming associated with the justice system often prioritized the needs of prosecutors more than the needs of youth, and that this was something that could be overcome by "by youth for youth" programs:

*Some of the things that the staff [at the hospital] used to say was that it was better for them not to see the [youth victim/survivor] until the court process was done. Better for who? For the prosecution, if [youth] don't make multiple statements. That brings up something to me: youth as a priority. It's not about the justice system, it's not about Child Protection, et cetera. What's missing is youth as the only priority.* – Avalon staff

Some professionals also noted a general reluctance to expose themselves to anything that might involve them in the justice system:

*This kid needs help, and because it's a forensic matter, very very infrequently will the public mental health services engage that child therapeutically because they don't want to get caught up in the forensic piece* – psychologist

*To do that work is not only taking you into the area of the clinical issues related to the event but it also takes you into the legal issues, and many practitioners will refuse to engage people in treatment if there is a pending criminal examination* – psychologist

Lack of trust in the justice system for youth experiencing sexual assault is sometimes connected to negative experiences of the justice system triggered by youth's criminalized activities. Some professionals identified that youth did not understand that seeking SANE services through an emergency room did not mean that they were required to report to police, and that youth were avoiding emergency services after sexual assault for this reason.

A substantial proportion of female delinquents report a history of sexual and physical abuse. Female victimization, and abuse in particular, is a risk factor that must be considered in any discussion of risk factors for female youth criminalization and is particularly important for appropriate prevention/intervention initiatives for girls (NSDoJ, 2006). Despite this being identified by the Nova Scotia Department of Justice, specialized resources to deal with the impacts of sexual violence victimization are not available through the IWK's Forensic Unit.

Many of the youth most vulnerable to sexual assault are also being referred to services from justice or child welfare system actors, for mandated counselling. Avalon does not provide mandated counselling because it is counterproductive to trust, empowerment and healing. Other participants in this research also recognized the problem of mandating counselling:

*It's challenging when a lot of the direction to come see me is [from] probation…which doesn't foster trust. [Youth] know that my records can be subpoenaed and [that I may] be reporting back to a larger group in terms of services provided.* – social worker

### *Health*

Overall, there is a lack of a coherent message about sexual violence from the diverse collection of health professionals to youth victim/survivors in their care, according to some participants in this consultation:

*One kid would get something from one clinician and then they'd get the philosophy of another one. That would split the team and obviously there is an issue there.* – youth worker

Physical and psychological safety issues have been raised by staff and youth with respect to inpatient treatment:

*Interviewer: Are there both survivors and sexually aggressive youth housed in the same area?*
*Worker: There have been, yeah. There's been some acting out that has affected other youth, that could have been prevented…you could have an 18-year-old rooming next to a 12-year-old, and the young ones experience probably something they shouldn't. We try not to do this but…it's a small unit.*

*I think the clinicians try to do as much as they can, but the system is so jammed, that it does get missed.*

Medicalizing and over-medicating of adult sexual violence survivors was identified as a key issue with respect to secondary wounding of adults in the Nova Scotia health care system in the 2008 provincial assessment. Participants in this consultation indicated that this is an issue for youth too:

*A couple of kids had some serious things happen to them and it was all about treat, treat, treat the symptoms. Maybe they needed medication and maybe they didn't. –* youth worker

### *Resistance to addressing sexual violence is strong in the educational system*

Many professionals reported that schools were reluctant to take responsibility for including sexual violence prevention among school-based offerings. Again. lack of a coherent message due to a lack of a comprehensive sexual violence prevention strategy in HRM or the province hampered educational efforts. (Details of these problems were documented in the 2008 provincial needs assessment.) In the view of several professionals participating in this consultation, sexual violence prevention was likely seen as a "hot potato" that school administrators did not want to touch, fearing stigma for their school and backlash from parents, since sexual violence prevention necessitates discussion of sexuality.

*If you go formal, there's too much red tape, so I just go to the people in the schools who I know will work with us. – youth worker*

*It just depends on the relationships. It is good to get in the schools because the sex ed thing is so not happening, really. – youth worker*

*Many walls go up at the schools. Lunch and afterschool are great opportunities but difficult in the current educational structure. If supportive school administrators change, the program is vulnerable. Now, there is low acceptance. – youth worker*

*[Youth] have no voice, no disclosure until someone comes specifically to talk about sexual violence, but there is really no mechanism to invite speakers. –* therapist

*There is an adverse impact when teachers don't know how to deal with trauma. The school piece is really missing. –* therapist

*By starting at a younger age we see the pay-off 10 – 15 years later. But the school board shies away from it [sexual violence prevention], especially for the younger ages.* – justice professional

None of the 2008 recommendations of the provincial needs assessment (see Appendix A) have been implemented by the Department of Education or the Halifax School Board, to date.

### *Gap for younger adolescents*

Many professionals noted the service gap for younger adolescents in particular:

*Now we're recognizing that we need to be in the junior highs, because there's just as much need there, if not more. They don't have as much access to information and they're not as mature in making decisions as high schoolers.* – youth worker

*People generally think, "Oh at 12 and 13 and 11, what could possibly go wrong?". There are big issues for those kids: there's sex, there's alcohol, there's drugs, there's sexual assaults, there's abuse, there's their struggle with their own sexuality. There's anger and depression, lots of mental health stuff. It's there and I'm just not sure they are getting as much information or they're hearing it.* – youth worker

### *Gap for incest survivors*

This high-needs group had no specialized resources. Group programming in particular was identified as needed, to combat stigma and isolation.

### *Lack of specialized resources for youth with addictions*

Youth with concurrent presentation of substance abuse issues may have an even more difficult time than other youth accessing help for sexual violence trauma. One social worker participating from a youth substance abuse program described the following as a not atypical story:

*Those youth [with substance abuse problems] are being sexually assaulted. Her experience with police [for her criminalized activity] has been quite negative, so in terms of trust, to then seek support, report an assault when she continues to seek funds to support drug use, is really challenging…She's woken up in an unfamiliar environment, she's been sexually assaulted. [She will have] a lot of mixed feelings about agreeing to sell sex in one circumstance and then transfer that to another experience [assault]. Really helping her sort through the right to consent – how do we meet the need when the need really does move us beyond what we normally provide here?* – social worker

Other professionals felt the absence of resources for sexual trauma had a compound effect on youth vulnerable to addictions:

*Teen [sexual trauma] survivors are getting into drug use for the PTSD and then this is reinforced by the [peer] group. For under 16, it is very challenging when they want help but have to wait.* – youth advocate

*[Addicted] youth need help navigating the system and getting health needs met. They are bouncing around wait lists and services.*
– manager at a non-profit

### *Access to services is too crisis-driven*

Professional participants expressed frustration that a lot of general service provision for youth was crisis-driven only. They zeroed in on a lack of long term planning on the part of service providers as a cause.

Another cause for the emphasis on crisis services instead of long term prevention and healing was how youth manifested their genuine needs:

*There is not a lot of foresight. That's not the dominant characteristic [of the work]. I don't see young persons who are worried about what is going to happen in six months to a year; their needs can be very, very immediate.* – social worker

### *Obstacles in accessing mental health services for youth in general*

Barriers for youth in general in accessing mental health services have been identified as a concern of professionals across sectors in Nova Scotia (including HRM) with respect to youth victim/survivors of sexual violence, as well in the context of connection with risk of criminality and violence. Youth unwillingness and lack of engagement with respect to existing mental health services was noted in a recent provincial survey. (NSDoJ 2006) Given the dearth of specialized counsellors in Nova Scotia, this effect is likely magnified for youth who would benefit from specialized counselling for sexual assault/abuse trauma.

Some professionals participating identified a lack of understanding among education administrators with respect to the needs of youth with mental health issues:

*A [youth] cancer patient is deserving of support to transition back. [to school] But one of our kids who has been in for two or three weeks [for mental health reasons], the teacher, the guidance counselor, the principal are like, "We don't want them back", "Maybe they can start in February", "No we're not giving you withdrawals, we're giving you fails." We're trying to improve relationships with schools.* – youth worker

Since the demand overall for mental health services was not being met in HRM for youth, in their view, professionals feared that sexual abuse was "just lumped in with mental health and then ignored."

### *Transportation barriers*

HRM encompasses a geographic area that includes both urban and rural areas, and requires approximately 3 driving hours to traverse east to west. Public transportation in outlying areas is very limited. Transportation was identified as a significant barrier with respect to at-risk youth engagement with services in general. (NSDoJ 2006). This applies to potential sexual assault services as well according to participants:

*Even though we see women 16 years old and up, often they have to take the bus in from Sackville after school. This can be very difficult for them.* – Avalon counselor

*I had a 16 year old client who had to come from HRM, but it was still a very long bus ride, so that was a barrier.* – Avalon Legal support/advocacy

*For some youth it's really difficult even to get from Beaverbank to the Cobequid Centre. There will be a barrier.* – Cobequid health care professional

Transportation issues also posed a unique barrier for youth: how to explain to parents where they were if the round trip takes several hours.

Although offering counselling to female youth age 16+, Avalon services are not designed specifically to be youth accessible. Access hours of Monday to Friday 8:30 – 4:30 with a lunch time closure may not allow youth the time they may need to travel afterschool to Avalon.

### *Wear and tear on service providers*

In its 2006 report looking at youth violence, the Nova Scotia Department of Justice flagged professional development issues respecting service providers to youth for action. Recruiting and professional development for service providers is an ongoing issue. The problem is exacerbated in rural areas of HRM. It was felt that professional development for service providers must be built into programs with appropriate resourcing, and that more conferences are needed between agencies to share information.

These issues are magnified when looking not only at service provision for youth in general, but with specific competency for sexual assault/abuse trauma:

*I have worked at child protection, IWK crisis support, and Phoenix House, and I can tell you having worked at all of them that there is high vicarious trauma when dealing with sexual abuse of young people* – counselor

Professionals trying to promote better sexual violence services for youth victim/survivors were described as meeting with resistance in their institutions, especially if an individualized medical model was dominant, rather than a social analysis of sexual violence:

*We had a chaplain here and she did some [sexual] trauma stuff and she got frustrated because there wasn't any cooperation* – youth worker

Service providers addressing youth sexual violence may experience more vicarious trauma than other service providers, leading to burn out and staff turnover, with attendant loss of expertise in the community, and loss of trust from youth and the community. Care for these service providers is limited. Participants said:

*When I see [a youth] for counselling and they're still in a situation where they're very vulnerable to repeated sexual assault, it's extremely distressing for me. And I wonder what the impact is for you, when you have such vulnerable clients who you can't even refer to someone else, let alone protect them yourself.* – social worker

*I find working with youth enlivening and also more painful. To see a young person being so terribly oppressed and suffering so much; I feel more helpless. I feel more worried, more angry. And at the same time I feel so important because this person is young and this person might not have to carry a legacy of horrible, misplaced, misdirected shame.* – Avalon counselor

*At some point, I've come to terms with the horrendous things that happen to [youth] on a regular basis. But it is hard. It's hard to hear about harms by police, harms by strangers, by johns, and to really, effectively, do nothing.* – social worker

### *Lack of specialized training among professionals*

*Sexual assault is definitely an area for professional development. We need a best practices template, and a continuity of training.* –manager of youth services

*Not a lot of people have experience with trauma work, in all of our programs but especially on the inpatient unit. It's quite alarming. We've had speakers come but there's nobody who has really wanted to specialize in the trauma of [sexual] abuse* – youth worker

*Why don't we have anybody doing [sexual] trauma work? We have all these kids.* – youth worker

*When sexual assault comes up, I am in a panic to do a good job.* – health care professional

*I need tools in order to help someone in a small amount of time, like key words* – health care professional

*I have a high degree of anxiety when dealing with disclosures for youth under 16* – health care professional

Some professionals serving youth in the health care system were unaware of Avalon Centre's availability for counselling female youth age 16 and over.

Youth workers who were not clinicians, social workers or psychologists were identified as keenly lacking in training with respect to sexual violence trauma, by other youth-serving professionals consulted:

*In the day treatment programs and also residential services...they are youth workers, and it would be beneficial to get some training from [Avalon]*

Lack of specialized understanding and best practices were seen as having impacts on youth seeking sexual health services when professionals did not understand the issues they faced:

*The impacts. can mean them not getting paps, not getting the STI tests because it is too triggering, or they had a blaming, judgmental experience, or it was too painful.* – counselor

*Another thing we had happen a few weeks ago was a young woman was having her first pap in a number of years, and she had been sexually abused. She was extremely loud. And it was traumatizing for her.* – heath care manager

*We learn things by trial and error. With sexual assault, that's still where I'm kind of flubbing.* – health care professional

*Like I said, we've never had formal training in how you do things. So it's just by us talking to each other.* – health care professional

*How I feel here is people have been so victimized when they come here that I don't want to do anymore damage* – health care professional

### *Lack of continuity*

Some professionals expressed frustration that there was no capacity for follow-through to help youth reaching out for support, particularly by phone:

*I speak with them…in the moment… [I] brief that person. If there is no action behind that conversation, the conversation is the only response, often. The follow-through is often not there.* – social worker

The time-limited program nature of many projects did not lend itself to the trust-building necessary to begin to address sexual violence. At least one professional felt that the end of a program with no provision for follow-up was a source of secondary wounding for those youth who may have disclosed sexual abuse during the course of the community project.

### *Lack of programming for males*

Although the terms of reference for this feasibility study refer to the needs of female youth, who are the majority of victims of sexual assault, lack of programming for males is noted. Relevant programming can include clinical services for male victim/survivors and/or perpetrators, as well as broad information and prevention activities involving all youth. Presently, male youth can access Phoenix services, or be referred to the specialized counsellor at the IWK for individual clinical services. The IWK's specialized counselor had plans to start a boys' group this year, open to those who had experienced any form of abuse, including sexual. Male youth in general also may access the informational resources made available by Avalon, and the public health materials on sexuality (including sexual assault) made available by the province.

Some clinical programming is available through the IWK specifically for sexually aggressive youth. Youth offenders over the age of 18 also have access to provincial treatment for adults.

Female youth participating in workshops for this research were clear in their expectation that male youth needed to be part of prevention work and culture change. As well, professionals participating sometimes highlighted the need for male youth leadership in this area:

*Young women are being empowered but we haven't changed the messages to male youth yet. So there's no active or proactive prevention work that being done around males yet*. – Avalon staff

Some professionals were extremely concerned that clinical and other supports for male youth were even harder to find in HRM than for female youth. They pointed to the criminalization of male victim/survivors, the negative impact of categorizing male youth

as sexual "victim" or "offender", and the imbalanced clinical focus on eliminating oppositional behaviours:

*The residential facility should be getting into that stuff. But its usually "Okay, this guy has oppositional issues. He has ADHD. So let's treat those. And yes, he suffered abuse, but let's treat what we see." Right?* – youth worker

*The number of male victims who go unrecognized and untreated create a significant problem.* – private counselor

Experienced community educators and activists were clear that the education and empowerment of males who are involved in violence required preparation and thoughtful long term planning, and that applying some generic model of sexual assault prevention would not be effective. One educator recounted her experience of being "parachuted in" to a residential environment for male youth as extremely unsuccessful:

*The males wouldn't even come in the room. They were very hostile to me and to the female staff. They were saying things directed at me and directed at what [the session] was. These were 12-, 13-year-old boys. To me, it wouldn't be effective to just go in to a group of males who are known to be violent against women and talk to them about what [sexuality] shouldn't be. It's not going to be helpful.*

One participant who was highly experienced treating sex offenders was clear that prioritizing services for males did not mean that services should be gender integrated:

*I think that doing this work in a gender integrated way is very difficult. It is being done in some places by folk who are doing that work for a long time.*

Avalon staff were also supportive of male victim/survivors being offered services that accorded with the Avalon model, in a separate gender-specific program; namely, client-centred, empowerment-based feminist counselling. They viewed the dearth of services overall, including services for males, as a community problem, and not one that could be solved by Avalon with its current resourcing level and mandate.

### *Privacy and control issues as barriers*

Many professionals described youth as not disclosing due to privacy issues. This could mean among peers, or not wanting a police or child welfare investigation to be triggered.

*If you have a party or something, and its pretty public in the school, there's all of these peer rumours, and the bullying and peer issues that youth are facing. And so disclosing or going for help is just one more layer they have to deal with*. – Avalon counselor

*So now, "I'm the girl who cried "rape"." But now I'm crazy on top of that. …They're not going to sit down and talk about their problems.* – Avalon counselor

*Oftentimes youth are choosing not to disclose or choosing to put up with sexual abuse, because of what they'll lose. If it means you're going to lose your mother or you're going to get kicked out of your home because you've disclosed that their boyfriend is sexually abusing you. Or you lose access to money or the cell phone. To adults that last may sound petty but for youth, for survival that may be all they have, that's the world.* – Avalon counselor

### *Cultural competency*

There was little evidence of government planning or community planning to create culturally competent sexual violence messaging for HRM. Anti-violence groups active in HRM do not explicitly emphasize sexual violence prevention messages.

Avalon staff identified a need for an ongoing exploration of cultural competency in sexual violence prevention for HRM.

Professionals serving immigrant youth highlighted cultural challenges: that in many cultures, "dating" is not acceptable and immigrant parents and youth may have trouble navigating it; sexuality in general is a highly uncomfortable topic for many cultures; interpretation and language issues complicate reaching cultural minorities. A professional from ISIS recommended that an ongoing, permanent, public campaign against sexual violence is needed and messages need to be shared skillfully enough that those with language barriers will understand the messages. Resources are most needed in Arabic, Mandarin, Farsi, Russian, Nepalese/Bhutanese and Spanish. Some work has been done on this area to make SANE services accessible to allophones, but multi-language versions of prevention and healing materials need to become more available in HRM.

### *Transgender youth*

There are no services specifically for transgendered youth, specifically to address sexual violence. One professional shared concerns about negative community response and secondary wounding of transgender teens that prevented trust in services provided in HRM. This professional particularly identified the lack of trust in police as a major issue in these youths' non-reporting of sexual assault.

## Recommended Solutions: Successfully Involving and Serving Youth

Professionals and youth participating in this consultation were asked to describe their ideas for ideal youth programming to address sexual violence. This inquiry yielded

important information about what content and processes were likely to be successful for HRM.

As well, agencies and individuals shared information about their limitations with respect to resources and abilities. Participants shared their concerns about addressing sexual violence in a way that would not overextend current capacities, create false expectations, or stray from what youth actually want.

Informed by this, below are listed top priorities for activity to address the gaps in programming.

Top priorities and qualities for services identified by both youth and adult professionals[5] included:

1. knowledge exchange and access to reliable information
2. arts-based activity
3. “by youth, for youth” activity
4. community leadership/mobilization opportunities for professionals and youth
5. “light touch” delivery through informal settings that are accessible to youth

1. knowledge exchange, and access to reliable information

As described in the gaps section, above, HRM professionals are lacking in specialized knowledge/training, and HRM youth are lacking in basic information with respect to sexual violence.
Many professionals engaged in work with youth raised the idea of knowledge exchange to better address youth needs with respect to sexual violence. Youth identified a strong desire for more reliable information about sexual violence. Knowledge exchange opportunities should not only be set up for professionals but should be created to serve youth as well, by sharing information through a knowledge exchange, rather than the delivery of information by an authority figure to a passive group of lower-status youth, youth will be empowered. This empowerment is key to addressing the wounds of sexual violence for individuals and communities.

As discussed in the previous section, current information and training needs are not being met by conventional approaches, such as one-time workshops. Avalon staff reported being called on to fill in knowledge gaps on a near-emergency basis:

[5] Adult professionals also cited “better access to clinical services and therapeutic counselling” as a priority for future services; youth did not. Because of youth’s low priority toward this area, and because increased therapeutic counselling is a matter of operational funding for the province, and not primarily something that the community can mobilize, this area is not discussed among recommendations here for broad community collaboration. As described in the section on gaps, above, however, wait lists for these services are a serious problem, and distressing for those who care about youth victim/survivors.

*They initially wanted one of us to go over and meet [a hospitalized individual.] And she was young, and she had just made disclosures to a nurse. And they wanted someone with experience. She was talking about triggers, and wanting someone with experience who could come in a talk to her.*

*I had another call recently as well, someone from the IWK.*

"Knowledge exchange" is a recent term used to describe a dynamic process through which both information as well as experience is shared, processed and integrated by all stakeholders. Knowledge exchange offers the opportunity to meet the needs identified for ongoing, low-resource, interactive capacity-building. This is different from the conventional paradigm of a "researcher" who brings forward facts and analysis to passive recipients. As described by the Canadian Mental Health Association (CMHA):

*This shift requires defining producers of knowledge as not only the researchers, clinicians, and social scientists, but also the consumers, families, and community groups, among others. From this starting point, the uptake of knowledge would also be more widely dispersed. Rather than considering just policy makers, decision makers, and service providers as the ones to apply knowledge, all the groups in the process could be expected to act on the information according to their own particular perspectives. The definitions of "users" and "producers" of knowledge will therefore be shifting and dynamic.*

Knowledge exchange can include a variety of components, such as a recognized ongoing forum for communication among a broad range of actors, collaborative work on open documents and websites, or the creation of evolving consensus-based best-practices standards.

Knowledge exchange can also correct communication imbalances and allow space for less-heard voices through their active promotion. One technique is the use of "listening days", events where the agenda is set by those representing less-heard voices. Expectations of those representing more-heard voices would be to absorb and inquire, not to debate or challenge at initial events. (Follow up events can provide more dialogue activities.) In the context of youth sexual violence less-heard voices in HRM would include youth as a whole, and in particular youth victim/survivors. Professionals and other adults can prepare themselves to actively learn by cultivating openness and grounded presence, to be present and available for sharing by others, especially youth. This preparation by professionals was recommended by the Nova Scotia Department of Health and Wellness's Sexual Health coordinator, for all youth engagement, and it is especially important for engagement on the challenging topic of sexual violence.

Participants in HRM commented:

*I'm curious: Is there anyone else sitting around the table wondering about the same things, and wondering how to move it forward, and if there's an opportunity to do that?* – IWK professional

*Ideally…we would be able to go out and…then go back…4 or 6 months later. Has there been an increase in knowledge and is it long-lasting? How have they pursued it even further on their own?* - Halifax Sexual Health Centre

*[It's important] to provide people the language to talk about it and start recognizing [the unique needs] in their workplace interactions and treatment settings.* – IWK professional

*[Knowledge exchange for sexual violence] is about challenging the norms that have permeated treatment facilities and the professionals working in them. We must recognize that we must evolve. And giving us the tools. I would love to see that – to provide an opportunity to stay current because being static and not evolving [means] becoming irrelevant [to youth.]* – IWK professional

*Best practice protocols*

Professionals participating identified the collaborative creation of best practices sexual violence protocols for their organization or position. They often cited the wish to work with Avalon's expertise to create these.

*We're still trying to navigate things. If somebody came here who was sexually assaulted…it's getting those protocols [that's needed] for us to be able [to say] Here…this is what we can do.* – Nurse serving youth in community

At this time, individuals may be informally creating their own set of best practices for their personal use but this information is not being transmitted to others. Often, a professional dealing with youth might call Avalon for advice and receive specialized instruction, but the specialized approach is not documented or shared anywhere else. Examples would include ways to keep communication going with youth with respect to possible sexual assault:

*"I asked, 'Was this consensual?' and I didn't get any answer…I ask more and more now 'Do you enjoy sex?' 'Are you having any discomfort during sex?'…and they'll say 'It was a little bit rough.' And I [can ask] 'Are you still with that partner?' or, 'was it your choice, because it's always your choice'."*

and ways to avoid triggering PTS responses:

professional serving youth: *"I try to avoid the word "rape" because it is too stressful. But even if I say "sexual assault" it can still be triggering? What can I say?"*

Avalon: *"One word I like to use is "crime", "the crime" – it is more neutral than sexual assault and it also makes it clear that the sexual assault was a crime, and not her fault."*

professional serving youth: *"That is good; I can use that."*

It is important that youth be integrated into knowledge exchange forums, that they be empowered as experts, and have power shifted towards them in the creation of professionals' best practices.

2. arts-based activity

*They loved doing the quilt and suggested doing something like that with other youth. They loved El's poem and wanted to hear it again. – Avalon youth facilitator*

Many professionals consulted reported on the success of arts-based work with youth, especially for sensitive topics like sexual violence. Art empowers and allows non-verbal expression. Recent research conducted at the University of Prince Edward Island concluded that participatory approaches informed by arts-based methods (e.g., reflective writing, dramatization) used with adolescents enhance the outcomes associated with the development of prevention resources for sexual risk-taking behaviors.(Youth aged 15 to 17 years participated) (MacDonald et al 2011)

Two examples of the success of arts-based programming with vulnerable youth are those of Laing House and LeaveOutViolencE. Their expertise in developing and conducting this type of programming is increasingly recognized and sought in the HRM community.

Arts-based programming is also a major emphasis for the provincial Child and Youth Strategy, which funds projects for youth in HRM and Nova Scotia. This has increased local organizations' awareness and involvement in such programming.

Avalon Centre adopted arts-enhanced approaches in this consultation, for youth workshops, which were effective and well-received, by youth, including quilt-making and spoken word. Avalon and YWCA-Halifax also incorporated arts activity into their partnership for the FLY-W youth leadership work. Avalon Centre will be moving further with arts-based youth programming in 2012, in a co-operative prevention/education project to be conducted with the Art Gallery of Nova Scotia.

Not only has arts-based programming been associated with positive outcomes for youth participants, but the artworks created continue to function as information sources, inspiration and examples for other youth and future programs.

Some professionals raised concerns that arts-based activity can be intense and triggering for sexual assault survivors:

*I've been to arts-based events that are quite intense. People are in attendance and they've not identified as survivors but they are being privately triggered, in public. –* Avalon counselor

Others were less concerned:

*If it's big enough and loose enough, then someone could wander in and out without being noticed.* – Avalon staff

*Sometimes, adults worrying about a backlash are being over-protective of youth. -* Avalon staff

Youth facilitators in this consultation noted that it was difficult for youth (especially younger youth) to put words to their experiences of sex and sexual violence.

Some professionals suggested that art-based methods might be a safe way to bring parents into the programming, through theatre, or mutual creations with youth.

It would be valuable to continue increasing HRM capacity to involve youth in arts-based programming supporting prevention/healing from sexual violence. Appropriate expertise should be included in the development and supervision of projects in order to avoid and address triggering of stress for victim/survivors.

3. "by youth, for youth" activity

For empowerment, for outreach and for communication, several organizations in HRM that are successful working with youth have incorporated "by youth, for youth" programming. For sexual violence prevention and education, this fits with youths' description in this consultation of looking to peers for information and support regarding sexual violence.

Avalon uses an empowerment model for healing and social change. A by-youth, for youth approach is in harmony with this. A by-youth, for-youth approach would also fit well with the approach of potential community partners which successfully employ this approach.

Professionals pointed out that often the harms of sexual violence were being experienced very publicly by youth, through their school life.

*They're calling about situations that are school-related. So if there's been a party or something, where it's pretty public in the school, there's all of these peer rumours, and the bullying. And so disclosing or going for help is just one more layer: "Now I'm the girl who cried rape."* – Avalon staff

Just as the harms of childhood sexual abuse are relational and are seen as requiring a relational approach to healing, the harms of youth sexual violence are often social and require a social solution and championing by peers.

A "by youth, for youth" approach to education on sexual violence avoids the resistance created by mandated educational programming:

*Some of the challenges, particularly with the group home setting, is that [my coming in a doing a presentation] becomes mandated programming and the youth are resistant. Even when [managers] say it's voluntary.* – Avalon staff

Preparation is also a big issue in sexual violence education, which could also be addressed in "by youth, for youth" programming:

*They weren't prepared that day [for the presentation] so it's all of a sudden being confronted by this [adult] who is going to talk about a really intense issue.* – Avalon staff

By youth, for youth programming also allows youth space for the important work of finding their own language to describe their experiences:

*It's crucial I think to be listening for a language that is created from their own experience* – counsellor

Some professionals described the need to understand youth's language to communicate well:

*She was using language like 'bbm," she said I was "bbm-ing him." So I had to interrupt her and ask. There's all kinds of acronyms that are just part of youth language. It's easier to make disclosures to someone you feel is actually following you, who doesn't lose the meaning as they're talking.* – Avalon SANE

Some professionals were reporting by youth, for youth approaches being adopted out of necessity due to the dearth of support from adults in the community:

*It's clear that as young women, they're seeing that nothing's being done. Like, "We're powerless and the school knows about it, and the police know about it, and nothing's being done. So they're wanting to offer that peer option because they don't see that anything else is working.* – Avalon staff

Some professionals were concerned that youth still have supervision with respect to sexual violence peer programming, to make sure that well-intentioned youth were not nevertheless repeating stereotypes or other misinformation to peers. One professional

named peer pressure to report to police as a possible pitfall that would be disempowering for a female faced with that choice.

Another concern is with respect to peers filling a therapeutic role and experiencing too much burden:

*The best friend has been told, and then she's confided in [others] because it is overwhelming for that individual.* – Avalon staff

Despite concerns about burdens created by one-to-one disclosures, peer-led programming offers many advantages as described above, and could be carefully developed to avoid triggering and vicarious trauma.

4. community leadership/mobilization opportunities for professionals and youth

Both youth and professionals who would like to make a difference in community norms regarding sexual violence need support to become leaders. Individuals who would like to be community leaders may feel stymied or stonewalled due to the stigma and emotionality surrounding these issues. Collaborative multi-sector support is needed to create opportunities for empowerment and community leadership against sexual violence for both professionals and youth.

Professionals supported a shift away from individually-oriented prevention and healing to leadership for culture change. Many were skeptical of existing approaches and were eager to engage the community in new strategies:

*I don't know if I believe in treatment anymore. I believe that maybe our resources are best spent in doing a population health approach.* – youth social worker

*I think it's about fostering change for families that live in poverty. So that's about housing, good nutrition, daycare. That's about providing caregivers with resources to provide a good standard of care to their children. That's about the development of a community which cares for its children and where youth are a priority.* – youth social worker

*Community involvement, community-based programming; that I would see as having value. I've messaged that back [to strategic planners].* – youth social worker

Youth were also eager to work as community leaders with a prevention message, creating culture change that would reduce sexual violence. They expressed a wish to work with other youth as well as with adult community leaders. Female youth were also interested in involving male youth in this work, and indicated they wanted male youth to take responsibility for needed changes in community understanding of healthy sexuality

and sexual violence. In particular, female youth wanted to work with male youth to destroy the myths and stereotypes about sexual violence in their communities.

By working on awareness/prevention, the need for youth to identify as a victim or survivor in order to access programming, is eliminated. Anyone can be involved in a broad community campaign, without having to disclose. This helps avoid shaming or triggering.

The success of the Avalon-YWCA partnership in empowering girls as leaders bodes well for future success in this kind of programming. It may be most helpful to follow and support a particular cohort from a young age: youths' empowerment and confidence builds slowly over time to become effective leaders in the area of sexual violence prevention.

Community leadership for community change should be supported as part of an overall shift to addressing youth sexual violence on a population health basis.

5. "light touch" delivery through informal settings that are accessible to youth

As earlier described in the section on gaps, youth are already experiencing logistical barriers such as transportation, in accessing services. Professionals as well as youth recognized the need for sexual violence learning opportunities to be available through activities and locations that are already frequented and comfortable for youth:

*A lot of youth don't want to do one-on-one counselling.* – social worker

*Recreation – that's the reason they are going to a community centre. So having things normalized in terms of access to a resource.* – social worker

*And so our hours and their hours, well, our program is not set up to be youth-friendly. So how can we send people out who could just be there where the youth already go?* – Avalon counselor

*Youth get to me with great difficulty. It happens if someone knows I am at the hospital. [I would be better accessed] where a community centre was, where someone could just drop-in.* – social worker

*They're not coming to the hospital to seek medical treatment not just because of [transportation] but because they have to explain that gap in time to their parents. So that was one of the reasons SANE set up at Cobequid. So I think going to youth and not bringing them here is important.* - Avalon SANE

Both youth and professionals were interested in programming that did not look much like "services":

*Youth can't necessarily relate to "workshops" so it's just pizza and conversation, right?* – Avalon youth outreach staff

*Hearing about the zeal at Citadel High, I immediately thought about a rally of some kind, some sort of event orientation*. – counsellor

*High energy events, where we could offer a little bit of Avalon's understanding of sexual violence and end up being a support.* – Avalon staff

*When I was with the Canadian Mental Health Association, we used to do youth forums and conferences. The youth were involved in the planning of it. And there were no teachers allowed, it was for youth only. They were amazingly successful.* - counsellor

Some professionals experienced with youth work, emphasized the need for less-structured, drop-in opportunities for youth. This was based on their experience that youth preferred light-handed situations and would simply not show up to sexual violence group programs that required weekly commitment.

Successful organizations working with youth in HRM often start sessions with food. This approach was used for the youth groups in this consultation and was well-received.

It is recommended that any new services to address youth sexual violence be:

- located at sites already frequented by youth
- require low commitment, emphasize drop-in
- offer food and social opportunities to youth-

In addition to creating an easy-to-access social environment, youth and professionals indicated their interest in relaxed programming that simply gave space for youth to discuss and share. All youth groups prioritized the need for comfortable open-ended discussion opportunities. Professionals indicated the wish to have a very light-handed approach to mentoring these situations: they did not want to substitute their agenda for youths' nor did they want to recreate conventional power dynamics and passive learning.

An unhurried, relaxed approach to working with youth will assist in building the trust needed to address the sensitive issues associated with sexual violence.

***Recommendations regarding future research and planning***

Professionals participating in this consultation often felt stymied by a lack of information about youth sexual violence in HRM, and a lack of organizational know-how for addressing it. In order to plan approaches that best fit the local situation, more

information is needed on a provincial and municipal basis. HRM-specific understanding of the sexual victimization of youth would be enhanced by:

a. a database that preserved youth's confidentiality that would allow tracking of disclosures by youth to social workers, counselors and other youth workers. This would capture and increase knowledge about youth whose victimization does not come to the attention of child welfare authorities through legal reporting requirements (the majority).

b. more longitudinal evaluation and follow-up of youth accessing services for sexual violence: what was the impact of both victimization and services, over time, in youths' own words?

c. institutions and agencies need an evaluation template that helps them assess how successful their programming is at identifying and addressing youth sexual violence issues.

d. more research is needed with respect to the interaction of alcohol use and alcohol social messaging, and youth sexual violence in HRM.

# Appendix A

## Schools and sexual violence

## Recommendations excerpted from *Suffering in Silence: An Assessment of the Need for a Comprehensive Response to Sexual Assault in Nova Scotia* (2008)

### 4.1.2 The Need for School-Based Education

In North America, including Nova Scotia, student education on sexual violence prevention has tended to focus on college students. Service providers emphasized that school-based education should start much earlier, in the elementary grades. Some justice system participants emphasized that children need early education in the language of sexuality, such as proper names for body parts, in order to be effective witnesses in sexual assault trials. This can be viewed as prevention education to the extent that convictions are seen as an effective means of preventing sexual violence. Other justice system service providers supported "good touch, bad touch" programming for elementary schools, as these were sources of immediate disclosures whenever they were conducted with an available officer present in the experience of one sergeant:
*It was a great program, the only drawback being that they haven't come back with it. A couple of years later there is a whole new group of kids in the school. It is very important that there be funding from the province to do this every couple of years. I think we missed the boat in letting it slip.* – Sydney

Still other service providers, including Victim Services management who see clients regarding a spectrum of violent crimes, felt that sexual violence should be a more prominent part of school-based anti-violence education, such as bullying programs. Law enforcement lamented the fact that high-quality sexual violence educational programs were not a regular part of school programming. Some programs do exist in Nova Scotia, but have been primarily project funded. For example, the Antigonish Women's Resource Centre (AWRC) delivers a healthy relationship curriculum to all Grade 9 students and anticipates an expansion to Grade 10 in September 2009. The program focuses on analysis of gender and power, empowerment, and assertiveness for girls; and non-violence and non-coercion as part of healthy relationships for boys.18 Another example is the Cape Breton Transition House's dating violence program delivered in the schools. Recent changes to the Criminal Code raise the age of consent to 16 years (from 14) and introduce new age-proximity exemptions. Public education is necessary to spread this new message about the age of consent, and how adolescents close in age are affected. Service providers expressed frustration with some current education programs and resources that they felt stressed rape-avoidance by women and girls. Some service providers were concerned about an over-emphasis on school and parent programming that highlighted "stranger-danger" since stranger assaults are a small minority of all assaults, particularly for children. Others noted that the current educational resource for healthy sexuality approved for Nova Scotia schools is *Sex? A Healthy Sexuality Resource* does a good job of defining sexual assault and consent; however, its prevention message stresses girls' behaviour, rather than stressing healthy, gender-equitable relationships and challenging sexually aggressive gender roles for boys.

Although this resource has a paragraph assuring students that the survivor is not to blame, the subsequent emphasis on warnings about rape avoidance (including avoiding rape drugs) carries the implication that survivors' can control sexual violence. In addition, the treatment of sexual violence is cursory, especially considering the proportionally higher rate of victimization of youth (as opposed to the population as a whole) and that "safe sexual experiences, free of coercion, discrimination and violence" is part of the essential definition of youth sexual health adopted in the Nova Scotia Roundtable on Youth Sexual Health's Framework for Action (2005).

Avalon Sexual Assault Centre's educational model is that of promoting social change, where the conditions giving rise to sexual violence are challenged through community awareness. Other women's organizations and survivors supported this model as more effective than rape-avoidance education as a prevention model for women and girls. It avoids emphasis on survivors' behaviour as causal to sexual violence and avoids victim-blaming implications. Instead, it highlights the gender myths, expectations and power imbalances that make sexual violence prevalent. Effective education involves age- and gender- appropriate skill-building, and work at the community level to change concepts of gender roles and promote the value of equitable gender relations. Some of their comments follow:

*Women have been sexually assaulted for years...as part of normal social behaviour...I don't think it's helpful to say, "if only people didn't go party" or "if only" women didn't make themselves attractive*...M.D.

Youth health centres were identified and valued by several service providers as a source of general education and information on sexual violence. One doctor associated with one of the youth health centres commented:

*Young people are not very clear...They have grown up in a community where talking about sexuality is a no-no. [So,] talking about sexual assault and "no means no" and boundaries (is important)...I think people are increasingly vulnerable because they are unable to assess the risk (of sexual violence)*... Northern Region

### 4.1.3 Public Education and School-Based Education in Previous Studies

The need for public education and school-based education on sexual violence was identified in all four previous Nova Scotia studies.19For example, in the *King's/Annapolis Women's Project: Survivors of Sexual Abuse/Assault*, the majority of survivors prioritized education among their service requests, and two-thirds felt that government should pay for these services. Education was the largest proposed branch of sexual violence response in the project's response plan, and one of only four goals chosen for implementation planning.

Some of the themes and recommendations that emerged from a review of these studies are very similar to the issues identified by survivors and service providers in this research. This reinforces that there is clearly a need to move forward with a prevention plan that has public and school-based education as a key component. The following is a composite of the educational issues identified in the four studies:

- Survivors and service providers believe that an informed community was key to prevention.
- Survivors identified that the lack of visible, public communication on sexual violence contributes to survivors' fear of disclosing.
- Survivors reported that public education can counter backlash against survivors.
- Service providers saw education as the essential first step in increasing community motivation to acknowledge and prevent sexual violence.
- Public education can address root causes of sexual violence such as the contributing cultural factors related to gender stereotypes and discrimination.
- Prevention and education should be made a priority by government for mental health services.
- Survivors and service providers agreed sexual abuse education should be part of the core curriculum in all schools.
- Educators saw the benefits of involving adult survivors of sexual violence with educational skills to talk to school audiences.

The following summarizes the education-related recommendations made in the four studies:

- That there be a comprehensive sexual violence education program for all teachers and students, beginning in elementary school;
- That schools make better use of community organizations knowledgeable about sexual violence when planning and presenting sexual violence education;
- That there be a provincial mandate directing schools to implement sexual violence and harassment information programs;
- That schools develop an effective sexual harassment policy;
- That there be specialized training on sexual violence for teachers delivering sexuality curricula; and implementation of professional education that would ensure intervention upon children's first (and often only) disclosure;
- That there be more public education to increase general community awareness and to increase awareness of need for family and community support for survivors, with emphasis on inclusion of vulnerable populations;
- That there be training and promotion of public health staff as sexual violence educators;
- That a prevention education model be chosen that challenges rape-prone beliefs and sexism;
- That specialized sexual violence prevention outreach educators be permanent full-time positions at women's organizations serving survivors.

# Appendix B

## Frequently asked questions posed by youth to consultation facilitator:

What is sexual assault?

Why do people sexually assault other people?

Can females sexually assault men?

Will people usually tell others if they are sexually assaulted/harassed?

If you say “yes” to someone once, does that “yes” count for that time only or forever?

Is oral sex without consent still sexual assault?

Is it sexual assault if he keeps asking until you do it, because you are tired of him complaining?

What are the ways people can sexually assault?

How come so many people get sexually assaulted?

How come not many talk about it?

What percentage of teenagers are being sexually assaulted?

Is it sexual assault to take pictures without consent, if you have said yes to sex?

What is rape?

Why do men rape women?

Is it possible to recover from sexual assault?

Is homophobia sexual violence?

If I didn’t say “no” but I didn’t say “yes”, is it sexual assault?

## References

*2004 General Social Survey*, Housing, Family and Social Statistics Division, Statistics Canada, Ottawa, Ontario

Artz, Sibylle; Nicholson, Diana and Rodriguez, Carmen (2005). "Understanding Girls' Delinquency: Looking Beyond Their Behavior" in K. Campbell (Ed.), *Understanding Youth Justice in Canada*. Toronto, Ontario: Pearson Education.

AuCoin, Kathy (2005). Children and youth as victims of violent crime. Juristat 25 (1). Ottawa: Canadian Centre for Justice Statistics.

Brennan, Shannon and Taylor-Butts, Andrea (2008) *Sexual Assault in Canada 2004 and 2007* Canadian Centre for Justice Statistics Profile Series

British Columbia Ministry of Attorney General Ministry for Children and Families Ministry of Health and Ministry Responsible for Seniors (2000) *Sexual Exploitation of Youth in British Columbia*; Assistant Deputy Ministers' Committee on Prostitution and the Sexual Exploitation of Youth

Canadian Mental Health Association, KNOWLEDGE EXCHANGE
A Framework for Action by the Canadian Mental Health Association
http://www.cmha.ca/data/1/rec_docs/1960_Knowledge%20Exchange.pdf

Center for Disease Control, (2002) *World Report on Violence and Health*

Cochrane, Natalie (2010) *The Context and Impacts of Child and Youth Drinking in Nova Scotia* Addiction Services, Nova Scotia Department of Health

Cyr, Mireille, McDuff, Pierre, Wright, John (2006) "Prevalence and Predictors of Dating Violence Among Adolescent Female Victims of Child Sexual Abuse" J Interpers Violence August 2006 vol. 21 no. 8 1000-1017

Dauvergne, Mia and Turner, John (2010) Police-reported crime statistics in Canada, 2009 Juristat Summer 2010 Vol. 30, no. 2

Goodkind, Sara; Ng, Irene; Sarri, Rosemary (2010) "The Impact of Sexual Abuse in the Lives of Young Women Involved or At Risk of Involvement With the Juvenile Justice System"
*Violence Against Women, May 2006; vol. 12, 5: pp. 456-477.*

Hovsepian, Lory, (2010) "Prior Victimization and Sexual and Contraceptive Self-Efficacy Among Adolescent Females Under Child Protective Services Care" Health Educ Behav February 2010 vol. 37 no. 1 65-83

Kong, Rebecca; Johnson, Holly; Beattie, Sara; Cardillo, Andrea (2003) *Sexual Offfences in Canada* Statistics Canada – Catalogue no. 85-002-XIE, Juristat Vol. 23, no. 6

Lalor, Kevin and McElvaney, Rosaleen (2010) Child Sexual Abuse, Links to Later Sexual Exploitation/High-Risk Sexual Behavior, and Prevention/Treatment Programs *Trauma, Violence, & Abuse, October 2010; vol. 11, 4: pp. 159-177*

MacDonald JA, Gagnon AJ, Mitchell C, Di Meglio G, Rennick JE, Cox J. (2011) "Include them and they will tell you: learnings from a participatory process with youth."Qual Health Res. 2011 Aug;21(8):1127-35. Epub 2011 Apr 20.

Mohler-Kuo, M., Dowdall, G., Koss, M. & Wechsler, H. (2004). Correlates of rape while intoxicated in a national sample of college women. *Journal of Studies on Alcohol, 65*, 37-45.

Nixon, Kendra; Tutty, Leslie; Downe, Pamela; Gorkoff, Kelly; Ursel, Jane (2002)"The Everyday Occurrence: Violence in the Lives of Girls Exploited Through Prostitution" *Violence Against Women* September 2002 vol. 8 no. 9 1016-1043

Norris, J. (2008). *The Relationship Between Alcohol Consumption and Sexual Violence*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence.

Nova Scotia Advisory Council on the Status of Women (2009) *Sexual Assault in Nova Scotia: A Statistical Profile*

Nova Scotia Department of Justice, (2006) *Perspectives on Youth Crime in Nova Scotia*

Rubin, Pamela, (2008) *Suffering in Silence: An Assessment of the Need for a Comprehensive Response to Sexual Assault in Nova Scotia*; Nova Scotia Advisory Council on the Status of Women and the Nova Scotia Sexual Assault Planning Group, http://women.gov.ns.ca/assets/files/Suffering%20in%20Silence_2008.pdf

Statistics Canada (2011) Family Violence in Canada: A Statistical Profile

Tjaden, P., & Thoennes, N. (2006). *Extent, nature, and consequences of rape victimization: Findings from the National Violence Against Women Survey*. Washington, DC: National Institute of Justice.