



**The Avalon SANE Program  
Summary Evaluation Report:**

***Seeking Healing & Truth -  
Criminal Justice, Community & Victim Outcomes***

**Submitted to  
AVALON SEXUAL ASSAULT CENTRE  
September 19, 2016**

***Prepared by:***

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## ACKNOWLEDGEMENTS

We would like to express our heartfelt appreciation to all those who provided feedback through the client satisfaction survey (since 2003) and who were willing to have a conversation about your experience with the criminal justice system as part of this evaluation.

Thank you to the many individuals who so willingly gave your time to provide reflection and insights related to your work with the Avalon SANE program and with sexual assault victims. These include police, Crown Attorneys, the Halifax RCMP Forensic Lab (closed March 2015), emergency department physicians and nurses, the Halifax Sexual Assault Response Team (HSART), community organizations/health centres, Avalon Sexual Assault Centre staff, and the SANES.

We wish to thank the following agencies and individuals for your support and the generous donation of resources in the collection of data for this evaluation:

Halifax Regional Police: Deputy Chief, Bill Moore; Superintendent Jim Perrin, Integrated Criminal Investigation Division; Sherri St. Onge, Crime Analysis Unit Manager; Melissa MacBurnie, Acting Crime Analysis Unit Manager; Natalie Faubert, Modified Duty, Intercept Monitor, Crime Analysis Unit; Heather O'Connor, Crime Analysis Unit.

NS RCMP ("H" Division) & Halifax District RCMP: Chief Superintendent Marlene Snowman, NS RCMP, Criminal Operations Office; Chief Superintendent Roland Wells, Halifax District RCMP; Staff Sergeant Rick Potvin, Operations Advisor, Halifax District RCMP; Staff Sergeant John Langille, NS RCMP, Criminal Operations Office; Inspector Patricia MacCormack, Halifax District East RCMP.

Nova Scotia Public Prosecution Service (PPS): Denise Smith, Deputy Director, NS PPS; Glen Scheuer, Regional Crown Attorney, Halifax/Dartmouth PPS; Christine Morris, Paralegal, NS PPS.

Cape Breton Regional Police: Inspector Max Sehl; Constable Paul Ratchford.

A special appreciation is extended to Jackie Stevens, Executive Director, Avalon Centre and the Avalon Centre Board of Directors for support and guidance throughout the evaluation.

The evaluation would not have been possible without the generous support of the Department of Justice Canada Victim's Fund Grant.

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## 1. INTRODUCTION & METHODOLOGY

This is the summary report of an evaluation of the community-based Avalon Sexual Assault Nurse Examiner (SANE) program, which is a program of the Avalon Sexual Assault Centre (Avalon Centre) in Halifax, Nova Scotia. The evaluation was undertaken from September 2014 to June 2016 with the generous support of the Department of Justice Canada Victim's Fund Grant. The overall goal of the evaluation was as follows:

*To undertake a SANE Program Evaluation to assess the impact of the Avalon Centre SANE Program on the progression of sexual assault cases through the criminal justice system.*

The toolkit: *Evaluating the Work of Sexual Assault Nurse Examiner (SANE) Programs in the Criminal Justice System: A Toolkit for Practitioners* (Campbell, 2013) and the Avalon SANE Evaluation Framework from 2003 were used to guide evaluation planning and development of the evaluation framework. The Outcomes Evaluation Framework includes six outcome/success areas as follows:

- The sexual assault victims' psychological and physical health;
- The quality of nursing practice;
- Recognition and retention of SANEs;
- The impact on the criminal justice system;
- Cooperation, partnerships and community change;
- System efficiency and effectiveness.

Within each outcome/success area, specific outcomes were identified as well as qualitative and quantitative indicators. The various sections of the evaluation report address each outcome/success area and specific outcomes within each area. Because assessing the criminal justice system impact was a major component of the project, four sections of the report focus on the criminal justice outcome area.

The Program Evaluator is an independent consultant who was contracted by Avalon Centre to conduct the evaluation and prepare the evaluation report. The same evaluator undertook the evaluation of the pilot SANE program (Mahon, 2003). The Administrative Assistant for the Avalon SANE Program was contracted as the Research Assistant and worked independently with the Program Evaluator in this role. The SANE Coordinator provided overall project management as Project Coordinator. The former Executive Director of Avalon Centre (now retired) was contracted to research and document initiatives and events that would provide the background and context for the evaluation report.

The evaluation involved over sixty (60) interviews with a range of key stakeholders including: sexual assault victims, police, Crown Attorneys, the RCMP Forensic Lab, emergency department physicians and nurses, the Halifax Sexual Assault Response Team (HSART), community organizations/health centres, Avalon Centre staff, and the SANEs (see Appendix

A for a list of organizations involved). All together 136 individuals who used SANE services from 2003-2014 provided feedback, 132 through a client satisfaction survey and 4 interviews (completed in 2014-15). Fourteen (14) SANEs responded to an evaluation survey and six (6) participated in an interview.

An important component of the evaluation involved working closely with the Halifax Regional Police (HRP), Halifax District RCMP (RCMP), and with Halifax/Dartmouth Public Prosecution Service (PPS) to review sexual assault files from 2005 to 2014. The SANE Coordinator/Project Coordinator, Program Evaluator, and Research Assistant met regularly with senior management of the HRP, the RCMP and the Crime Analysis Unit staff to design templates and a process for gathering data, as well as to oversee the data gathering process. Research agreements were signed to ensure privacy and confidentiality were maintained. Similarly, meetings were held with the Regional Crown Attorney, PPS, to design templates and a process for gathering data through PPS databases. Once templates were designed, the Research Assistant worked with HRP/RCMP and PPS to coordinate data collection.

Originally, the plan was to compare “pre-SANE” statistics to “post-SANE” statistics, but this was not possible due to limitations with accessing databases and project timelines. When “pre-SANE” data was not available through the HRP database, Cape Breton Regional Police were approached as another sample to compare statistics. Unfortunately, the data was not complete by the time of writing this report, so it has not been included. To offer a broader provincial picture, the RCMP provided an overview of sexual assault cases and charges laid for 2005-2014 in two regions of Nova Scotia outside of Halifax. They were not able to provide the data within the criteria of 16 years and older without further detailed research; therefore, the information has not been included in this report.

## **2. CONTEXT & BACKGROUND**

Part of the background for the evaluation was a review of the various initiatives that provided services to sexual assault victims from 1985 to 2000. By 1998, these initiatives had discontinued or had run into difficulties for various reasons. The Women’s Health Program of the IWK Grace Health Centre and the QEII Emergency Department called together various agencies with an interest in improving services for sexual assault victims. Together, they formed the Metro Sexual Assault Initiative which identified a number of critical inadequacies in services for sexual assault victims, essential services needed to address these inadequacies, and a vision for a new program. A community-based SANE program model was selected because the committee felt that this model would ensure seamless treatment from the emergency department (ED) setting to community follow-up. As a result of this decision, the Avalon SANE program was established as a program of Avalon Centre in December 2000.

From 2006 to 2016, there were several community and provincial initiatives aimed at creating SANE programs across Nova Scotia, SANE standards, and coordination mechanisms to ensure quality, consistent services. During this time, two other SANE programs were initiated. The Antigonish Women’s Resource Centre & Sexual Assault Services Association

(AWRCSASA) SANE program, also a community-based model, was established in 2006. The South Shore SANE Program was established by the Sexual Assault Services of Lunenburg Queens (SASLQ) in 2015 and is administered through the South Shore Regional Hospital.

The first Canadian SANE program was initiated in 1993 in Winnipeg, Manitoba and since then programs have expanded across Canada. Presently, there are numerous programs in eight provinces and the Yukon, with some programs in development, including in Eastern and Western health zones in Nova Scotia.

Between 2000 and 2015, Avalon Centre and partnering women's organizations undertook several research projects which made recommendations to improve the criminal justice system response to sexualized violence. During this time, Avalon Centre began working with the Halifax Regional Police (HRP) on changes to policies and procedures with respect to the SANE program and police working more closely as first responders to sexual assaults, as well as becoming involved in police training. This period also saw the development of the HRP/RCMP Sexual Assault Investigation Team (SAIT) in 2004 and the Halifax Sexual Assault Response Team (HSART) in 2008.

In recent years, there have been a number of high profile sexual assault cases and events in Nova Scotia and across Canada that have raised public awareness about issues surrounding sexualized violence. In Nova Scotia, three incidents resulted in reports being commissioned with recommendations for changes in institutional and system (health, education and criminal justice) responses to sexualized violence. These were the Rehtaeh Parsons case, the St. Mary's "rape chant," and what became known as the "Dalhousie University Dentistry Scandal." Furthermore, the Jian Ghomeshi case created a national conversation about sexual harassment and sexualized violence. His criminal trial raised questions about the effectiveness of the adversarial criminal justice system in prosecuting sexual assaults and whether there are better alternatives. While these are only some examples, these and other high profile incidents can impact on whether individuals experiencing sexualized violence seek medical care, support, report to the police, are willing to proceed through a trial, or whether they remain silent.

### **3. OVERVIEW OF THE AVALON SANE PROGRAM & STATISTICS 2003-2014**

Sexual Assault Nurse Examiners (SANEs) provide emergency response 24 hours a day, seven days a week for individuals who have experienced a sexual assault within the previous five days (120 hours). Two (2) SANEs are on-call 24/7. With the individual's consent, SANEs provide comprehensive medical, forensic, and emotional care with appropriate follow-up care. Services are provided for *all genders and all ages* in partnership with four health centres within the Halifax region: the QEII Health Sciences Centre, Dartmouth General Hospital, the Cobequid Community Health Centre, and the IWK Health Centre.

Overall, the SANE program is a trauma-informed, client-centred care model, where the victim directs all aspects of care. Services are provided in a safe, supportive, non-judgmental, and confidential environment. The SANEs strive for excellence in cultural competence by

strengthening their knowledge of unique issues and challenges within specialized populations; for example, adolescents, elderly, males, sex trade workers, immigrants, Aboriginals, African Nova Scotians, and LGBTQ (lesbian, gay, bi-sexual, transgender, queer).

Specialized SANE services include: support and crisis intervention; discussion of medical, legal and follow-up options; a physical assessment; the option of a forensic examination; and, information about and links to community resources. Other specialized services include a supportive follow-up phone call with the victim and testimony if the case proceeds to a court of law. Should individuals choose to have the forensic exam, they are given options to report to police or to freeze forensic evidence for six months and make a decision at a later date regarding reporting the sexual assault to police.

The SANE program also provides a SANE Response Line 24/7. This line provides individuals with information about their options after an immediate sexual assault and is a direct connection with Avalon SANEs who can meet the victim at the hospital. Through this line, SANEs provide information, support and referral to victims, healthcare workers, support persons, police and first responders up to and beyond 120 hours following the assault.

SANE training follows the International Association of Forensic Nurses Education Guidelines (2015) and is based on the framework of the National Protocol for Sexual Assault Medical Examinations (US Department of Justice, 2013). The model includes a 49-hour classroom training program, with a minimum 40-hour clinical training component. The Avalon SANE program provides mentorship opportunities for new SANEs (“junior” SANEs) to gain practical experience. New SANEs are on-call in a support role with a qualified senior SANE as a mentor until they complete all the required training to be a qualified SANE. Recognition and retention of SANEs is an important aspect of the program with opportunities for continuing education, debriefing, teambuilding, and support for vicarious trauma.

From 2003 to 2014, 1,240 individuals used SANE services, with an average of 103 individuals seen each year. Through the SANE Response Line, the SANEs respond to approximately the same number of calls on a yearly basis as the direct services provided at the hospital. Of the 1,240 who used SANE services, 95% were women, 4% were males, and a small number identified as Trans. The assailant was identified as male in at least 80% of the incidents; and, 68% involved one (1) assailant, 7% two (2) assailants, and 6% three or more (3+) assailants. In 19% of the incidents there was no memory of the gender or it was “unknown,” which is in keeping with the incidence of drug and alcohol facilitated sexual assaults where the victim has memory loss.

Although SANEs provide services across the age spectrum, almost half (48%) of those seen by SANEs were 17 to 25 years of age. Another 21% were 26 to 40 years, followed closely by 18% who were 13 to 16 years. There were 4 individuals (0.3%) over 65 years and 19 (2%) under 13 years. Related to the location of the sexual assault, at least 82% occurred in Halifax

region and *at least* another 7% occurred outside Halifax region. For another 11%, the location was “unknown/no memory” or “not identified.”<sup>1</sup>

#### 4. THE SEXUAL ASSAULT VICTIM’S PSYCHOLOGICAL & PHYSICAL HEALTH

The psychological and physical health of those who use SANE services was one of the outcome areas to be assessed for the evaluation. Of 1,240 individuals who used SANE services, 132 (10.6%) provided feedback through the client satisfaction survey implemented from 2003 to 2014. Related to specific outcomes, their responses indicate that they were able to make informed decisions about their care, received effective, supportive and non-judgmental care, and had information and knowledge of follow-up options. Over 80% reported feeling *very supported* in choices they made and rated the service as *excellent*.

With respect to informed decision-making, almost all survey respondents indicated they were given clear choices about the medical options and the examination process. Also, SANE program statistics (2003-14) show that just under 30% decided to have the medical examination only and just over 70% chose to complete the Sexual Assault Examination Kit (SAEK). While, survey respondents were slightly less clear about whether the SANE provided legal options, this may have been partly because the individuals had already contacted police or they may have already decided to do the forensic exam and report to police. It is evident from the SANE statistics that they did make informed decisions related to legal options. Over half of those who completed the SAEK (58%) released it to the police immediately, while 37% decided to freeze the kit. Another 4% decided to release it to police at a later date. This provided 38 individuals the choice to report to police when they were more ready to do so, and they had the SAEK with potential evidence to support their report.

*And they explained everything they were going to do and everything that was going on. And I appreciated that, you know, so that we had an understanding of the procedures.*

*I needed emotional support, which was met, especially during the physical examination. They did not rush me, and were very understanding.*

Related to effective, supportive, and non-judgmental care, just under three-quarters of the survey respondents indicated that their emotional needs were very well met. They reported that they felt accepted, supported, safe, and comfortable during the examination. Most felt that privacy and confidentiality were maintained and they were treated in a non-judgmental manner. This is an important result, given that the SANE program, in partnership with hospital emergency departments (ED), make every effort to ensure privacy is protected. These results were also reflected by physicians and nurses

working with SANEs in the ED who identified benefits of the SANE program for victims. These

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<sup>1</sup> Some of the “not identified” are due to the location not being recorded in an earlier database.



benefits include less wait time, privacy, consistency in approach and services, sensitivity in looking after emotional needs, and confidential, non-judgmental care. They also reported that patients feel comfortable when SANEs arrive.

Both Avalon Centre counsellors and police investigators noticed a reduction in re-traumatization for individuals who use SANE services. Police investigators reported that the SANE's focus on the victim and the trauma-informed approach is effective and less traumatizing for the victim. Avalon Centre counsellors, whose work focuses on counselling sexual assault survivors, noticed significantly less traumatization from the hospital experience with those who use SANE services now, compared to those who came to Avalon Centre from the hospital pre-SANE (before 2001). They also observed that those who have accessed the SANE services report feeling validated and supported and experience less self-blame than those who have not used SANE services.

Related to follow-up after the visit with the SANEs, the survey results show that almost all respondents were clear or very clear about follow-up options and where to go or call for follow-up support, services and information. Fewer were clear about a safety plan, however, it was evident from the responses (some said "not applicable") that safety planning may not be seen to apply to everyone. This survey question has been changed to include a not applicable option for future evaluation.

Avalon Centre staff, who provided follow-up services to individuals who had seen SANEs, reported that those individuals had comfort in knowing they had the immediate medical support and that they have done all the medical follow-up. Avalon counsellors found that individuals seen by SANE are less apprehensive and less fearful of accessing counselling services. They said the training and knowledge that the SANEs have of follow-up options reduces stress and triggers for individuals who are seeking services; therefore, easing the transition to follow-up services with individuals accessing services more readily.

## **5. QUALITY OF NURSING PRACTICE**

Specific desired outcomes related to the quality of nursing practice are: adequacy of training; quality, timely and confidential care; quality forensic evidence and standards of practice; and continuity through follow-up.

Related to adequacy of training, over 90% of the SANEs who responded to the evaluation survey indicated that the training program increased their knowledge and skills related to their ability to explain the medical examination process, to collect and handle forensic evidence, and to provide medical, legal and follow-up options. The SANEs reported that the training program met their needs, with almost 80% indicating the training and resource materials were very good to excellent. Particular strengths of training were: thoroughness of training; forensic collection and handover (chain of custody); hands-on experience; learning about the role of the SANE, trauma-informed care and vicarious trauma; and the various guest speakers.

For the most part, SANEs indicated satisfaction with their ability to offer quality, timely, and confidential care. Several commented on their particular satisfaction with this work and the emphasis on trauma-informed care. Key to this outcome is the mentoring process instituted by the Avalon SANE program, where a junior SANE is paired with a senior SANE as part of their continuous learning process. Also, the comprehensive SANE training they receive initially is very important as well as ongoing training according to individual needs. Finally, the SANES pointed out the importance of “on-the-job” experience as an opportunity to practice and strengthen skills.

*All the SANEs are great at what they do. Knowledgeable and caring. The senior SANEs are really helpful and great help for the juniors.*

*SANE*

The SANEs reported that discharge planning works well and options and instructions are thorough, particularly for those who have a family physician, an option to attend a medical clinic, and who live in the Halifax region. This is also supported by the Halifax Sexual Health Centre who indicated that they often see individuals from SANE as part of the follow-up options provided to individuals. For those who don't have a family physician and/or who live outside of Halifax region, or who may have literacy challenges, the SANEs expressed concern about whether follow-up actually happens. A particular concern was mentioned related to those with mental health challenges with a suggestion that there should be a more detailed and comprehensive plan in place for follow-up care. The SANEs expressed a range of satisfaction with the follow-up phone call, indicating that it works well for some individuals who express appreciation for the call; while a good number don't answer the phone or are “quiet” during the call.

Some of the most experienced SANEs indicated that, while confident in performing their work, every case is unique and unforeseen challenges can emerge. One challenge is multiple cases accessing SANE services at the same time with only one team available. This impacts on the ability to provide a timely response for the victim waiting to be seen. Also, the length of time to do the forensic exam can be a challenge from some victims.

Police investigators were very positive about the SANE's ability in collection and handling of forensic evidence, indicating that they had never had problems with the forensic evidence. They used terms such as quality, reliable, and professional when describing the forensic evidence. Those who worked in the RCMP Forensic Lab in Halifax could only speak generally to SANE programs compared to places that didn't have a SANE program. They indicated that quality was generally standard among SANE programs, the types of evidence are much better, and it is more intelligently and consistently gathered. They reported that the SANEs' knowledge and skills were very high and documentation was often much better, more thorough, and more tests were done when documented by a SANE.

Two of those interviewed from the forensic lab were involved in assigning staff for training or directly delivered training to SANE programs, including the Avalon SANE program. They were confident in saying that the quality of SANE evidence is due to their training, their knowledge and skills in collecting evidence, knowing how to use the kit properly, and knowing how to preserve the evidence properly. Also, conducting training with SANEs enabled the lab to provide up to date information and tools that assisted the SANEs with what evidence they could look for that

*I am a full believer in specialization when it comes to certain types of investigation. And SANE is one of those areas where it has demonstrated its value*

*RCMP Forensic Lab*

*isn't* referred to in the kit that is useful based on current technology. This was particularly important because the SAEK is out of date. This means that, if the individual using the kit doesn't have up to date information about what is best evidence to look for and collect, that individual will be collecting evidence that is no longer useful. Therefore, a particular strength is that the SANEs are going to think about those other kinds of things that the kit doesn't tell them to do. They also pointed out that the SANE's use of the Alternate Light Source (ALS) enables the SANEs to identify potential DNA samples that you wouldn't normally see without the ALS. Directly related to this point, the SANE Coordinator provided a case example where the ALS light was able to detect a stain on a victim following a shower. This identified the suspect who was charged, tried, and sentenced as a Dangerous Offender.

The relationship with the lab to answer questions and for access to training is very important. Concern was expressed by those interviewed about the ability to have a strong relationship with the lab in Ottawa, due to the distance and not having those contacts closer to home in order to make the connections and provide education and support services.

## **6. RECOGNITION & RETENTION OF SANES**

A key component of the program is the ability to retain nurses where they are required to provide a specialized service, while at the same time supporting an individual who has experienced a very traumatic event. Activities that support retention are the provision of resources, teambuilding, opportunities for debriefing, support for vicarious trauma, and recognition of SANEs for their efforts.

In their responses to the evaluation survey, the SANEs indicated they were satisfied with resources provided and with debriefing and discussion. They felt supported and valued by the SANE program, and in their work overall. They particularly mentioned the support they receive from the Coordinator, the Administrative Assistant, and Avalon Centre. There was some variance in their responses related to input into decision making about SANE services and opportunities for collaboration with other SANEs. In general, they find the monthly meetings very important for voicing concerns, debriefing, and supporting each other. Some wanted even more opportunities to fully discuss ideas.

## 7. POLICE RESPONSE & INVESTIGATION OF SEXUAL ASSAULTS

One part of assessing the impact of the SANE program on the progression of cases through the criminal justice system is assessing the impact of the SANE program on the police response to and investigation of sexual assaults. Halifax operates under an integrated policing model with both a municipal police force, Halifax Regional Police (HRP), and the Halifax District RCMP. Members of both agencies work side by side in a number of integrated units, including the Criminal Investigation Division, which is where the specialized unit, the Sexual Assault Investigation Team (SAIT), is located. The SANE program also works with other RCMP and municipal police within and outside of Halifax when individuals travel to Halifax to access SANE services.

Because part of the role of the SANE is to collect forensic evidence that can be used in legal proceedings, the SANE program collaborates closely with police in responding to and investigating sexual assaults. The SANEs' direct contact with police is most often with patrol officers who may bring the victim to the hospital and/or who seize the Sexual Assault Examination Kit (SAEK) after the exam, if the victim chooses to have the SAEK completed and handed over to the police.

The training that Avalon Centre and the SANE program provide for HRP regarding understanding sexual violence and trauma-informed practice is changing the way patrol officers respond to sexual assaults. This approach is supported by senior management's commitment to victim-centred responses and to reducing re-traumatization for the victim on initial contact with the police. While it is too early to fully assess the impact of trauma-informed training, positive feedback and reports by SANE nurses indicate that this training and approach by police is working well in their interactions with them and what they have observed in the patrol officers' interaction with victims and their families.

Investigating officers with SAIT had a range of exposure to trauma-informed training. Those, who had learned more about how trauma affects the brain, pointed out that what they had learned had impacted on their understanding of the victim's perspective, possible disjointed memories about the assault, and fears. Further training, that is planned with investigators, has the potential to impact on how interviews with victims are conducted by investigators in the future.

According to investigating officers, the evidence collected through the forensic examination is valuable and contributes positively to their investigation. This is particularly so when there is forensic evidence or other evidence documented, such as injuries, which can be used to corroborate or add to what the victim has said or when DNA evidence can find a suspect. It can help solve an investigation and make or break a decision to move forward with laying charges.

Overall, police investigators described the SANE program as essential and integral to police investigation of sexual assault. They indicated that the SANEs' trauma-informed practice

starts their investigation off well and assists in the overall investigation because victims are less traumatized. Another benefit is that the SANE program is another means of reporting sexual violence, where a “significant percentage” of victims the police see may not have otherwise reported to the police.

They saw benefits to the victims of having a “one-stop” approach, which means the victims are treated medically and all the evidence is collected at one time. Other benefits were the emotional support that SANEs provide while collecting evidence, and the victim is able to have the SANE examination independently of the police investigation and the option about when to report to the police.

*So we have trained professionals that deal with this all the time and this is their function and it makes the victim's experience with them more positive than it had been in the past. It makes our involvement with them go better because of that positive experience with the SANEs.*

*SAIT member*

Some investigators mentioned the intrusive nature of the SAEK and that not all victims want to have a kit completed for that reason. Other investigators indicated that the length to do the forensic exam can be a challenge for some victims and for them. This was particularly hard if the case is time sensitive and, by the time they were able to interview the victim, the victim was exhausted and didn't want to talk with police or proceed with the case. Still others pointed out that the kit is a long and intrusive process, but they don't see it moving any faster and their contact with the victim usually occurs the next day.

Related to the urgency to interview victims, Archambault and Lonsway<sup>2</sup> conclude that an effective interview is a critical step in building a case and helps to establish a trusting relationship with the victims of sexual assault. They point out that, while it may not always be realistic, if possible it is often better to postpone the comprehensive interview for a day or two. Some reasons for this are that the victim may be exhausted after the forensic exam, may need time to process what has happened, and may have better recall after one or even two full sleep cycles. They propose some ideas for “best practices” which include, among others, delaying the comprehensive interview if the victim has not had adequate sleep, creating a safe and non-judgmental environment for the victim interview, and gently clarifying any inconsistencies that arise.

While overall, the SAEK was seen as a positive influence, some investigators identified that, from time to time, challenges can surface. When challenges have occurred, these were addressed through discussion between the SAIT Sergeants and the SANE Coordinator, through SANE training and continuing education, and through change in practice. These point to the importance of ongoing communication as challenges arise.

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<sup>2</sup> Taken from, Sergeant Joanne Archambault (Ret.) and Kimberly A. Lonsway, PhD *Incomplete, Inconsistent, and Untrue Statements Made by Victims: Understanding the Causes and Overcoming the Challenges* (2008), pp. 4-13.

Also, there is a need to continue to build on and strengthen understanding of each other's roles and expectations. While the relationship between the police and the SANE program is generally positive, there can be strains and miscommunication related to the different mandates and perspectives of the police and the SANE program. Suggestions to strengthen the partnership included regular meetings between the SAIT Sergeants and the SANE coordinator as well as meetings between the SANE Coordinator and SAIT members. Also, an orientation to the SANE program for new SAIT members would be beneficial as an opportunity to clarify roles and ask questions about what to expect from the SAEK in their role as an investigator.

Avalon Centre and senior management of HRP and the Halifax District RCMP described a continual building of positive relationships, although it hasn't always been and isn't always an easy relationship because of differences in mandates. All have a commitment to meeting on a regular basis to troubleshoot any problems and to strengthen communication and coordination of their services.

## 8. PROSECUTION OF SEXUAL ASSAULT CASES

As part of assessing the impact of the SANE program on the criminal justice system, another focus of the evaluation was to assess the effectiveness of the SANE program and SANE evidence on proceeding through the courts to a conviction. Based on the interviews in this evaluation, it is evident that the SANE evidence has been used by Crown Attorneys in sexual assault cases. What they considered most helpful was the value of the exam by an objective, trained observer, as well as the physical evidence documented. The objective, clinical, comprehensive observation of the victim by a trained observer was considered to be very valuable. This is because of the potential evidence that the SANEs' observe and the careful documentation, such as injuries, the demeanor of the victim, and clothing. DNA evidence is helpful if the accused denies any sexual encounter occurred. Its strength is when the evidence corroborates the victim's story. They indicated that the evidence from the SAEK is more limited if there is no physical evidence (such as injuries, etc.).

*The great value of the SANE kit is that a medical professional has observed injuries or something on the complainant that corroborates what she says.*

*Crown Attorney*

The Crown Attorneys reported that the opportunity to have a witness, who is a trained observer and who records what they saw and collected, is very useful in a trial. For the most part, they said the SANEs were well prepared for testimony, with a few exceptions. The benefit of having a SANE testify is that it adds legitimacy to the case. Even when there was no compelling physical evidence, SANEs have been called to testify to describe the comprehensiveness and intrusive nature of the exam, although not by all Crowns.

One reason for not calling a SANE to testify was if there was an admission to the SANE evidence by the Crown and the defence that was submitted to the court. Also, sometimes, the Crown makes a judgement call not to call the SANE to testify based on the nature of the case and the SANE evidence. One Crown wondered if they should be calling SANEs to testify in those cases where there aren't findings because juries believe there must be forensic evidence and, if there isn't, then there must be a problem. Explaining lack of findings is something that an expert can offer reasons for and lack of findings isn't necessarily negative; it is just neutral.

SANEs reported that they had varied levels of confidence in testifying, partly due to some having more opportunities to testify than others. When SANEs testified, their testimony worked well from both the Crown's perspective and the SANEs' perspective.

The SANEs indicated that they had a varied experience with preparation for court with different Crowns (not necessarily the Crowns interviewed for the evaluation). They suggested a more formal meeting with the Crown ahead of time was more valuable for their preparation than a short meeting just before court starts. Scheduling meetings with Crowns, setting aside required days for court hearings on short notice, and not being notified when court hearings are adjourned were challenges for SANEs, particularly with scheduling shifts related to their other nursing jobs (outside of SANE).

The Crowns said that the most important variable to the success of a sexual assault trial is the complainant, followed by the accused, and the evidence (such as the SANE evidence, other witnesses, etc.). Reasons for not proceeding with a case can be reluctance by the complainant to proceed or no realistic prospect of conviction based on the victim having difficulties with memory, lack of detail or lack of recall. Critical factors for success identified by the Crown Attorneys were the complainant having clear recall of the events, the ability to withstand the pressure of a trial, good rapport with the Crown and the lead investigator, and the Crown taking the time to work with the complainant to sort out fears or reasons for reluctance to proceed. System weaknesses mentioned by Crowns were stretched resources, lack of time to spend with the victim, and the adversarial criminal justice system which re-traumatizes the victim.

When asked about the benefits of the SANE program, the Crowns said that benefits for the prosecution are the evidence from SANE examination, having a witness to testify to that evidence, and improving prospects for conviction. They identified benefits for victims as the ability of SANEs to be attentive to the victim's needs, the option to freeze the SAEK which enables victims to make decisions at a later date, the SANE's forensic skills and experience, as well as their ability to offer compassion and comfort to victims. The Crowns offered several suggestions to strengthen documentation and appreciated the opportunity to provide their suggestions and input as part of SANE training. Both the SANE Coordinator and

*Everyone I have worked with has been outstanding on the stand. Upmost of integrity. Know their material.*

*Crown Attorney*

Crowns indicated that more formal learning opportunities for Crowns to learn about the SANE role and SANE evidence would be beneficial.

## **9. CRIMINAL JUSTICE SYSTEM STATISTICAL OUTCOMES 2005-2014**

Tracking the actual criminal justice outcomes of cases that involved the SANE program was part of the evaluation plan. The statistics cover a 10-year period from 2005-2014 for Halifax Regional Police/Halifax District RCMP (HRP/RCMP) and Public Prosecution Service (PPS).

Police files included in the data needed to fit the following criteria: (a) the victim had to be 16 years of age or older at the time of the assault (age of consent, no mandatory reporting); and, (b) cases could be found electronically in the HRP/RCMP Versadex Records Management system. Templates were created to collect the data and the Research Assistant worked with staff of the HRP Crime Analysis Unit where the data collection was conducted data according to the template. Once the data was collected, HRP/RCMP cases where charges were laid from 2005 to 2014 were sent to PPS for research and documentation of what happened to those cases in the court system. The Research Assistant worked with PPS to coordinate data collection through PPS electronic database (Prosecution Information Composite System [PICS]). The Research Assistant collated, compiled and analyzed all data from HRP/RCMP and PPS. She verified accuracy and validity of information, prepared tables, graphs, summary sheets and summarized research results. She and the Program Evaluator worked collaboratively to ensure the data was included correctly in the evaluation report.

The full evaluation report includes a detailed report of the results of this research. Appendix B of this report provides a summary of the HRP/RCMP and PPS statistics for 2005-2014 within the case criteria for the evaluation. Cases with SANE involvement are pulled out and shown separately.

### **9.1 Outcomes All HRP/RCMP & PPS Cases & Cases with SANE involvement**

There were 1918 incidents reported to police from 2005 to 2014 that were within the case criteria. Of the 1,918 sexual assaults reported to police, 437 resulted in charges laid (23%). PPS retrieved 372 cases.<sup>3</sup> Of these 372 cases, 136 (37%) resulted in convictions (found guilty in 102 cases [27%] and pled guilty in 34 cases [10%]).

Within the overall HRP/RCMP statistics, there were 399 cases with SANE involvement, which was 21% of all cases that fit the criteria (victim age 16 and over at the time of the assault). Cases with SANE involvement were defined as cases with a SAEK completed noted in the file. This included 360 cases with the SAEK in police custody (released to police by the SANE program) and 39 cases where the SAEK was noted as “completed” in the file, but the SAEK

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<sup>3</sup> Of the 437 cases where charges were laid, PPS found 372 cases. Some difference in numbers may be related to different units of count. Police statistics count “incidents,” based on the number of victims of sexual assault; while court-based statistics count the number of “cases,” which is based on the number of accused persons. A person who is prosecuted for sexual assault may have assaults against different victims dealt with in one court case. PPS indicated that some differences may also be attributed to data entered incorrectly.



had not been released to the police. Of the 399 cases with SANE involvement reported to police, 362 (91%) were recorded as a crime (founded)<sup>4</sup> and 88 (22%) resulted in charges laid. Of the 80 cases retrieved by PPS (see footnote 3 previous page), 27 (34%) resulted in a conviction (found guilty in 23 cases [29%] and pled guilty in 4 cases [5%]).

### **9.2 Cases with SANE Involvement: SANE Evidence a Factor in Charges Laid**

Of the 88 cases where charges were laid in cases with SANE involvement, the SAEKs were sent to the forensic lab to be tested in 57 cases (65%). Although there was no further information available, based on anecdotal evidence from the police investigators, it is likely that the forensic evidence was a factor in laying charges in a number of these cases. In the other 31 cases (35%) where charges were laid, the SAEKs were not sent to be tested. This could mean that the DNA evidence was not needed because the suspect didn't argue sexual activity had occurred. Based on the anecdotal evidence from police investigators, it is possible that other SANE evidence, such as documentation of injuries, may have been a factor in laying charges in these 31 cases and, also, in the 57 cases above.

### **9.3 Cases with SANE Involvement: Reasons for No Charges Laid**

There were no charges laid in 311 of 399 cases with SANE involvement. Part of the evaluation plan was to examine more closely the reasons provided by police for not laying charges. It was found that the victim chose not to proceed with the investigation in 163 of 399 cases (41%). For most of these cases, there is no other information provided, therefore, it is difficult to determine what happened in the decision in these cases. This result mirrors the overall HRP/RCMP cases where the victim decided not to proceed in 780 of 1,918 cases (41%).

It should be noted that, of 163 cases above, 39 (24%) were "Cleared Otherwise." The definition of Cleared Otherwise means there was at least one chargeable person identified and sufficient evidence to lay charges, but the charges will not be laid for specified reasons (see Appendix C). Therefore, there was sufficient evidence to proceed in these cases, but the police indicated that the victim decided not to proceed.

Other reasons given by police for not laying charges included: "insufficient evidence" in 84 of 311 cases (27%); "suspect not identified" in 16 of 311 cases (5%); "other" in 44 cases (14%); "departmental discretion" in 4 cases (1%). These cases were reviewed for possible further explanation of the decisions. In most cases there was no further information. However, in 29 cases where the SAEKs were sent to the lab to be tested, the results from the lab were likely a factor in no charges being laid.<sup>5</sup> In another 47 cases, further reasons provided by police included those related to the victim as follows: the victim's statement was inconsistent or contained discrepancies; the victim had difficulty with memory or no memory; the victim was uncooperative, did not return phone calls, or was not in the area; the victim made a false complaint, had a history of false allegations or a history of poor testimony in court; or,

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<sup>4</sup> See Appendix C for definitions of terms used by police.

<sup>5</sup> In 24 cases either no DNA was found, no toxicology, etc. In 5 cases DNA was found, but there was no match with the DNA Data Bank, the DNA found cleared the suspect, or the DNA sample was "not suitable for comparison."

there were mental health issues or challenges, some of which were taken to hospital for treatment or were admitted to the inpatient unit.

Related to the further reasons provided above, Archambault and Lonsway (2008) point to several reasons why victims of sexual assault make statements to law enforcement investigators that are incomplete, inconsistent or untrue. They state that decades of research have documented that trauma decreases the ability to provide information that is complete, consistent, and 100% accurate. Also, the victim's information about what happened may appear to be disorganized or more like "snapshots" of the event, depending on the way events are stored in their memory. Also, victims may be uncomfortable telling details about the assault or are afraid they will be doubted or blamed. They offer some best practices to address these challenges including police interviewing techniques and providing a safe, non-judgmental environment for interviews.

#### **9.4 Court Outcomes: Cases with SANE Involvement**

There were 27 convictions in cases with SANE involvement. Of those, 23 (85%) resulted in incarceration; 12 (44%) resulted in probation, and 7 (26%) resulted in a fine. Also, 14 (52%) had their name entered into the Sexual Offender Information Registry (SOIRA) and 2 (7%) received a Conditional Sentence Order (CSO). Three (3) or 11% resulted in Dangerous Offender (DO) status and an additional case has gone through the DO application process, but the case is being appealed.

When considering cases with SANE involvement and those without SANE involvement, a slightly higher percentage were found guilty and fewer suspects pled guilty. Also, fewer cases were dismissed, although more cases were withdrawn and adjourned. Also, SANE evidence was a factor in three, possibly four, Dangerous Offender cases. Related to sentencing, more SANE-related cases involved incarceration and sentences tend to be longer than cases that did not involve SANE evidence.

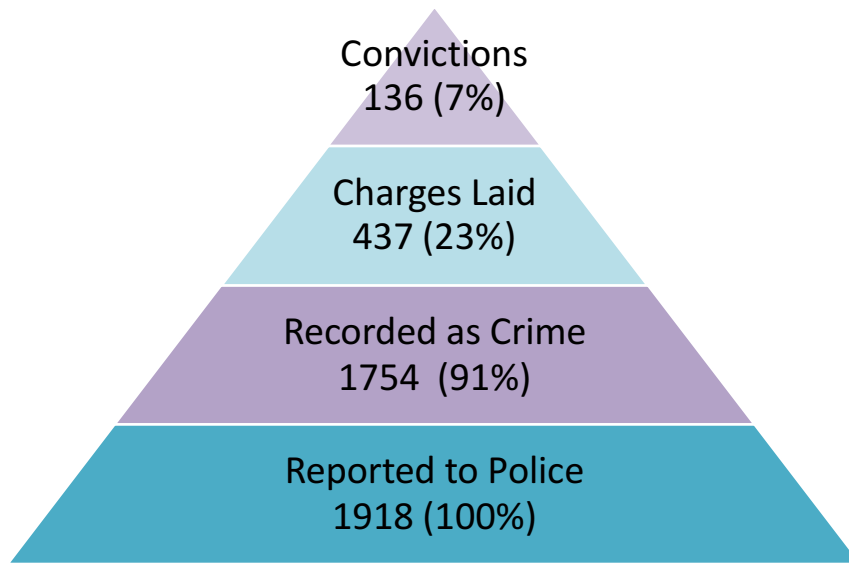
Anecdotally, the Crown Attorneys supported this by indicating that, where there was evidence of documentation of injuries, the demeanor of the victim, clothing, etc. at the time of the assault that corroborated the victim's story, the SANE evidence was very important to the case.

## **10. ATTRITION THROUGH THE CRIMINAL JUSTICE SYSTEM & VICTIMS' PERSPECTIVES**

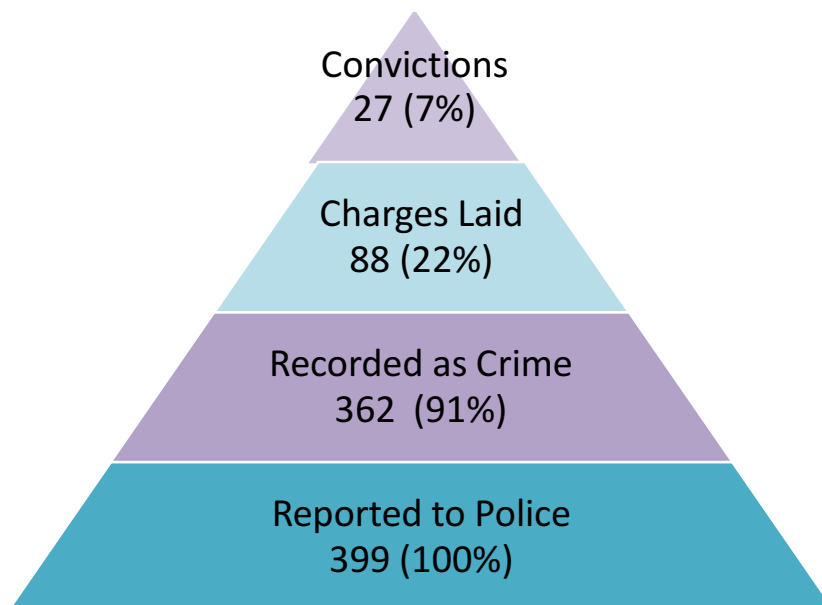
This section begins with the overall outcomes of all Halifax (region) cases and cases with SANE involvement in the context of the attrition of sexual assault cases through the criminal justice system. Attrition refers to the gradual dropping off or the discontinuation of cases due to decisions by victims who have been sexually assaulted and by justice officials as cases proceed through the system (Johnson, 2012, p. 626). Attrition is shown in the form of a pyramid where the number of sexual assaults reported to police form the base and the levels of the pyramid in decreasing width are formed by the number of assaults recorded by police as a crime (founded), the number charged, up to the peak which shows a considerably

reduced number of criminal convictions. Figure 1 shows that *of the total* 1918 (100%) sexual assaults reported to police, 91% were recorded as a crime (founded), 23% resulted in charges laid, and 7% resulted in a conviction. Figure 2 shows that *of the total* 399 (100%) cases with SANE involvement, 91% were recorded as a crime, 22% resulted in charges laid, and 7% resulted in a conviction. The two pyramids are strikingly similar, which indicates that there is a pattern of both laying charges and convictions that appears to be outside of the evidence that SANE provides.

**Figure 1: Halifax (region) Cases: Actual and Percentage of Sexual Assaults Reported to Police Resulting in Criminal Convictions, HRP/RCMP and PPS 2005-14**



**Figure 2: Cases with SANE Involvement: Actual and Percentage of Sexual Assaults Reported to Police Resulting in Criminal Convictions, HRP/RCMP and PPS 2005-14**



The pyramids shown in Figures 1 and 2 were adapted from Johnson (2012, p. 631) who shows a similar pyramid for Canadian statistics.<sup>6</sup> The next segment of this section explores why sexual assault victims don't report to police, followed by a discussion of the various decision points for victims and justice officials that can impact on attrition once a victim enters the criminal justice process. The section closes with a summary of victims' perspectives based on their experience with the justice system.

### **10.1 Why Sexual Assault Victims Don't Report the Assault to Police**

It is well known that many sexual assault victims don't report the assault to police for a variety of reasons. Statistics Canada's General Social Survey (GSS) for 2014 (Perreault, 2015) reports that only 5% of sexual assaults are reported to police, which is not significantly different from that recorded a decade earlier (8%). Because of the low reporting rate, it is difficult to estimate how many sexual assaults actually occur. According to the 2014 GSS, there were 650,000 self-reported sexual assault victims across Canada,<sup>7</sup> which translates to 22 incidents per 1,000 people, age 15 years and older. Based on this number and an estimated population (16 years and older) of 350,443<sup>8</sup> for 2014, it is estimated that the number of sexual assaults for Halifax region in 2014 was 7,710.

The Uniform Crime Reporting Survey (UCR),<sup>9</sup> reported there were 20,700 police-reported sexual assaults in Canada in 2014, which amounts to 58 sexual assaults per 100,000 population. Based on this actual figure, the number of sexual assaults reported to police in Halifax would be 203 or 2.6% of the total 7710 estimated incidents (note the actual HRP/RCMP sexual assaults, 16 years and older, for 2014 was 180). This 2.6% is lower than the 5% reported by the 2014 GSS, and also means that 97.4% of sexual assaults were not reported to police in Halifax region in 2014.

Sexualized violence is generally regarded as gendered because, according to the GSS, over 70% of all sexual assaults reported in Canada involved a female victim over the age of 15 (Perreault and Brennan, 2010). The 2014 GSS reported that 94% of sexual assault incidents were committed by a male offender (Perreault, 2015). Because sexual assault is a gendered crime, the literature focuses on reasons for underreporting by women, not the least of which are deeply engrained societal attitudes that hold women responsible for sexual assault and absolve men of wrongdoing (Johnson, 2012, p. 622). Therefore, when women disclose they

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<sup>6</sup> Johnson's pyramid shows at the base of the triangle the number of sexual assaults against women 12 years of age and older recorded on the Revised Uniform Crime Reporting Survey in 2007. Of the 15,200 sexual assaults reported to police, 13,200 (86.8%) were recorded as a crime, 5,544 (36.5%) were cleared by charge (charges laid), 1519 (10%) led to a conviction. Johnson used data from the 2004 General Social Survey (GSS) on Victimization; the Revised Uniform Crime Reporting Survey (2007) and for convictions the number of males prosecuted in criminal courts in the fiscal year 2006/07 on the Adult Criminal Court Survey.

<sup>7</sup> According to the GSS 2014, Canadians reported a total of 6.4 million criminal incidents in 2014. Sexual assault represented 10% of all victimization incidents. The GSS is a sample survey which, in 2014, collected data from about 33,000 non-institutionalized individuals aged 15 years and older living in the 10 provinces.

<sup>8</sup> Statistics Canada <http://www5.statcan.gc.ca/cansim/a26>

<sup>9</sup> The UCR is an annual census of all offences under the Criminal Code and certain other federal laws that come to the attention of the police and are reported by them to Statistics Canada.

have been sexually assaulted they are confronted with skepticism, doubt, and blame for provoking or at least not resisting the attack strenuously enough. These attitudes can also result in self-blame and self-doubt for many women.

Research has documented the widespread acceptance of prejudicial attitudes and belief in myths and negative stereotypes about sexual assault victims among the general public. These societal attitudes can also influence decisions by justice officials (L'Heureux-Dubé, 2001). These can include attitudes and beliefs related to gender, gender identity, sexual orientation, race, ethnicity, or the victim's past history or profession.

Other factors that can affect an individual's decision to report include shame and embarrassment and a desire to protect others, especially family members. Also, fear of reprisal and negative experiences with the criminal justice system can affect an individual's decision to report, as indicated by a portion of the Avalon SANE Program's SAEKs that were frozen and never released to police.

According to the 2014 GSS, victims of violent crime who did not report their victimization to the police gave reasons related to their expectations of the justice system. In particular, 38% of victims believed the offender would not be adequately punished, 34% believed the police would not be effective, 25% feared or did not want the hassle of dealing with the court process, and 17% stated they had received unsatisfactory service from the police in the past.

## **10.2 Decision Points in the Criminal Justice System**

In this evaluation, there were various key decision points for victims, which start with the decision to report to police or to be seen by the SANEs, whether to proceed with the police investigation, and whether to proceed through the court process, if charges are laid. The HRP/RCMP statistics (2005-14) indicate that, after reporting to police, 41% of victims decided not to proceed, resulting in a significant drop off during the police investigation.

Similarly, there are decision points for police investigators. These include whether to report the incident as a crime (founded) or unfounded (see definitions Appendix C) and whether to lay charges or not lay charges. As reported in the previous section, the police decided to lay charges in 23% of all cases/22% with SANE involvement. The police provided several reasons for not laying charges. These included insufficient evidence, the suspect was not identified, departmental discretion, and another category called "other." For cases with SANE involvement, when looking for further explanation in the files, it was found that in 47 cases, 12% of the 399 cases, a further explanation for not laying charges was related to the victim such as inconsistencies or discrepancies in their statement, lack of recall, or false allegations.

If the case proceeds to court, Crown Attorneys make decisions based on whether there is a realistic prospect of conviction and it is in the public interest. In their evaluation interviews, Crowns also pointed out that other reasons for not proceeding can be no realistic prospect of conviction based on the victim having difficulties with memory, lack of detail or lack of recall or reluctance by the complainant to proceed. Reasons they provided for reluctance by

the complainant to proceed were due to the length of the court process, just wanting to move on with their lives, fear, nervousness, things left out due to embarrassment, or worry about what family members might learn. They said the period just prior to the preliminary inquiry or prior to the court hearing can be a critical decision point for the victim. At this point charges may be withdrawn or dismissed, therefore, resulting in no prosecution.

Many of the reasons provided by police and Crown Attorneys for the victim deciding not to proceed may be directly related to the trauma victims have experienced, their discomfort with telling their story, or fears that they will be doubted or blamed (Archambault and Lonsway, 2008). Some other factors that can impact on victims deciding to proceed, as identified by Crown Attorneys in the evaluation interviews, are the rapport developed with the lead investigator and the Crown, time taken to work with the victim to address doubts and/or fears about proceeding, their ability to withstand the pressure of a trial, and the adversarial nature of the justice system.

In a trial, the ultimate decisions are made by judge and/or a jury. How are these decision-makers influenced by deep-rooted societal attitudes, myths, and stereotypes? Does the court process recognize the full impact of trauma on a victim's memory and their ability to tell their story 100%, 100% of the time?

### **10.3 Victims' Experience with the Criminal Justice System**

The full evaluation report presented four experiences of sexual assault victims who used the services of the SANE program and proceeded through various parts of the criminal justice system. These were based on their confidential conversations with the Program Evaluator, during which they talked about their experience with the SANE program, with police, with the Crown Attorney, and with the court process. Each individual's experience was different, depending on their own circumstances and their positive and challenging interactions with police and Crown Attorneys. For three of four, it also depended on their personal struggle with decisions to go forward or not based on their circumstances and these interactions. Three mentioned the adversarial nature of the court process and how that could have or did impact on them. They felt like they had to really fight for what they believed was their right to speak the truth about what happened to them. One individual's case ended due to the death of the accused before the court proceedings and another was dismissed just prior to the preliminary inquiry. The other two proceeded through the full trial. One resulted in an acquittal and the other had no decision as of the date of this report.

The interviews resulted in the following suggestions: (a) there needs to be an option for victims to access professional crisis intervention support if they need it in the first 24 hours after the assault beyond what the SANE program can offer; (b) the need for a legal advocate for support and advice in interaction with police and Crown Attorneys; (c) the need for trauma-informed training for police investigators and for Crown Attorneys; (e) there needs to be an alternative to the current court process which essentially fails the victim; and (f) for those living in rural Nova Scotia, there needs to be improved access to SANE services.

Considering the perspectives of those who provided their insights based on their experience with the justice system, and the insights and suggestions made by those working in the system, several serious strategies are needed to address this attrition.

## **11. COOPERATION, PARTNERSHIPS & COMMUNITY CHANGE**

An important component of the SANE program is to work cooperatively with hospital emergency departments (ED), the criminal justice system, and community agencies to provide a continuum of services for victims and to strengthen the overall community response to sexualized violence. This part of the evaluation focused on the feedback from the Halifax Sexual Assault Response Team (HSART), ED physicians and nurses, community agencies/health centres, and Avalon Centre staff.

Avalon Centre staff reported that adding the SANE program into the spectrum of services offered through Avalon Centre has strengthened services for victims of sexual violence. It offers direct services for those experiencing an immediate sexual assault and serves all ages and genders. The trauma-informed approach reduces re-traumatization, which helps to make a smooth transition to follow-up services at Avalon Centre and in the community. The particular knowledge and expertise of the SANE Coordinator has increased the capacity of Avalon Centre to provide professional training and educational services for police and health professionals. In turn, Avalon Centre's educational services provide an important component of SANE training.

The SANE program works cooperatively with community organizations and health centres for training, referral, and follow-up services. Depending on the organization, staff/volunteers provide information to their clients and/or their particular community; provide referrals to the SANE program and to Avalon Counselling services; provide follow-up support and care with those who use SANE services; and, provide training for SANEs on particular needs of particular populations. Linkages between the SANE program and other services strengthen the community continuum of services for victims of sexualized violence and potentially help to reduce barriers for particular populations who may not otherwise access services. Suggestions to strengthen services included having an option to access a community location for SANE services outside of the hospital and expanding services to include medical and forensic services for victims of intimate partner violence.

ED physicians and nurses described the SANEs as professional and highly regarded. The collaborative relationship between the SANE program and ED physicians and nurses benefits both victims and the emergency department (ED). Benefits for victims are referred to under the victim's psychological and physical health (Section 4). Benefits for the ED are improved flow in the ED, increased efficiency and fewer errors with the forensic kit. Also, having the SANE program doesn't take the ED physician away from other patients for a long period of time and ensures dedicated time is spent with sexual assault victims without interruptions. Suggestions for consideration by the hospitals and the SANE program include: (a) a biennial review of the collaborative process to identify areas to be strengthened and emerging

issues; (b) all hospitals should have a streamlined follow-up for patients with infectious disease concerns, particularly patients without a family physician; and, (c) it is important that all ED physicians and SANEs understand that the need for treatment for HIV prophylaxis be identified and started as early as possible.

The partnerships and the protocols developed and maintained through the Halifax Sexual Assault Response Team (HSART) have helped partners to understanding each other's roles, policies and procedures. This has improved the way partners work together on a day to day basis. It has also been a good forum for exchanging views about what can be done to improve agency response to sexualized violence, hence holding partners accountable to each other as well as to victims who access services. HSART has also played a role in helping partners to gain insights into how their agency fits within the bigger picture of sexualized violence within the community, and what role each can play individually and collectively in the prevention of sexualized violence and the reduction of victimization.

The SANE program is considered an effective start to the criminal justice process and, in that role, is an integral part of HSART and the collective response. The SANE program's expertise and mandate is an important link that enables coordination to happen. Because their knowledge and skill-set is connected to the health care system, the criminal justice system and is victim-centred and connected to the community through Avalon Centre, the SANE program necessarily understands and links those perspectives, all of which are also represented around the HSART table. The relationships that have developed also strengthen linkages with the rest of Avalon Centre. This strengthens information-sharing, referrals, communication, and overall coordination of services for victims. One suggestion to improve SANE's contribution was that both the SANE program and the broader organizational perspective of Avalon Centre should be regularly represented at meetings, as both perspectives are important. Other suggestions involved strengthening HSART's activities and SANE services provincially as follows: (a) that SANE programs need to be across the province and need to be supported with sustainable funding; (b) the profile of HSART could be strengthened; and, (c) a strategic plan with achievable goals, would give partner agencies and HSART a clear focus and accountability related to improving the overall response to sexualized violence.

Community, health, and criminal justice system partners identified benefits of the SANE program as a community-based model, administered by Avalon Centre. Benefits for victims include: the victim remains first and foremost, the ability to focus on the victim's needs, empathy and compassion, quality and consistency of services, and seamless access to follow-up supports. Benefits for partners include: less bureaucracy and timely response by the SANE Coordinator; organizational independence enables the ability to work equally with all systems; flexibility to respond to new approaches and best practices; and, opportunities to access training related to trauma-informed approaches and sexualized violence.



## 12. CONCLUSIONS & RECOMMENDATIONS

The goal of the evaluation was: “to undertake a SANE Program Evaluation to assess the impact of the Avalon Centre SANE Program on the progression of sexual assault cases through the criminal justice system.” The outcome areas to be assessed were: the sexual assault victims’ psychological and physical health; the quality of nursing practice; recognition and retention of SANEs; the impact on the criminal justice system; cooperation, partnerships and community change; and, system efficiency and effectiveness.

The Avalon SANE program has had a positive impact on the psychological and physical health of individuals who use their services. A critical outcome is a reduction in re-traumatization for individuals who used SANE services. As a result, victims experience less self-blame and feel validated and supported. Therefore, the SANE program is not only mitigating another form of harm; at the same time, it is building a buffer protection from internalized shame and self-blame.

Almost everyone interviewed for this evaluation identified benefits of the SANE program for sexual assault victims. Benefits include: consistency in approach and services; forensic skills and experience; confidential, non-judgmental care; compassion and sensitivity in looking after emotional needs; and, the exam is independent of the justice system and includes options for treatment and follow-up, including options to report to police. These benefits are directly related to the quality of nursing practice, the trauma-informed approach to care, and the ability to retain experienced SANEs and to effectively mentor new SANEs.

There are increased benefits to hospital emergency departments (ED) including improved flow in the ED, increased efficiency, and fewer errors with the forensic kit. Also, having the SANE program doesn’t take the physician away from other patients for long periods of time and ensures dedicated time with sexual assault victims without interruptions.

There are also significant benefits to the criminal justice system, not the least of which is the SANE program is another means of reporting sexual violence for those who decide to report to police. Based on police officers’ descriptions of how things worked prior to the SANE program or those coming from locations where there isn’t a SANE program, it is evident that the SANE program and coordination of police and SANE roles at the hospital has resulted in a more effective and efficient initial police response to sexual assaults. The SANEs’ trauma-informed practice starts the police investigation off well and assists in the overall investigation, because victims are less traumatized. The evidence collected by SANEs is important for police files, their ability to move investigations forward, and to lay charges. For the prosecution, overall benefits are the evidence from SANE examination, having a trained observer as a witness to testify to that evidence, and improved prospects for conviction. The HRP/RCMP statistics indicate that SANE evidence was a factor in charges being laid and in the prosecution of three, possibly four, Dangerous Offender cases. More SANE-related cases involved incarceration and sentences tend to be longer than cases that did not involve SANE evidence.

The Avalon SANE program makes a significant contribution to the coordinated community response. The SANE program's expertise and mandate is an important link that enables coordination to happen, because it is linked to the justice system, the health system and to the community through Avalon Centre. It is an effective start to the criminal justice process and therefore an integral part of a collective criminal justice response. It reduces re-traumatization which can act as a buffer to accessing the criminal justice system and other services. It is helpful in making links and a smooth transition to follow-up services at Avalon Centre and other services in the community. It has strengthened services to a more diverse population by serving all ages and genders. It strengthens information-sharing, referrals, communication, and overall coordination of services for victims.

The evaluation has demonstrated that the Avalon SANE program has impacted positively on the cases that progressed through the criminal justice system. There are clearly benefits and efficiencies to having the SANE program integral to the collective criminal justice system response and the continuum of services for sexual assault victims. However, some broader challenges emerged through the evaluation that have implications for SANE programs provincially and for the collective criminal justice response.

One of these challenges is concern for access to follow-up services for those who accessed the SANE program but live in rural areas, and access to SANE services in various parts of rural Nova Scotia. Having SANE programs closer to their community would not only improve access to services for victims; but, as demonstrated through this evaluation, would support building the links to follow-up medical and support services.

A second broader challenge is that the criminal justice statistics paint a dismal picture of attrition of cases through the system for all cases and for cases with SANE involvement. This attrition results from the complex interplay of many factors once the victim enters the decision-making structure of the criminal justice system. Key factors include the mandate and evidence requirements of the system (police, Crown Attorneys, courts); the adversarial nature of the criminal justice system; and the victim, their story and their credibility become central to whether and how the case proceeds through the justice system. Another key factor is the ability of the lead investigator and the Crown Attorney to build trust and develop rapport with the victim. This includes working with the victim to address any reasons for not wanting to proceed. The first interaction and subsequent meetings with the lead investigator and the Crown are critical to this. As indicated by the experience of victims who were interviewed for the evaluation, depending on who they were assigned to in the system, the individual and the case may or may not make it through the various decision points or "over the series of hurdles," as described by one Crown Attorney.

It is evident from the interviews with police, Crown Attorneys and victims that some police investigators and Crown Attorneys are aware of how trauma impacts on a victim, the challenges victims face, and work as best they can to support victims through the process. However, it is also evident from the victims' perspectives that not all police or Crowns have

this awareness, nor take the time needed with the victim. Also, as mentioned by Crowns themselves, they are working with stretched resources, lack of adequate time to spend with the victim, and within an adversarial criminal justice system which re-traumatizes the victim.

This clearly indicates that one has to look more at the “whole picture,” in addition to effectiveness of any one agency or service. Similarly, while the Halifax Regional Police (HRP) are working to improve their trauma-informed practice, which will improve response within their agency, this still doesn’t complete the picture. Each agency that is part of the collective criminal justice response must have specialized trauma-informed services that respond appropriately to victims of sexual assault. Finally, in a sexual assault case, the victim is pivotal to how the case proceeds and the extent to which the victim feels supported or isolated through the process becomes critical to their decision-making.

The recommendations that follow are based on suggestions offered by evaluation participants based on challenges and opportunities they identified. Recommendations are intended to: (a) strengthen access to SANE services in Halifax and follow-up for those requiring immediate crisis intervention counselling or those with mental health challenges; (b) strengthen communication, understanding of roles and expectations between the SANE program and police, and the SANE program and PPS; (c) strengthen access to services and follow-up services provincially; and, (d) reduce the attrition of cases through the criminal justice system and strengthen the overall system response to sexual assaults.

#### ***Recommendations for the SANE Program***

1. The SANE program should continue with two (2) nurses on-call, given the outcomes of the evaluation that demonstrate the value of two nurses related to overall patient care, opportunities for mentorship and skill building for junior SANEs, and retention of SANEs.
2. Avalon Centre and the SANE program should investigate a community-based location outside of the hospital as an option to access to SANE services for those who may face barriers to accessing services in a hospital setting. This service will require additional funding.
3. Avalon Centre and the SANE program should work with government and community partners to investigate the potential of the Avalon SANE Program expanding to include victims of intimate partner violence.
4. The SANE program and partnering hospitals should consider joint rounds every two years to review the collaborative process and identify any areas to be strengthened or emerging issues that should be addressed.

#### ***Recommendations for Avalon Centre***

5. Avalon Centre should work with the health system to develop strategies for victims who require crisis intervention counselling and support during the first 48 hours after a sexual assault, including more comprehensive follow-up plans for victims with mental health challenges.

### ***Recommendations for Police and the SANE Program***

6. Related to trauma-informed training for patrol officers, the following is recommended:
  - a. Given the positive response from this evaluation, Halifax Regional Police (HRP) should continue with their commitment to trauma-informed training with patrol officers.
  - b. RCMP patrol officers in RCMP detachments in Halifax should also have access to trauma-informed training.
7. All new members of the Sexual Assault Investigation Team (SAIT) should have an orientation to the Avalon SANE program, training in trauma-informed practice, and a session related to the SAEK and how the evidence from the SAEK can be useful in their investigation.
8. The SAIT team should have access to training in trauma-informed interviewing skills. Part of this would be to review whether any interviews should take place immediately after SANE exam, unless there is a critical reason why the interview needs to be undertaken such as public safety or evidence at a crime scene. Furthermore, care should be taken to provide a comfortable setting to interview victims.
9. To strengthen communication, problem solving and coordination between the SANE program and the SAIT: (a) SAIT Sergeants and the SANE Coordinator should meet at least 3 times/year; (b) The SANE Coordinator should meet with the SAIT team on an annual basis; and, (c) the SAIT Sergeants should meet with the SANE team annually.
10. The SANE Coordinator, Avalon Centre Executive Director and HRP/RCMP senior management should reaffirm their commitment to regular meetings as part of strengthening overall communication and coordination of services.

### ***Recommendations for Public Prosecution Service and the SANE Program***

11. Public Prosecution Service should assign specialized Sexual Assault Crown Attorneys to ensure trauma-informed practice, that appropriate time is spent with victims/complainants, that rapport is developed, and efforts are made to address fears and/or reluctance to proceed through the court process.
12. It is essential that all Crown Attorneys who prosecute sexual assault cases should have an orientation to the Avalon SANE program, training in trauma-informed practice, and an opportunity to learn more about the SANE's type of forensic evidence and how to make use of it in prosecution of sexual assaults.
13. To strengthen communication between the SANE program and Public Prosecution Service, the SANE Coordinator and Crown Attorneys should meet on an annual basis.

### ***Recommendations for the Nova Scotia Department of Justice and Department of Health & Wellness***

14. The Department of Justice should move forward with instituting a specialized court for sexual assaults in the Halifax region, given the findings that show the attrition of cases through the criminal justice system, the particular nature of sexual assaults where the victim is often left isolated, yet the centre of the court process, and the re-

traumatization that victims can experience once they enter the decision-making structures of the criminal justice system.

15. The Department of Justice should establish and provide sustainable funding for a Sexual Assault Legal Advocate. This position should be independent of the legal system and be based in the community, but work cooperatively with police and Crown attorneys. The position would provide support, reduce isolation, and assist victims with various aspects of their involvement in the criminal justice system (police, meetings with Crown Attorney, and court process).
16. Because the slow court process deters some victims from proceeding through the criminal justice system, the Department of Justice should investigate how to fast track sexual assault cases. The above recommendation related to specialized courts may help to address this issue.
17. All members of the judiciary should have trauma-informed training related to sexual assaults to better understand the dynamics and complexity of sexual assault crimes and how to mitigate potential re-traumatization of victims when in court providing testimony.
18. Because of their positive experience with the Avalon SANE program, several criminal justice partners and victims recommended that SANE programs should be established throughout the province and must be supported with sustainable funding.
19. With the expansion of SANE programs, a provincial SANE coordinator should coordinate training, provincial standards, and work with SANE programs and the criminal justice system to establish standardized methods for documenting and reporting SANE statistics and sexual assault statistics as part of ongoing evaluation and to effectively report statistics on a province-wide basis. In addition, an overall plan for promoting where SANE services are available should be developed and implemented.

***Recommendations for Halifax Sexual Assault Response Team (HSART)***

20. HSART should develop a strategic plan with clear achievable goals and focused objectives for partner agencies and the team. This would strengthen accountability for improving individual agency and the collective response to sexual violence.
21. HSART should seek funding for a paid coordinator to support strategic planning, implementation of HSART specific objectives (as compared to partner agency objectives), and to strengthen the profile of HSART.

***Recommendations for the RCMP Regarding the Forensic Science and Identification Services***

22. The RCMP should establish a mechanism for SANE programs to easily access answers to forensic evidence collection questions and training for SANEs through their Forensic Science and Identification Services, particularly related to new technologies for evidence collection and because the SAEK is out of date.
23. The RCMP Forensic Lab should update their technology according to current best practices and to complete the update of the Sexual Assault Examination Kit (SAEK).

## **APPENDIX A**

### **ORGANIZATIONS & AGENCIES PARTICIPATING IN THE EVALUATION**

- Avalon Sexual Assault Centre
- Halifax Regional Police (HRP)
- Halifax District RCMP
- Nova Scotia RCMP, Criminal Operations Division
- HRP/RCMP Sexual Assault Investigation Team (SAIT)
- Nova Scotia Serious Incident Response Team (SIRT)
- Cape Breton Regional Police
- Nova Scotia Public Prosecution Service (PPS)
- Crown Attorneys, Halifax/Dartmouth and Western Region, NS PPS
- Halifax RCMP Forensic Laboratory (closed March 2015)
- Halifax Sexual Assault Response Team (HSART)
- HRP Victim Services
- RCMP Victim Services
- Halifax Infirmary Emergency Department
- Dartmouth General Hospital Emergency Department
- Cobequid Community Health Centre Emergency Department
- The IWK Health Centre Emergency Department
- Halifax Sexual Health Centre
- Student Health Services Clinic, Saint Mary's University
- The Youth Project
- Alice Housing
- YWCA Halifax

**APPENDIX B:**  
**Halifax Regional Police/Halifax District RCMP (HRP/RCMP)**  
**and Public Prosecution Service (PPS) Summary of Statistics 2005-2014**

**Case Criteria:**

Police files included in this project needed to fit the following criteria:

- (a) Cases included required the victim to be 16 years of age or older at the time of the assault (age of consent, no mandatory reporting); and,
- (b) Cases could be found electronically in the HRP/RCMP Versadex Records Management system.

The cases where charges were laid were then sent to PPS for research and documentation of what happened to those cases in the court system.

**A: POLICE OUTCOMES ALL HRP/RCMP CASES (16 yrs and older) 2005-2014**

- Total HRP/RCMP cases within the case criteria was 1,918 cases.
- The majority of cases, 1,271 (66%) were reported within one week of the assault. Another 225 (12%) were reported after 1 week to 1 year and 67 (3%) over 1 year. Ten percent (10%) had multiple dates for the assaults and an additional 9% only had partial information available.
- Of the 1,918 cases, 1,799 (94%) were female, 116 male (6%), and 3 identified as Trans (0.16%).
- Charges were laid in 437 of 1,918 cases (23%).
- A further, 236 cases (12%) were Cleared Otherwise (founded). The majority of cases, 1,081 (56%) were deemed No Further Action (founded) and 164 (9%) were unfounded with No Charge Laid. The total cases where no charges were laid are 1,481 of 1918 cases (77%).
- When looking more closely at cases Cleared Otherwise and deemed No Further Action, the reason given most often by police for not laying charges in the two categories was that the victim decided not to proceed. When considering total cases, this was 780 of 1,918 cases (41%).

**B: POLICE OUTCOMES HRP/RCMP CASES WITH SANE INVOLVEMENT**

- Cases with SANE Involvement were 399 of 1,918 HRP/RCMP sexual assault cases (21%).
- Cases with SANE involvement included 360 cases with SAEKs in police custody and 39 cases where SAEKs were not released to police, but police noted in the file that a SAEK had been completed.
- Charges were laid in 88 cases (22%).

- A further 44 cases (11%) were Cleared Otherwise (founded). Over half, 230 of 399 cases (58%), were deemed No Further Action (founded), and 37 cases (9%) were unfounded with No Charges Laid. The total cases where no charges were laid is 311 of 399 cases (78%).

***Sexual Assault Examination Kit (SAEK) a factor in Charges Laid:***

- SAEKs were sent to be tested in 124 of 399 cases (31%).
- 57 of 124 cases (46%) with SAEKs tested resulted in charges being laid.
- The SAEK results were likely a factor in 57 of 88 cases (65%) where charges were laid and SAEKs were tested.
- In 31 of 88 cases (35%) where charges were laid, the SAEKs were not sent to be tested. This could mean that the DNA evidence was not needed because the suspect didn't argue sexual activity had occurred. It is possible, however, that other SANE evidence, such as documentation of injuries, may have been a factor in laying charges in these cases and the 57 cases above.

***Overall Reasons for No Charges Laid:***

- The victim decided not to proceed in 163 of 311 (52%), of the cases where no charges were laid or 41% (163 of 399) of the total cases with SANE involvement. These 163 cases included the following:
  - "The victim does not wish to pursue" was given as a reason for not laying charges in 124 of 311 cases (40%). This reason was primarily documented in the police outcome category, No Further Action (founded).
  - "The complainant declines to lay charges," was given as a reason in 39 of 44 (89%) of cases that were Cleared Otherwise (founded). Cleared Otherwise means that there was at least one chargeable person identified and sufficient evidence to lay charges, but the charges will not be laid for specified reasons.
- "Insufficient evidence" was given as a reason by police in 84 of 311 cases (27%) where no charges were laid; "suspect not identified" in 16 of 311 cases (5%); "other" in 44 cases (14%); "departmental discretion" in 4 cases (1%).

***SAEKs Tested a Factor in Charges Not Being Laid***

- In 67 of 124 cases (54%) SAEKs were sent by police to the lab to be tested and resulted in no charges being laid. In 29 of the 67 cases (43%), documentation by police indicated negative results from the lab such as no DNA, toxicology, etc. In a few cases a DNA match cleared a suspect. Therefore, the SAEK was likely a factor in no charges being laid in these cases.



### ***Reasons for No Charges – SAEKs Not Tested/Not Released***

- There were 244 cases where SAEKs were not tested/not released to police and no charges were laid.
- Of these 244 cases, 149 were eliminated from a more detailed review of reasons given by police, simply because there was no further reason given provided other than the general reasons noted above (“victim does not wish to pursue,” “insufficient evidence,” etc.).
- For 95 cases, more reasons were provided by police. About one-half of the cases, 47 of 95 (49.5%), documented reasons related to the victim. These include 31 of 95 cases (33%) where the reason given was that victim statement was inconsistent or contained discrepancies; the victim had difficulty with memory or no memory; or, the victim was uncooperative, did not return phone calls, or was not in the area. Also, in 7 of 95 cases (7%), it was indicated by police that the victim made a false complaint, had a history of false allegations or a history of poor testimony in court; and in 9 of 95 cases (9.5%) it was recorded that there were mental health issues or challenges, some of which required admission to the inpatient unit.
- Of 38 Crown consultations, 18 (47.4%) resulted in no charges laid and 20 (52.6%) resulted in charges laid.

### **C: PROSECUTION OUTCOMES**

This section reports on the court outcomes for 372<sup>10</sup> sexual assault cases where charges were laid by HRP/RCMP between 2005 and 2014. The PPS statistics are shown separately for cases without SANE involvement and cases with SANE involvement.

#### ***Court Outcomes***

- Of 292 cases without SANE involvement, the accused was found guilty in 79 cases (27%), pled guilty in 30 cases (10%) and was acquitted in 37 cases (13%). Charges were dismissed in 68 cases (23%), withdrawn in 46 cases (16%), adjourned in 18 cases (6%), and discharged in 4 cases (2%).
- Of 80 cases with SANE involvement, the accused was found guilty in 23 cases (29%); pled guilty in 4 cases (5%); and was acquitted in 12 cases (15%). Charges were dismissed in 14 cases (17%), withdrawn in 18 cases (23%) and adjourned in 7 cases (9%).
- When comparing the results, a slightly higher percentage were found guilty and fewer suspects pled guilty in cases with SANE involvement than in those without SANE

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<sup>10</sup> There were 437 charges laid by police from 2005 – 2014 and PPS was able to retrieve 372 cases. Some difference in numbers may be related to different units of count. Police statistics count “incidents,” based on the number of victims of sexual assault; while court-based statistics count the number of “cases,” which is based on the number of accused persons. A person who is prosecuted for sexual assault may have assaults against different victims dealt with in one court case (Johnson, 2012, p. 630). PPS indicated that some differences may also be attributed to data entered incorrectly.

involvement. Also, fewer cases were dismissed in cases with SANE involvement, although more cases were withdrawn and adjourned. No cases were discharged with SANE involvement.

### **Sentencing**

- When considering all cases, the total number of cases that received convictions were 136: 27 cases with SANE involvement (23 found guilty + 4 pled guilty) and 109 cases without SANE involvement (79 found guilty + 30 pled guilty).
- Of the total 136 cases that received a conviction, 81 cases (60%) resulted in incarceration, 113 cases (83%) resulted in probation (the most common category), and 53 cases (39%) received a fine. Other sentencing options included 59 (43%) offenders being entered in the Sexual Offender Information Registry (SOIRA), 40 cases (29%) receiving Conditional Sentence Orders (CSO), and 4 (3%) offenders receiving Dangerous Offender (DO) status.
- When looking at cases without SANE involvement there is a total of 109 convictions. Of those, 58 of 109 (53%) resulted in incarceration, 101 (93%) resulted in probation, 46 (42%) resulted in a fine. Forty-five (41%) offenders had their name entered into SOIRA, 38 (35%) received a CSO, and 1 (0.92%) received DO status.
- When looking only at cases with SANE involvement there is a total of 27 convictions. Of those, 23 (85%) resulted in incarceration; 12 (44%) resulted in probation, 7 (26%) resulted in a fine. Fourteen (52%) had their name entered into the Sexual Offender Information Registry (SOIRA) and 2 (7%) received a Conditional Sentence Order (CSO). Three (3) or 11% resulted in Dangerous Offender (DO) status and an additional case has gone through the DO application process, but the case is being appealed.
- With respect to incarceration, 85% of cases with SANE involvement resulted in incarceration compared to 53% of cases without SANE involvement. A higher percentage received DO status: 11% of cases with SANE involvement compared to 1% of those without SANE involvement.
- The range of sentencing for incarceration, excluding the DO cases: the cases with SANE involvement range from 20 days to 9 years; whereas cases without SANE involvement range from 1 day to 4 years and there are more than one of these sentences at either end of the range.
- The overall average for incarceration, excluding the DO cases, for cases with SANE involvement is 30.95 months and for cases without SANE involvement is 17.51 months.

## APPENDIX C: DEFINITIONS OF POLICE TERMS

### *Definition of Terms*

The terms in this section are terms used by the police and related to how incidents are coded in their database. Tables 1 and 2 provide definitions of police terms used in this section of the report for reference.

The categories “founded” and “unfounded” are broad categories used by all police agencies. “Founded” means that the incident is recorded as a crime and “unfounded” means that “after a police investigation it is concluded that no violation of the law took place nor was attempted.” Within “unfounded” there is one police outcome called, No Charge Laid. Within “founded” there are three police outcomes, Charges Laid, Cleared Otherwise and No Further Action. These are defined further in Table 1.

Table 2, in the left hand column, shows further reasons that police use to distinguish how the file is closed. The terms are used with “quotation marks” throughout this section to denote that these are terms used by police.

**Table 1: Definitions of Police Outcomes**

Category	Police Outcome Category	Definition
Founded	Charges Laid	For an incident to be cleared by charge, at least one accused must have been identified and a charge has been laid against this individual in connection with the incident.
Founded	Cleared Otherwise	At least one charged/suspect chargeable person has been identified and there is sufficient evidence to lay charges, but no charges will be laid for specified reasons. Four (4) specified reasons related to Cleared Otherwise are further defined in Table 2: Complainant Declines to Lay Charges, Departmental Discretion, Insufficient Evidence and Other.
Founded	No Further Action	Insufficient evidence to proceed at this time.
Unfounded	No Charge Laid	After a police investigation it is concluded that no violation of the law took place nor was attempted.

**Table 2: Definitions of Police Reasons**

<b>Reason</b>	<b>Police Outcome Category</b>	<b>Definition.</b>
Complainant Declines to Lay Charges	Cleared Otherwise	Victim decides not to proceed.
Departmental Discretion	Cleared Otherwise	Department administration decided not to lay a charge; for example, instead suspect is given a warning, caution, or referral to a community-based program.
Insufficient Evidence	Cleared Otherwise No Further Action No Charge laid	There is not enough evidence to lay a charge. The reasons given in the police files for Insufficient Evidence in cases with SANE involvement are summarized in Section 9.3 of this report and explored more fully in Section 9.1.9 of the full evaluation report.
Other	Cleared Otherwise No Further Action No Charge laid	The “Other” reasons noted in the police files for cases with SANE involvement are summarized in Section 9.3 of this report and explored more fully in Section 9.1.9 of the full evaluation report.
Victim Does Not Wish to Pursue	No Further Action No Charge Laid	Victim decides not to proceed.
Suspect Not Identified	No Further Action	The suspect has not been identified. The reasons given in the police files for cases with SANE involvement are explored in Section 9.3 of this report and explored more fully in Section 9.1.9 of the full evaluation report.

## APPENDIX D: REFERENCES

- \_\_\_\_\_ (2013, August 20) *Progress Report and Transition Plan*, Action Team on Sexual [On-line] <http://novascotia.ca/actingtogether/docs/Action-Team-Progress-Report-Transition-Plan.pdf> Violence and Bullying. N.S. Government.
- Archambault, J. and Lonsway, K. (2008, Revised August). *Incomplete, inconsistent, and untrue statements made by victims: Understanding the causes and overcoming the challenges*. End Violence Against Women International (EVAWI).
- Boyce, J. (2015, July). *Police-reported crime statistics in Canada, 2014*. (Catalogue No. 85-002-X, ISSN 1209-6393). [On-line] <http://www.statcan.gc.ca> Ottawa, ON: Canadian Centre for Justice Statistics.
- Campbell, R. (2013, January). *Implementation of a sexual assault nurse examiner (SANE) practitioner evaluation toolkit*. [On-line] <https://www.ncjrs.gov/pdffiles1/nij/grants/240916.pdf> U.S. Department of Justice.
- Curtis, J. (1993, February 18). *Working group #7 – sexual assault*.
- Hart, K. (1999). *Queen Elizabeth II Health Sciences Centre evaluation of sexual assault nurse examiner's program joint pilot project August 1997-present*. Queen Elizabeth II Health Sciences Centre & Department of Justice.
- L'Heureux-Dubé, C. (2001). *Beyond the myths: Equality, impartiality, and justice* 10, 1 Journal of Social Distress and the Homeless pp. 87-104.
- Johnson, H. (2012). *Limits of a criminal justice response. Trends in police and court processing of sexual assault*. In E. Sheehy (Ed.) *Sexual Assault in Canada: Law, Legal Practice and Women's Activism* (pp. 613-634). Ottawa, ON: University of Ottawa Press.
- Mahon, P. and Barnwell, G. (2015). *Asset mapping report, sexual assault services network, responses to and prevention of sexualized violence*. Sexual Assault Services Network of Nova Scotia (SASNS).
- Mahon, P. (2012). *The Avalon model: Empowering individuals and communities to respond to sexualized violence*. Avalon Sexual Assault Centre.
- Mahon, P. (2003). *Sexual assault nurse examiner (SANE) program evaluation report*. Halifax, NS: Avalon Sexual Assault Centre.
- NS Advisory Council on the Status of Women, 2011. *Fact Sheet on Sexual Violence December 2011*[On-line] [women.gov.ns.ca/factsheets.html](http://women.gov.ns.ca/factsheets.html) Halifax, NS: Author.
- Perreault, S (2015). *Criminal victimization in Canada, 2015*. (Catalogue No. 85-002-X, ISSN 1209-6393). [On-line] <http://www.statcan.gc.ca> Ottawa, ON: Canadian Centre for Justice Statistics.
- Perreault, S and Brennan, S. (2010). *Criminal victimization in Canada, 2009* (Catalogue No. 85-002-X, Vol. 30, no. 2). [On-line] <http://www.statcan.gc.ca> Ottawa, ON: Canadian Centre for Justice Statistics.

- Rice, J. (2000). *Metro response to sexual assault: Policies, protocols and procedures of the Halifax Regional Police and the Public Prosecution Service*. Avalon Sexual Assault Centre.
- Rubin, P. (2010). *Specialized integrated courts for domestic & sexual violence: Adapting innovative practices to Nova Scotia's needs*. Women's Innovative Justice Initiative (WIJI).
- Rubin, P. (2008). *Suffering in silence: An assessment of the need for a comprehensive response to sexual assault in Nova Scotia* Halifax, NS: Avalon Sexual Assault Centre.
- Rubin, P. (2007). *Building a coordinated SANE network for Nova Scotia: A Community-based, victim/survivor-centred model. recommendations of the Avalon Sexual Assault Centre* Halifax, NS: Avalon Sexual Assault Centre.
- Rubin, P. (2003). *Restorative justice in Nova Scotia: Women's experience and recommendations for positive policy development and implementation* Halifax, NS: Women's Innovative Justice Initiative.
- Segal, M. (2015). *Independent review of the police and prosecution response to the Rehtaeh Parsons case*. [On-line] <http://novascotia.ca/segalreport/>
- Statistics Canada. (2004). *2004 General social survey*, Housing, Family and Social Statistics Division, Ottawa, ON: Author.
- Tang, K. (1998). *Rape law reform in Canada: The success and limits of legislation*. International Journal of Offender Therapy and Comparative Criminology, 42(3). 1998 258-270. Sage Publications Inc.