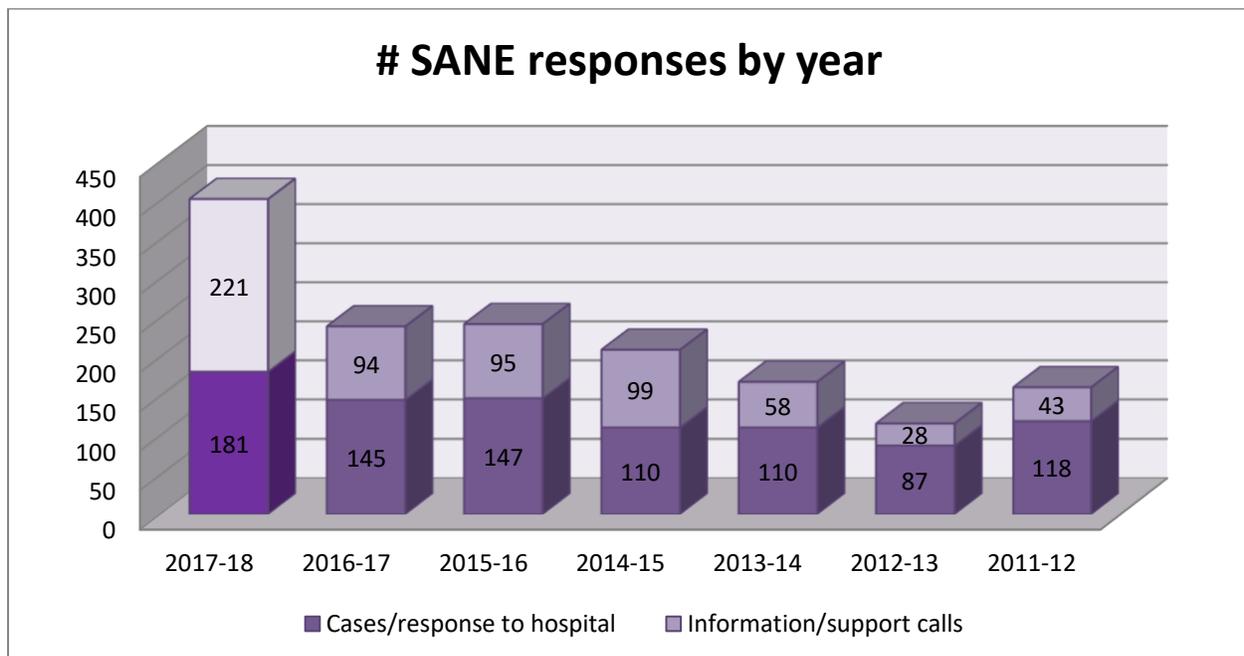


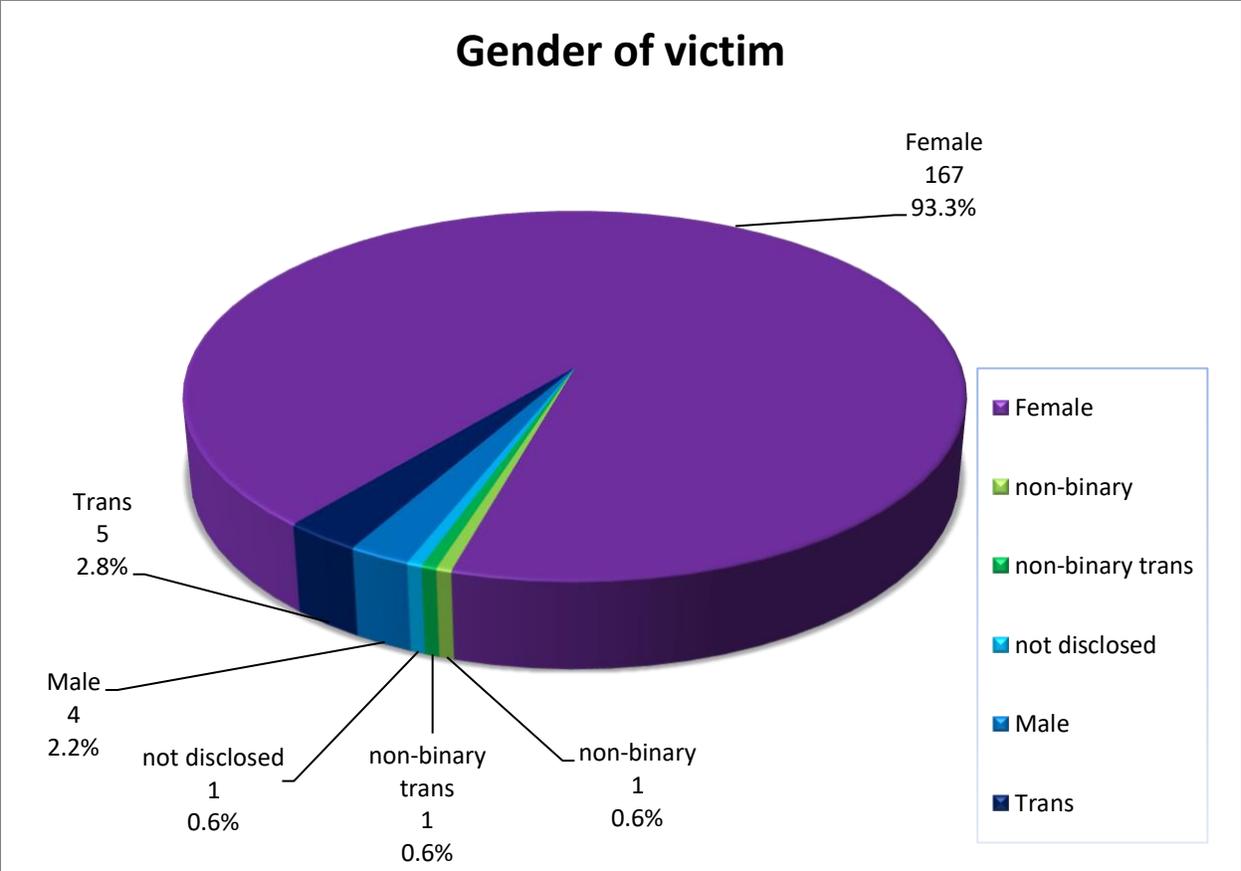


2017-2018 Year End Report: SANE

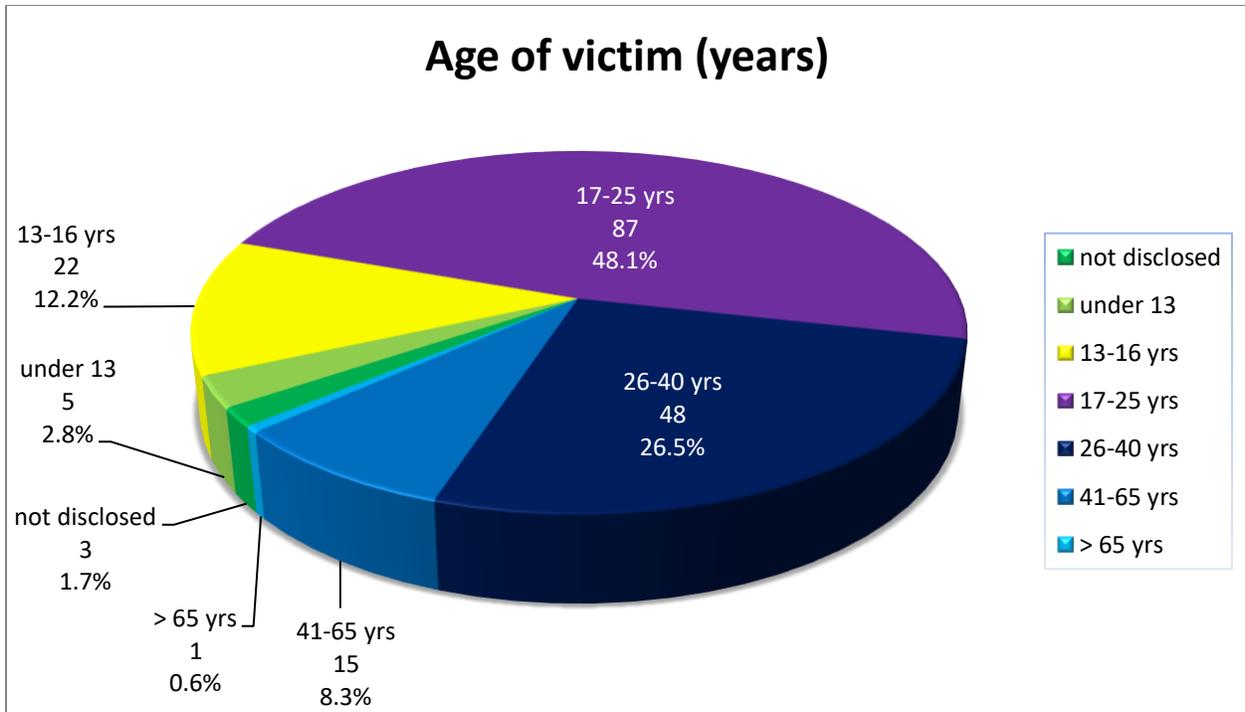
Direct medical/forensic response was provided to 181 clients this year. Additionally, assistance was provided by phone to 221 clients and healthcare professionals regarding acute sexual assault for a total of 402 immediate response calls from the SANEs and 1000 hours of direct nursing care. This year has seen the highest number of SANE responses in the program's history and a 24% increase in response to hospital over last year.



This increase in clients reporting an immediate sexual assault could be related to many factors. One factor to consider, for instance, would be the increased disclosures and reporting due to the #Me Too movement that has been garnering great media attention. As a program, we will be paying close attention to these increasing demands for service, looking at the implications to the team, the consequences to the budget, and the strategic plan.

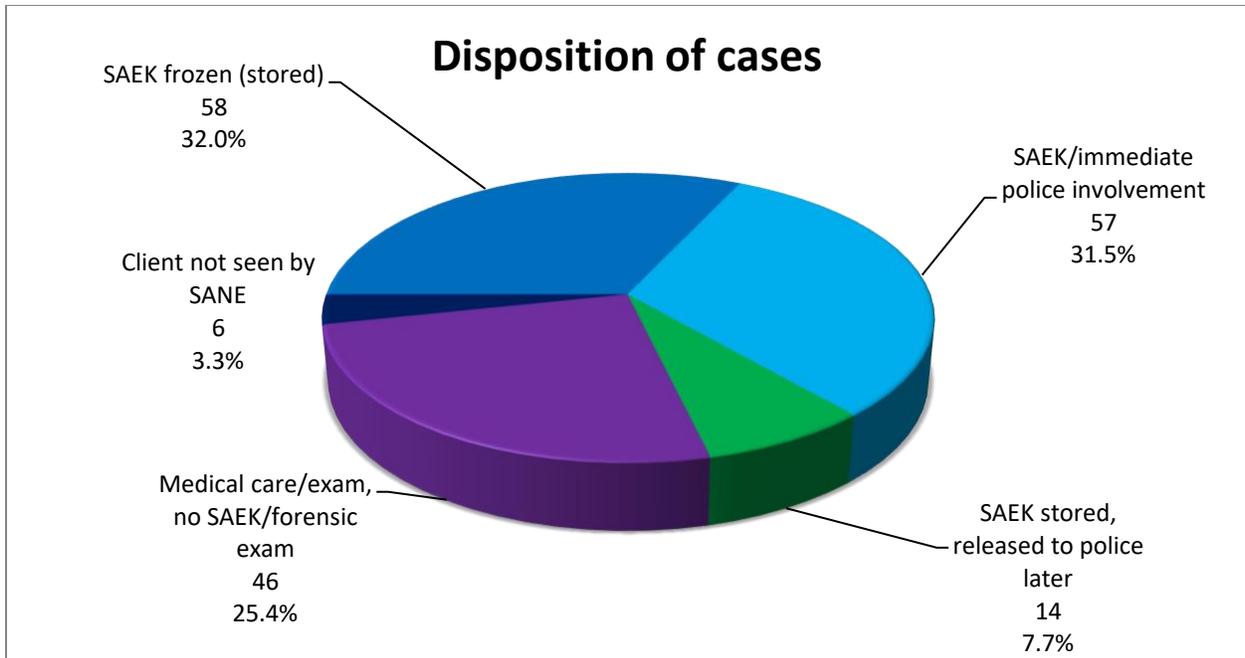


A total of 178 adult/adolescent exams and 3 pediatric (pre-pubescent) exams were completed for a total of 181 sexual assault clients seen by the SANE Program this fiscal year. A total of 165 clients seen identified as female (93.3%), 4 males (2.2%), 5 individuals identifying as transgender (2.8%), 1 person (0.6%) as non-binary, 1 (0.6%) person as non-binary trans and there was one case (0.6%) where gender was not identified as client declined to see SANE. These numbers are fairly consistent with previous years, with 90-95% of reports female, 2% male, 3% transgender or non-binary. The number of male clients seen has decreased from the previous year, while more clients are identifying as transgender or non-binary.



The age range of clients seen this year was 5 to 69 years. Those in the age range 17-25 category remain the highest number of individuals seen, consistent with all previous years at approximately half of the total number of clients seen. Similar to the previous year, nearly a quarter of those reporting this year are in the 26-40 age range. These age groups combined, ages 18-40, comprise 74.6% of all cases seen this year. These are also the age groups with the highest risk factors, contributing to vulnerability (for example mental health issues, alcohol/drug involvement, etc.). Youth reports (age 13-16) have dropped slightly this year, at 12.2% compared to last year's 17%. Those under 13 have returned to previous levels at 2.8%, after seeing an increase last year (5%).

Note: SANE response to the pre-pubescent population is within 24 hours of the abuse, not 72 hours as it is in the postpubescent pediatric population, and the medical response is accompanied by a pediatrician and SANE. Reports after 24 hours are referred to the IWK Child Protection Team for follow up. Pre-pubescent is defined as maturity of sex organs, not by age.

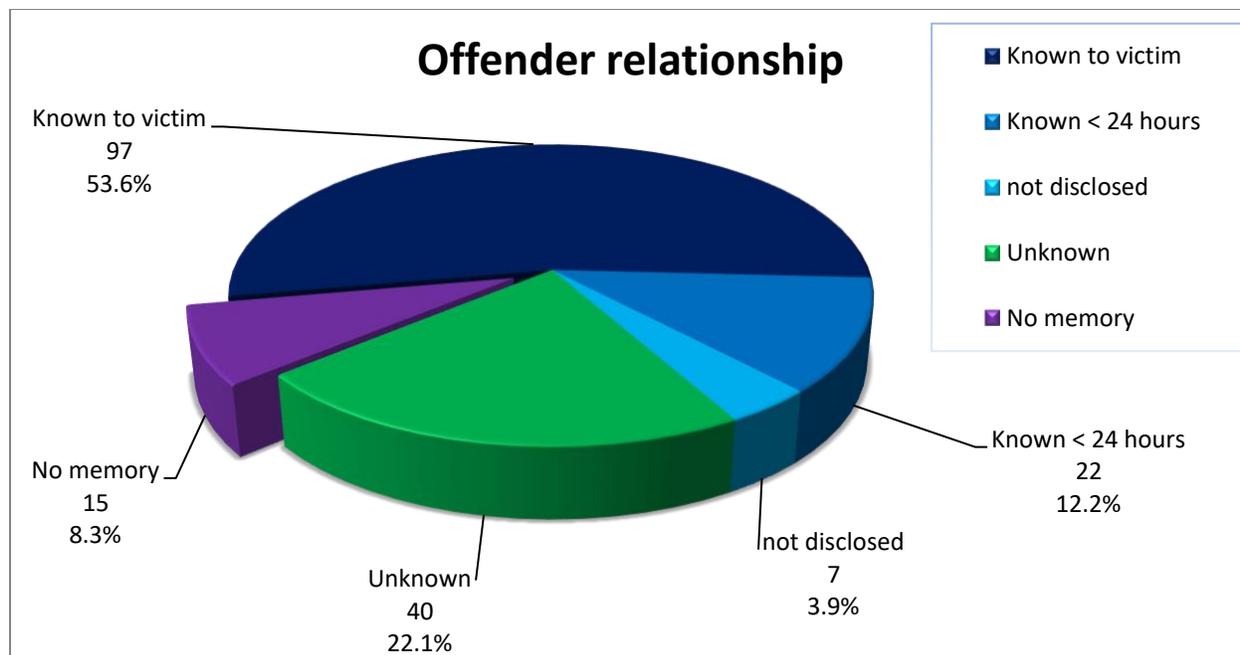


During a response, the SANEs offer choices to clients following an immediate sexual assault. These include:

- medical examination and treatment
- medical and forensic examination with evidence collection for immediate police involvement
- medical and forensic examination with evidence collection for storage up to 6 months

31.5% of clients seen chose to complete a sexual assault examination kit (SAEK) with evidence collection and involve police immediately, a slight increase from the previous year at 29%. Approximately 32% of clients chose to store/freeze evidence kits for potential release to police later (returning to the usual one-third after a brief reduction last year).

71.2% of clients seen this year chose to complete a forensic exam, with 25.4% choosing to receive medical care only by the SANEs. This is consistent with previous years.



There has been no significant change in the number of known and unknown offenders. Known offenders such as a friend, relative, partner/ex-partner, person of power, or acquaintance, continue to comprise the majority, totaling at least 65.8% of all cases.

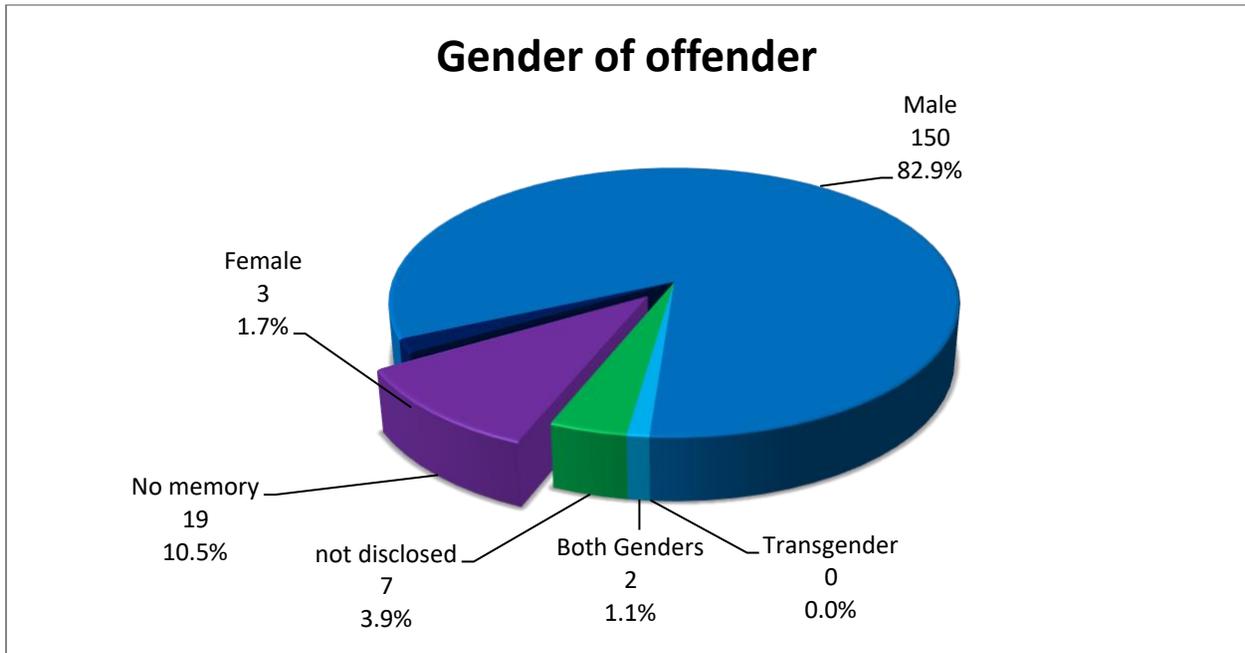
There have been fewer reports of domestic violence/intimate partner sexual assaults this year involving partners or former partners, comprising 17 reports or 9.4% of cases. Victims of domestic violence are less likely to report a sexual assault as a single occurrence and typically report with a violent physical assault by an ex-partner. Local emergency departments do not provide routine screening for domestic violence and the SANE Program provides response to domestic violence only when accompanied by sexual assault. Many programs have combined their services to include response to both sexual assault and domestic violence due to the correlation between the two.

The unknown offenders are not necessarily stranger assaults, but also include many assaults involving brief encounters, etc., in which some sort of relationship had been established, although otherwise unknown (met in a bar, met online for example). These assaults often involve drugs/alcohol and using a sense of trust as a tool to facilitate the assault.

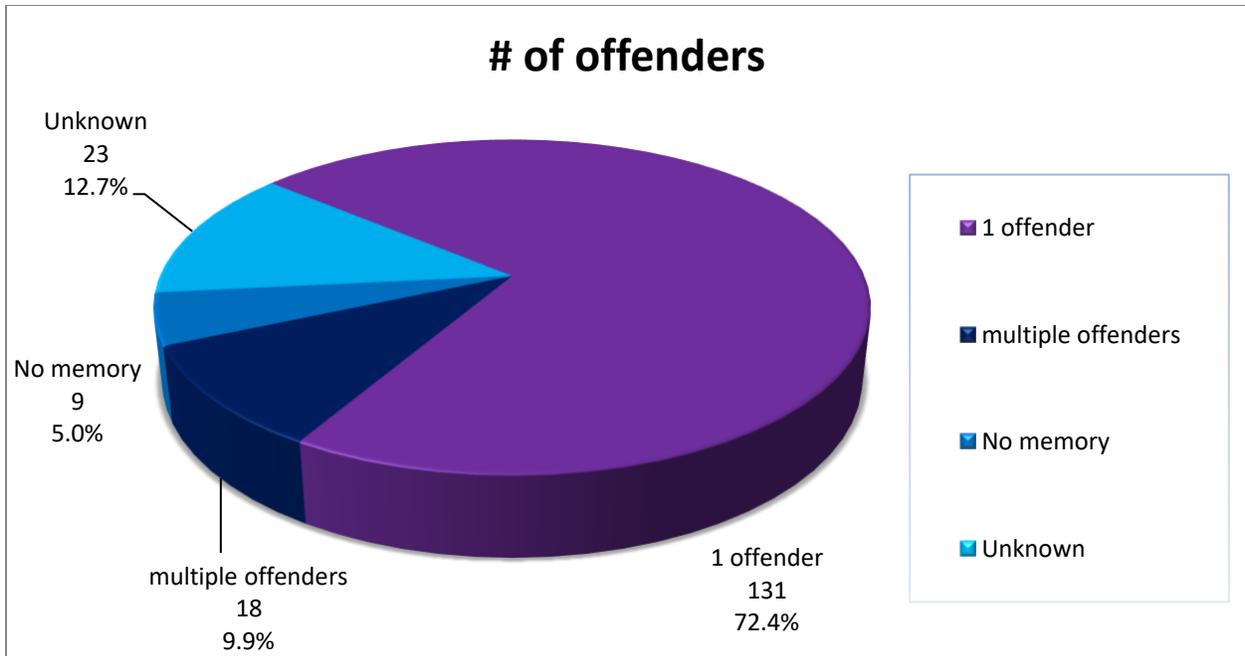
There were 40 reports of stranger assaults this year, several which involved multiple offenders, and include at least one known human trafficking case. These account for approximately 22.1% of all cases seen.

8.3% of clients had no recall of the offender, often consistent with drugging or alcohol intoxication. Some clients choose not to disclose information, or the information is not recorded by the SANEs, accounting for 3.9% of cases in the category not disclosed.

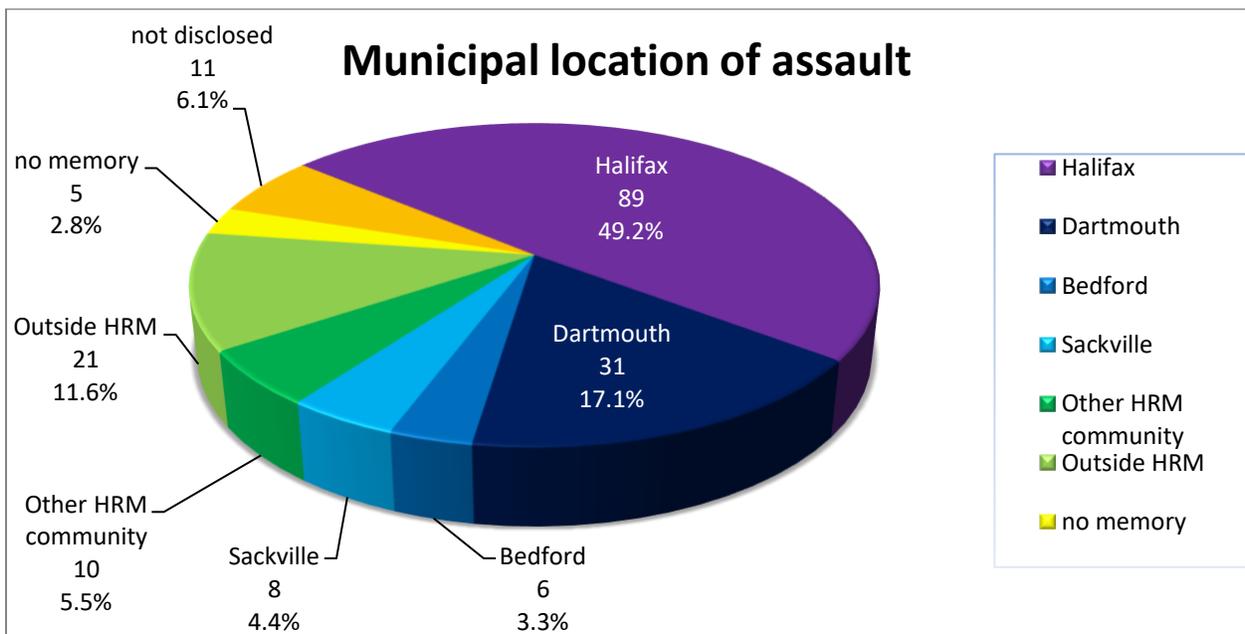
Consistent with a global picture of most offenders having established some sort of relationship with the client prior to the assault, the majority fell into this category.



Males comprised 82.9% of known/documented offenders. There were three female offenders reported, 1.7%. No transgender offenders were reported. It was reported in 2 cases that both males and females were involved as assailants. In 10.5% of cases had no memory of assault and therefore couldn't identify gender or number of assailant(s). This is often associated with a decreased level of consciousness (because of drug/alcohol related impairment for example) in many cases. Information was not disclosed by client in 7 cases, 3.9%.



Sexual assault is often an unwitnessed crime, committed by one individual. In 72.4% of cases seen, there was one offender involved, consistent with previous statistics. There were 18 reports of multiple offenders this year, comprising 9.9% of cases. Cases involving multiple offenders are often more violent assaults, often resulting in more physical injury.



Most assaults reported occurred in various communities around HRM (79.5%). 8.9% of clients had no recall or did not disclose this information. In 11.6% of cases the assaults occurred in communities outside HRM.

We continue to have a number of clients reporting who were assaulted in other areas of the province and reporting to the SANE program in Halifax as they were unable to access SANE services in their community.

As in previous years, the majority of reports are to the QEII (59.7%), and DGH (20.4%), comprising 80.1% of all reports to SANE. The percentage of clients seen at the IWK this year (13.3%) remains consistent with the previous year (13%). Although the majority of those under the age of 16 are seen at the IWK, there are some reports within the 13-15 year age group who report to our other service sites.

Most clients seen had some degree of injury. The injuries varied from minor to severe. Physical injury was not noted in all cases of sexual assault. Depending on the circumstances of the assault, time of report, and other variables with the client and offender, injuries may not be evident at the time of the exam or present in the client.

Everyone is at risk of sexual assault, however there are some factors that place individuals at greater risk. In many of those seen, the client had additional experiences which may contribute to vulnerability to being targeted for sexual assault. This may include mental health concerns, age, alcohol/drug involvement, homelessness, ethnicity, or other possible socioeconomic or contributing factors, for example.

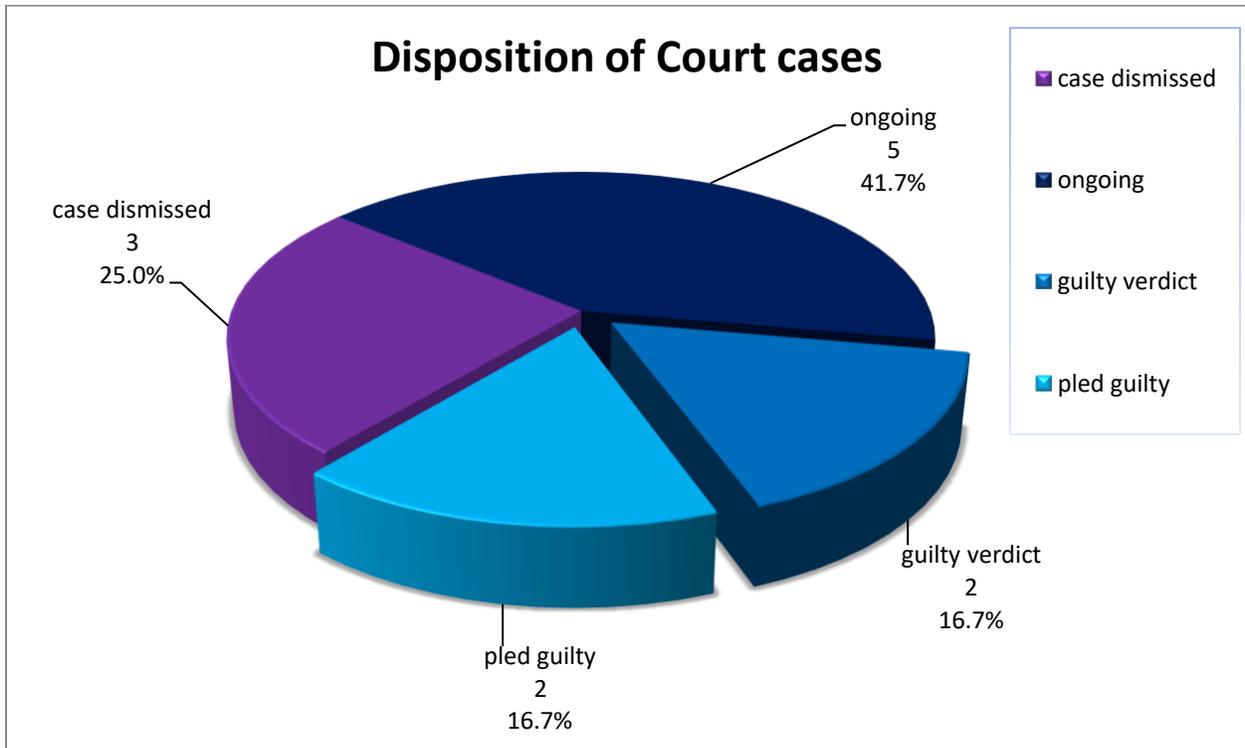
Alcohol is the most common substance used in drug-facilitated sexual assault. One of the most significant risk factors for sexual assault is the use of alcohol to facilitate sexual assault, or to sexually assault someone who has voluntarily used alcohol.

To add to the complexity of drug and alcohol-facilitated sexual assault, many of the clients have partial or complete memory loss about the assault, leading to an even greater reduction in disclosure/reporting rates, both for medical care and to police. Many clients disclose that they are reluctant to report because they were not able to recall the details of the assault, and in many cases, the offender. Additionally, those who consume alcohol under legal drinking age or consume illegal drugs are less likely to report due to fear of legal implications.

Criminal Justice Involvement

According to the Avalon SANE Program Evaluation Report of 2016, SANE related cases have a higher likelihood of charges being laid. Additionally, when charges lead to prosecutions and convictions SANE related cases where more likely to include

incarceration and sentences tended to be longer than in cases where there was no SANE evidence.



SANEs were subpoenaed 15 times during fiscal 2017-18, pertaining to 12 individual cases, spanning clients who were seen by SANE as far back as 2014, up until 2017. Seven (50.0%) cases are still in progress with no outcomes yet. Three cases were dismissed (21.4%), two defendants received a guilty verdict (14.3%) and two defendants pled guilty (14.3%). An interesting fact, no acquittals were recorded in any sexual assault cases involving SANE this year.

Of all court appearances, the majority took place within HRM (80%) however in three cases (20%) SANEs were subpoenaed to courts outside HRM.

Additionally, it is relevant to note that all pediatric (ages 12 and under) clients will continue to come to Halifax for care, so there will continue to be the circumstance of occasional clients from other areas utilizing the services of the Avalon SANE Program.

Staffing

The Avalon SANE program employs a full time SANE Coordinator and full time SANE Administrative Assistant. The Coordinator and Administrative Assistant are largely involved in administration of the program, as well as community education and engagement.

Additionally, there are approximately 15 active on-call contract SANE's on the roster at any time, who provide immediate response to victims/survivors 24/7.

As of November 2017, Susan Wilson has transitioned from Avalon SANE Coordinator to NSHA Provincial SANE Coordinator. Chantelle Murphy has become Avalon's new SANE Coordinator.

Community Involvement

The province remains committed to a sexual violence strategy for Nova Scotia. Avalon staff, including the SANE Coordinator, have attended several meetings and sit on several committees with these goals paramount, as well as participating in ongoing discussions about improved sexual assault services across the province.

The SANE Program has always been committed to community involvement and provides education sessions, principally focused to medical or legal audiences, about the SANE Program, sexual assault response and examination, alcohol/drug facilitated sexual assault, trauma informed response and sexual assault trauma to specialized groups and learners. Education sessions/lectures were provided by the SANE Coordinator to medical residents and students, nursing staff, as well as information and educational sessions to community groups, new staff and SANE's.

The SANE Coordinator is involved in a number of community committees and chairs the Halifax Sexual Assault Response Team (HSART). This committee includes members from the Avalon Centre, Halifax Regional Police, RCMP, NS Public Prosecution Service, NS Department of Justice Victims Services, Halifax Regional Police Victims Services, RCMP Victims Services, SIRT, CDHA Emergency Department and CDHA Forensic Sexual Behaviour Program. The committee has an established formal protocol for sexual assault response and works to address the issue of sexual assault through a shared goal of raising awareness and improving our response to persons who have been sexually assaulted.

Community collaboration remains a crucial aspect of the SANE Program. The Coordinator continues to meet with many community partners with a shared goal to exchange knowledge and ideas to aim to improve response to sexualized violence. Specifically this year, The SANE Coordinator has been requested, and has agreed to sit as member of the Eastern Shore – Musquodoboit Valley Sexual Assault Response Team (ES-MV SART) with the shared goal of improving sexual assault services to rural areas of the Halifax Regional Municipality.

Other ongoing involvement of the SANE Coordinator includes: IWK Seastar Child and Youth Advocacy Centre Steering Committee, NS Sexual Violence Network committee, as well as active membership in the International Association of Forensic Nurses and Canadian Forensic Nurses Association.

Professional Development- SANE Retention

The SANEs are committed to ongoing professional development and attend education sessions regularly, including community resource education sessions, conferences and regular SANE monthly meetings. Two SANEs were able to attend the International Association of Forensic Nurses (IAFN) Conference, which was held in Toronto this year, with then-coordinator Susan Wilson. This is our international professional body of forensic nurse professionals and provides an opportunity for the SANE's to share important knowledge and practice related to sexual assault and forensic nursing and incorporate evidence-based strategies into our nursing practice, ensuring a high standard of care is maintained.

SANE retention is a challenge for most SANE programs both in Canada and the United States due to high staff turnover requiring ongoing training and support to new team members on a regular basis. The nature of the care that SANE's provide can be challenging for many individuals over the long term, and factors such as vicarious trauma and compassion fatigue are real concerns for the contract nurses. Avalon has a higher retention rate than other programs due to our best practice of having SANEs respond in pairs and due to our commitment to ongoing professional development and addressing vicarious trauma and burnout. Avalon is attempting to address these issues by providing additional opportunities for the SANE's to meet and discuss case concerns, as well participating in team building events. We value the day to day contributions of all the SANE team members and are striving to address retention and the loss of expertise to the team when experienced SANEs leave the work.

Moving Forward

Additional education to service providers within our response sites will be a focus in the 2018/19 fiscal year. Ongoing education with SANE partners needs to continue, with emphasis on the emergency departments at the 3 NSHA sites, to gain a better understanding of the SANE role.

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

We have identified that although SANE services are a large part of the continuum of care for survivors of sexual assault, they cannot be the only support. We recognize that there needs to be full spectrum of care for these individuals specifically, access to the crucial

mental health supports that are integral to a trauma informed response. We remain committed to making this vision of accessible trauma informed, sexual assault services a reality for everyone in Nova Scotia.