



2018-2019 Year End Report: SANE

About the SANE Program

The Avalon Sexual Assault Nurse Examiner (SANE) Program provides immediate response to sexual assault victims/survivors requiring medical/forensic/supportive care. Now in its 19th year, the program provides SANE response to 4 health centres within Halifax Regional Municipality: QEII Health Sciences Centre, Dartmouth General Hospital, Cobequid Community Health Centre, and IWK Health Centre for Women, Children, and Families. The SANE Program is funded by the Nova Scotia Department of Health and Wellness through the District Health Authority (IWK).

A Sexual Assault Nurse Examiner (SANE) is a registered nurse with advanced training and education in sexual assault examination and treatment, including medical and forensic examination of sexual assault victims. The SANE Program provides emergency response to all ages and genders within 120 hours (5 days) of a sexual assault.

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

Clients are offered the following choices:

- 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

The option to store evidence for potential release to police at a later date is an empowering and valuable one to individuals who have experienced sexual assault, allowing them additional time to consider their options and make a decision about reporting to police if and when they feel better positioned to do so.

The SANE Program regularly receives calls from clients and service providers (i.e. emergency departments, police, family physicians, community organizations) with requests to provide direct care, assistance or advice regarding care or follow-up, or education for service providers or other groups. In addition to the 152 clients seen in the

hospital by the SANEs, the program also provided immediate response to 142 individuals through information calls from clients/survivors or service providers regarding immediate sexual assaults throughout the year, totaling 294 direct care contacts, and just under 1000 hours of direct nursing care. This does not take into consideration time spent by Program Coordinator and/or Administrative Assistant when SANEs call for advice or information during a case or information call.

Staffing

The 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 involvement.

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.

Susan Wilson, Avalon SANE Coordinator, continues secondment to NSHA Provincial SANE Program as Provincial SANE Coordinator. Chantelle Murphy continues in the SANE Coordinator position at Avalon, on secondment from the IWK.

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 NSHA Provincial SANE Coordinator is currently facilitating the expansion of community-based SANE programs across the Eastern and Western zones of the province. The Avalon SANE Coordinator is participating in the training and co-facilitating various education sessions for nurses in both the Eastern and Western Zones. These programs are operational, with Western Zone expansion in the Valley and South Shore ongoing. The Provincial SANE program is ever expanding and at the time of writing, the expansion of services into the Northern Zone has been initiated. We look forward to continued involvement as these services are implemented.

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, 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, 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.

Avalon, along with individuals and community organizations from across NS, has formalized a partnership to address the issue of sexualized violence. The Nova Scotia Sexual Violence Network provides a provincial approach to strengthen community-based responses across the province, and to support and build local capacity. The SANE Coordinator holds an active role within the Network.

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. The SANE Coordinator also meets regularly with other SANE Coordinators across the province to support and strengthen practice, address concerns, and share ideas.

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. One SANE was able to attend the International Association of Forensic Nurses (IAFN) Conference, which was held in Nevada this year, with coordinator, Chantelle Murphy. 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.

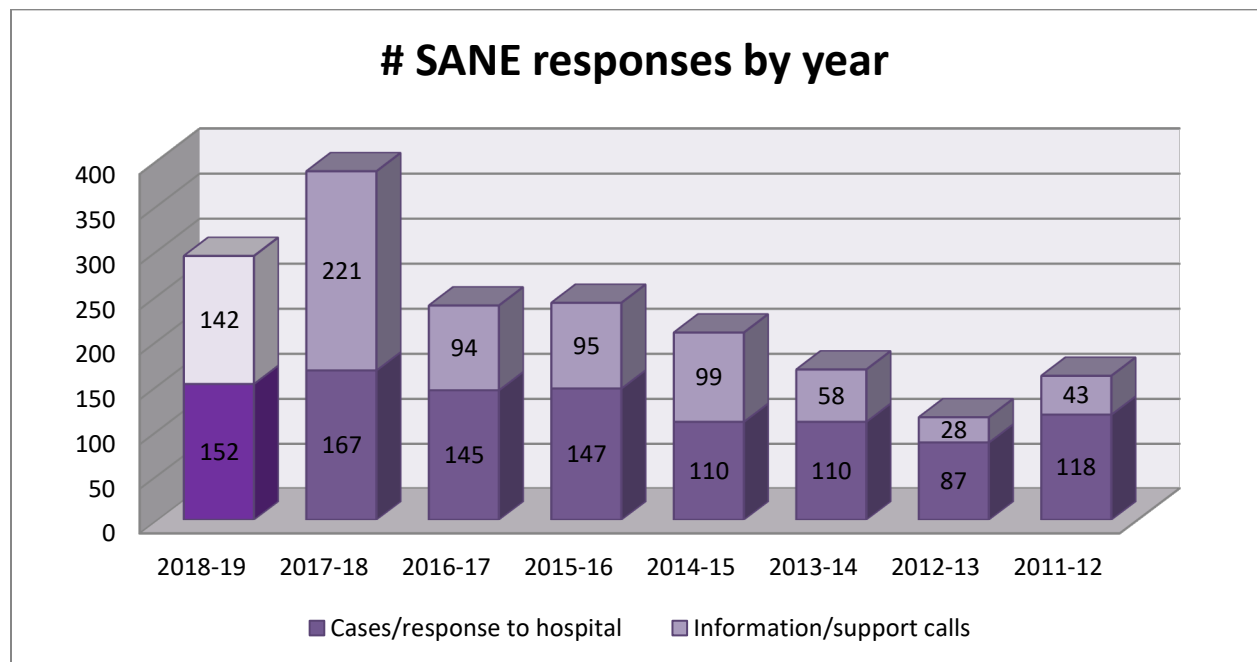
The SANE Coordinator earned SANE-A Certification in 2018. Designation as a SANE-A signifies that a sexual assault nurse examiner has demonstrated the highest standards of forensic nursing practice as recognized by the International Association of Forensic

Nursing. There is currently one other member of the SANE on Call team that maintains this certification. There has been encouragement and support offered to team members who wish to obtain certification in future.

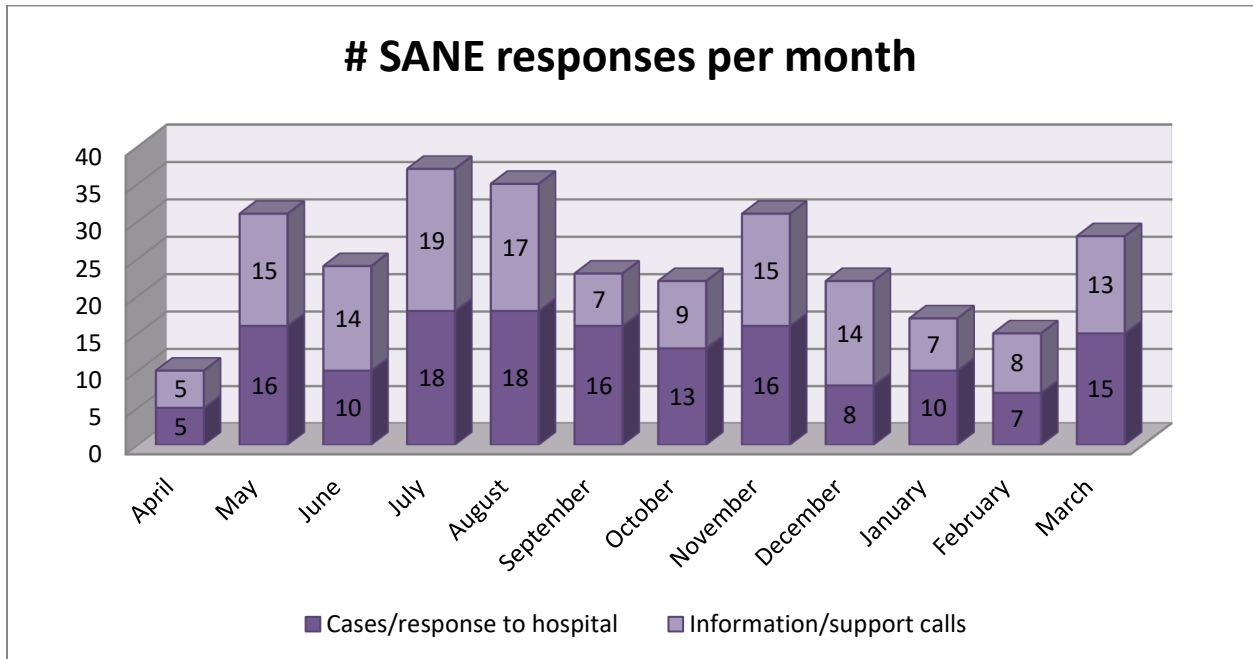
SANE retention remains an ongoing challenge, with high staff turnover requiring ongoing training and support to new team members on a regular basis. The nature of the care that SANE’s provide can be challenging for many individuals over the long term, and factors such as moral injury and compassion fatigue are real concerns for the SANEs. Avalon is attempting to address these issues by providing additional opportunities for the SANEs to meet and discuss case concerns, as well participating in team building events. SANE retention is a challenge for most SANE programs both in Canada and the United States for the reasons stated above, however 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.

Service Delivery and Trends

Direct medical/forensic response was provided to 152 clients this year. Additionally, assistance was provided by phone to 142 clients and healthcare professionals regarding acute sexual assault for a total of 294 immediate response calls from the SANE’s. This was a decrease from the large spike in response we saw in 2017-2018. These statistics are consistent nationally. An evaluation done by Statistics Canada, noted that reports of sexual assault nationwide in 2017-18 were significantly higher than in previous years. This has been attributed to the Me Too Movement.



Speaking to the spike in service requests in 2017-18 and attributing this to the Me Too Movement. We can see that media attention to the societal plague that is sexual assault has lessened to a degree, so too have the reported cases of sexual assault. Important to note however, that we have not returned to fewer reported cases than in the years prior to this media attention. We are consistent and slightly increasing with respect to previous years.



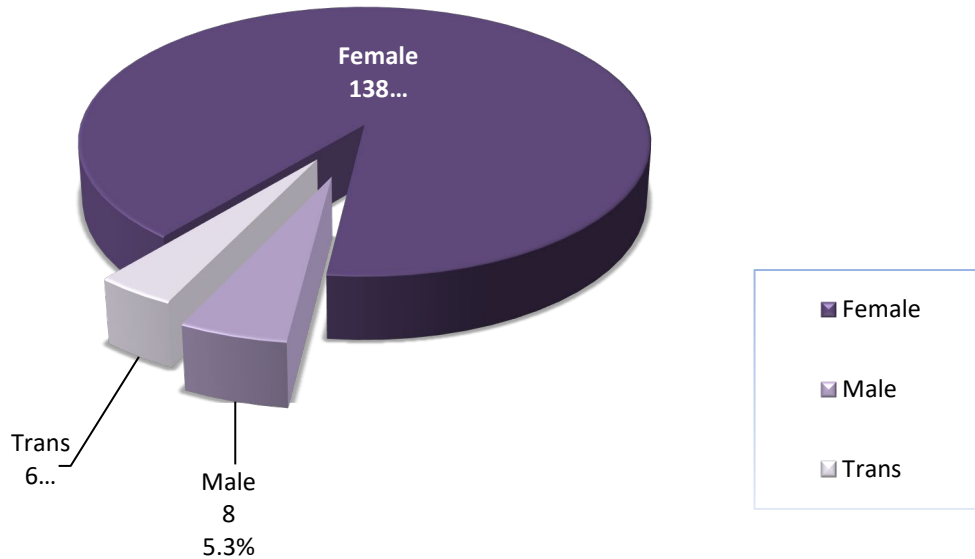
Although we typically see an increase in number of clients reporting to us overall during the warmer months, this is the third year in a row where we saw a relatively stable number throughout the year. As in previous years, there is no correlation between the type of assault reported and the month, i.e., these numbers are not largely associated with university students, attending bars, campus sexual assaults, or specific holidays, but are a combination of scenarios, age groups, and dynamics throughout the year.

As a program, we are continuing to experience budgetary constraints as we have not received an increase in our operating budget since 2015, while our operating costs continue to rise. We will be unable to look at any type of expansion of services for the Avalon SANE program under our current financial position.

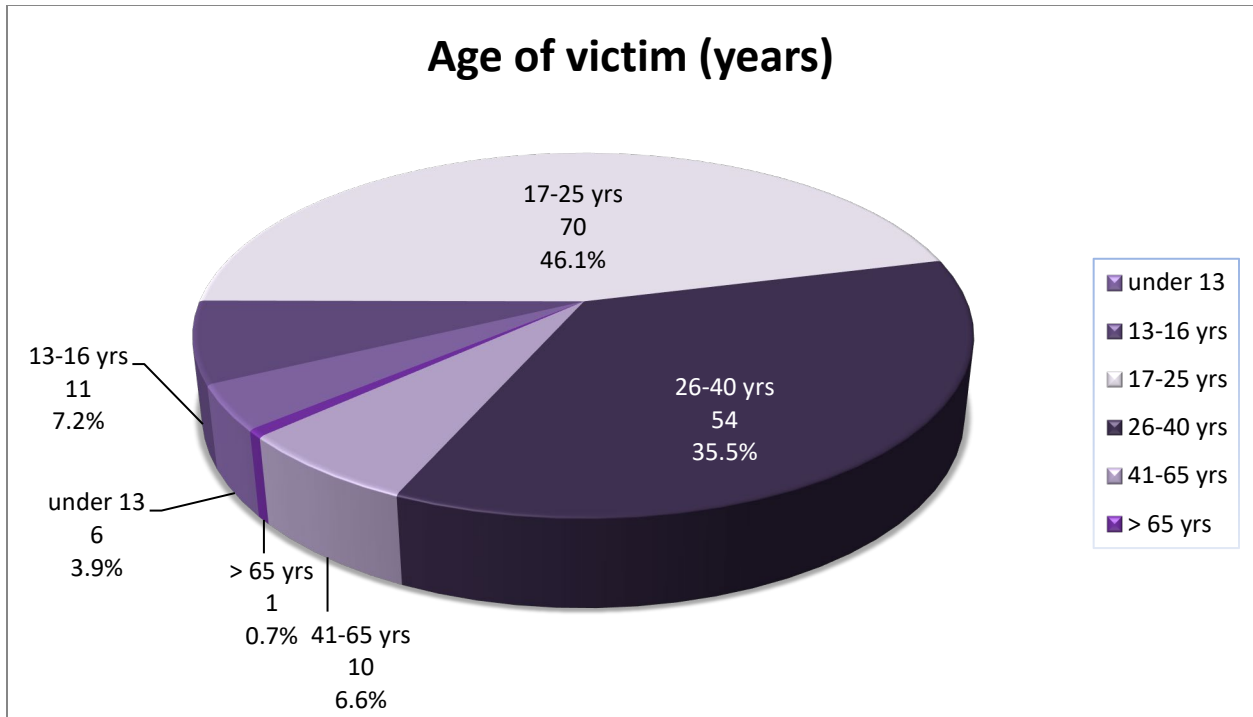
Detailed Stats for SANE Service Requests from 2012-13 to 2018-19

Month	2018/19		2017/18		2016/17		2015/16		2014/15		2013/14		2012/13	
	Cases	Info Calls	Cases	Info Calls	Cases	Info Calls	Cases	Info Calls	Cases	Info Calls	Cases	Info calls	Cases	Info calls
April	5	5	9	15	15	6	16	6	7	6	9	2	8	2
May	16	14	15	24	12	8	11	4	8	3	8	6	9	4
June	10	14	8	13	13	9	12	6	11	23	11	6	10	2
Q1	30	33	32	52	40	23	39	16	26	32	28	14	27	8
July	18	19	20	20	15	9	14	5	10	11	10	6	10	1
Aug.	18	17	14	20	13	13	11	8	7	7	16	4	9	1
Sept.	16	7	16	29	9	6	14	15	16	8	12	7	7	7
Q2	52	43	50	69	37	28	39	28	33	26	38	17	26	9
Total to date	82	76	82	121	77	51	78	44	59	58	66	31	53	17
Oct.	13	9	16	19	17	9	15	13	7	6	9	3	6	6
Nov.	16	15	11	18	15	11	13	13	11	6	5	1	4	1
Dec.	8	14	13	13	8	4	8	5	9	12	1	0	6	1
Q3	37	38	40	50	40	24	36	31	27	24	15	4	16	8
Total to date	119	114	122	171	117	75	114	75	86	82	81	35	69	25
Jan.	10	7	16	19	11	10	11	7	7	3	3	9	5	1
Feb.	7	8	18	18	9	4	10	11	7	8	13	8	8	2
Mar.	15	13	11	13	8	5	12	2	10	6	13	6	5	0
Q4	33	28	45	50	28	19	33	20	24	17	29	23	18	3
Total peds cases	5		3		3		5		2		4		1	
Total info calls	142		221		94		95		99		58		28	
Total cases	152		167		145		147		110		110		87	
Total client serv.	294		388		239		242		209		168		115	

Gender of victim

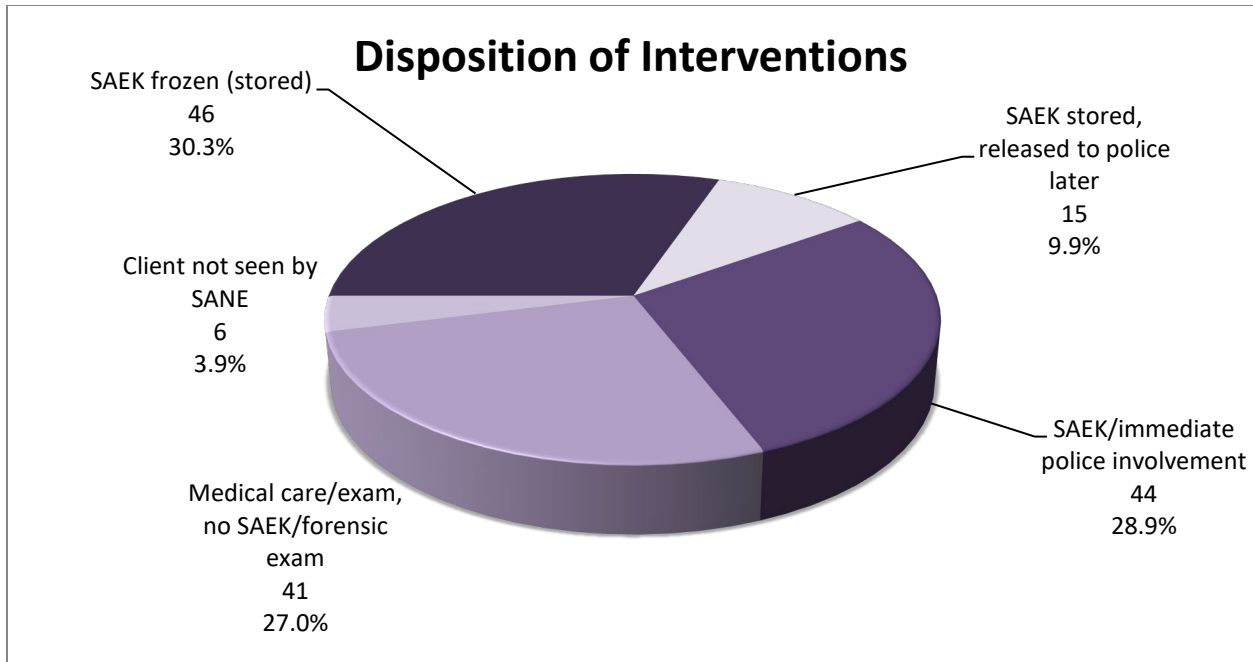


A total of 147 adult/adolescent exams and 5 pediatric (pre-pubescent) exams were completed for a total of 152 sexual assault clients seen by the SANE Program this fiscal year. A total of 138 clients seen identified as female (90.8%), 8 males (5.3%), 6 individuals identifying as transgender (3.9%). No persons identifying as non-binary, or non-binary trans were seen. These numbers are consistent with previous years, with 90-95% of reports female, and around 3% transgender or non-binary. The number of male clients seen has increased from the previous year.



The age range of clients seen this year was 4 to 71 years. Those in the age range 17-25 category remain the highest number of individuals seen, consistent with all previous years at almost half of the total number of clients seen. Nearly a third of those reporting this year are in the 26-40 age range, up from around one quarter last year. These age groups combined, ages 17-40, comprise 81.6% 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 this year, 7.2% compared to 12.2% last year and 17% the previous year. Those under 13 have increased slightly to 3.9%, up from last year's 2.8%.

Note: SANE response to the pre-pubescent population is within 24 hours of the abuse, not 120 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.



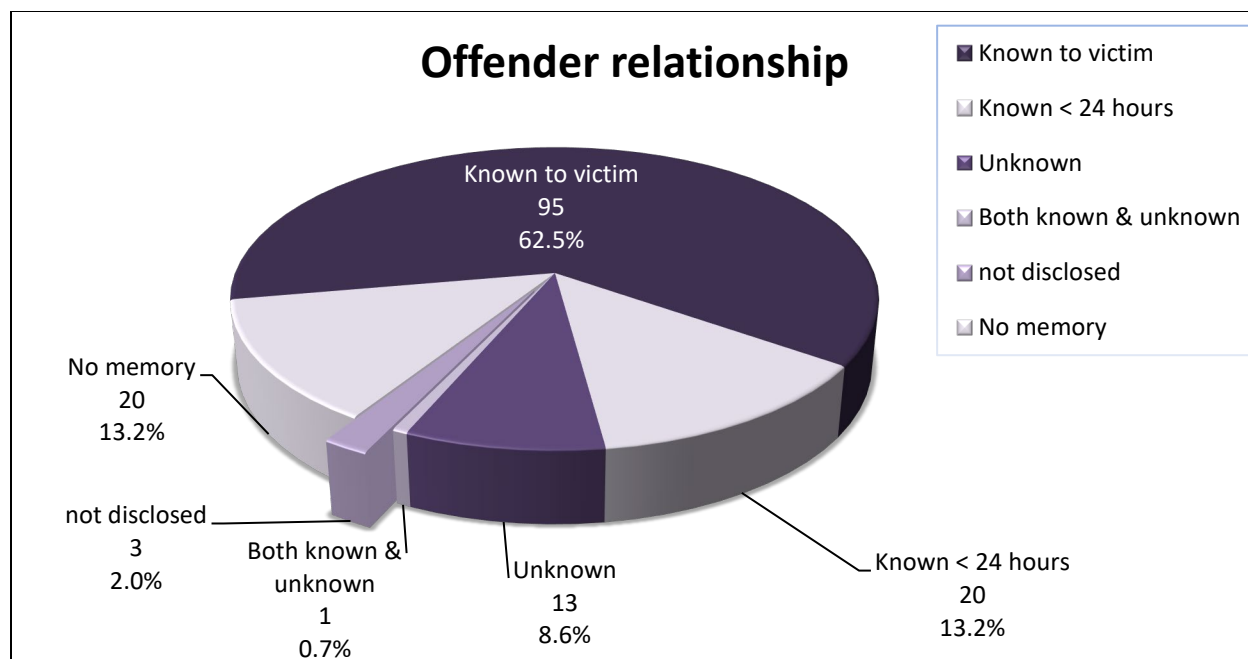
During a response, the SANEs offer choices to clients following an immediate sexual assault. These include:

- 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

29.1% of clients seen chose to complete a sexual assault examination kit (SAEK) with evidence collection and involve police immediately. Approximately 40.2% of clients chose to store/freeze evidence kits for potential release – with almost 10% of individuals choosing to do so.

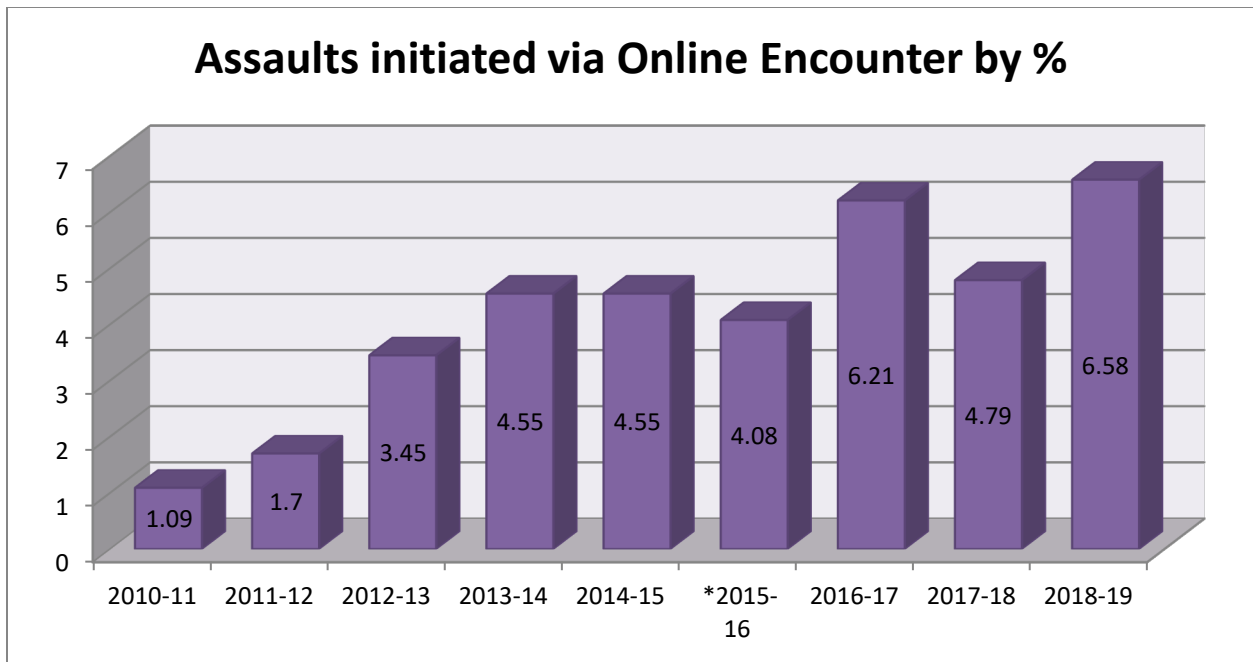
69.1% of clients seen this year chose to complete a forensic exam, with 27% choosing to receive medical care only by the SANE's.

These statistics are consistent with previous years data.



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 62.5% of all cases.

There have been the same number of reports of domestic violence/intimate partner sexual assaults this year involving partners or former partners, comprising 17 reports or 11.2% of cases. These numbers are low in comparison to the actual incidence of intimate partner violence assaults; however, reporting is known to be low in this population. Victims of intimate partner 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 currently provide routine screening for domestic violence and the SANE Program provides response to domestic violence only when accompanied by sexual assault. Many SANE programs, elsewhere in Canada and the United States, have expanded their services to include response to both sexual assault and intimate partner violence due to the correlation between the two.



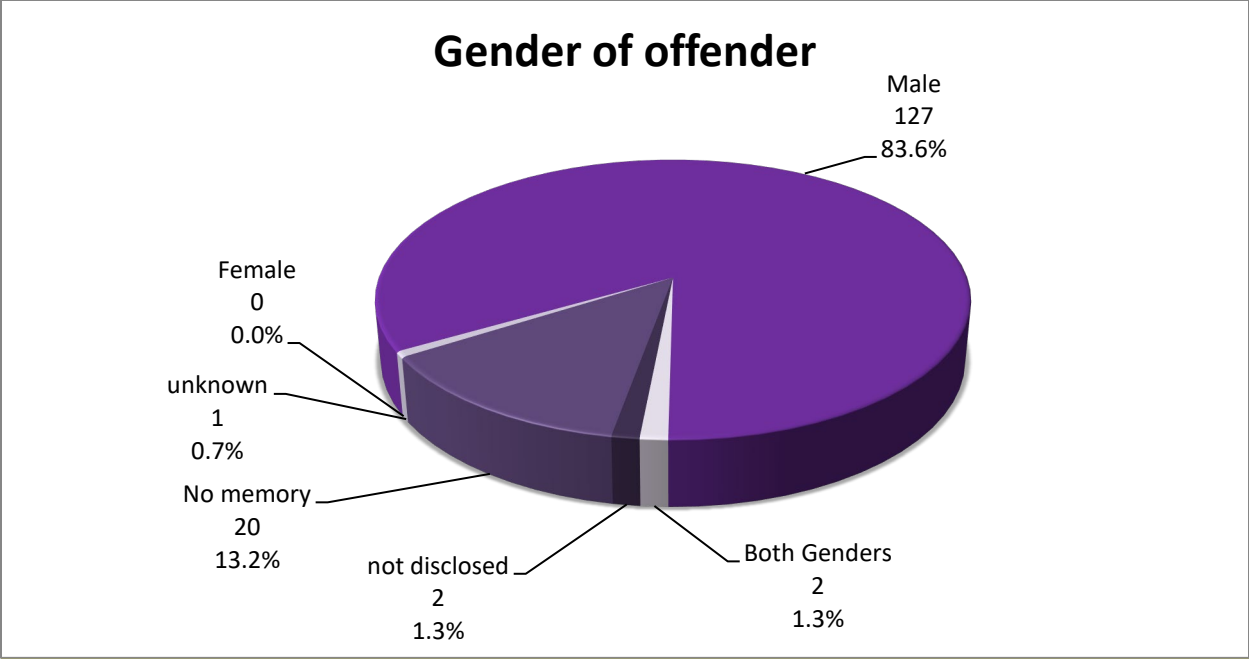
** note, data incomplete for fiscal 2015-16

The unknown offenders are not necessarily stranger assaults, but also include a large number of assaults involving brief encounters, etc., in which some sort of relationship had been established, although otherwise unknown (met in a bar, met online). In the graphic above, for example, what we can see the trend of clients meeting their assailant via online encounter has increased significantly in the last decade. This corresponds with the general increasing popularity in our culture of online dating as a way for people to meet. These assaults often involve drugs/alcohol and using a sense of trust as a tool to facilitate the assault.

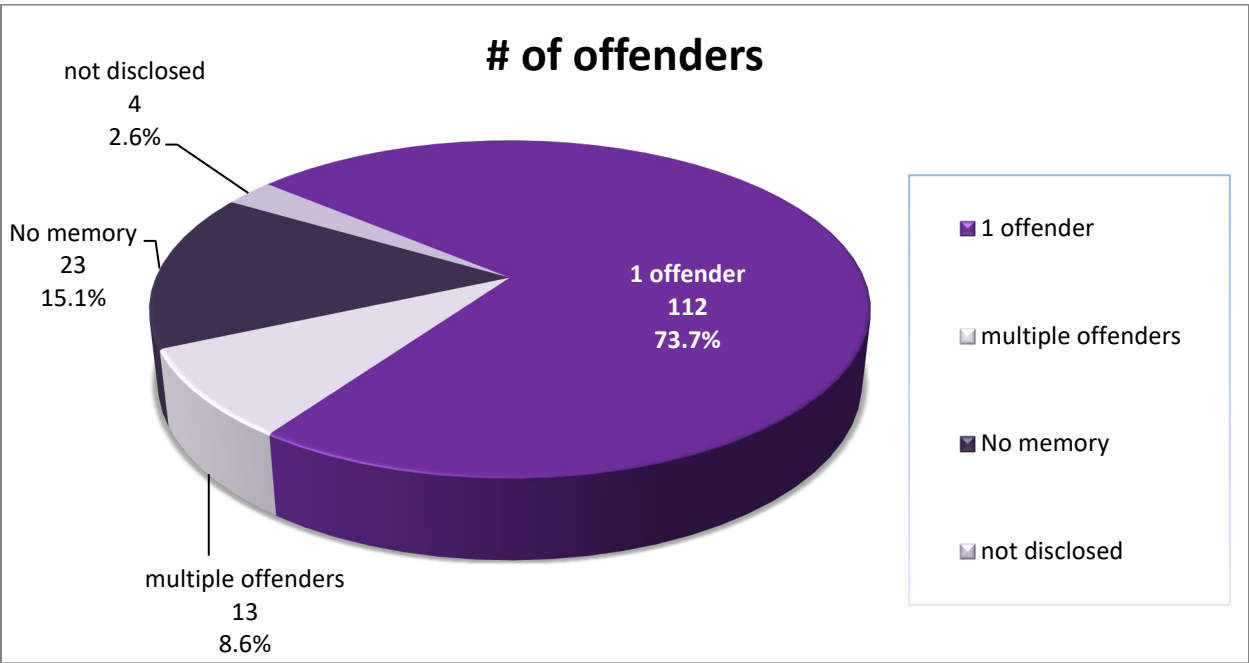
There were 13 reports of stranger assaults this year, this is consistent with previous years. These account for approximately 8.6% of all cases seen. Our data continues to dispel the societal myth of the stranger assault – as most assaults are perpetrated by someone known to the client.

13.2% 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 2% 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.

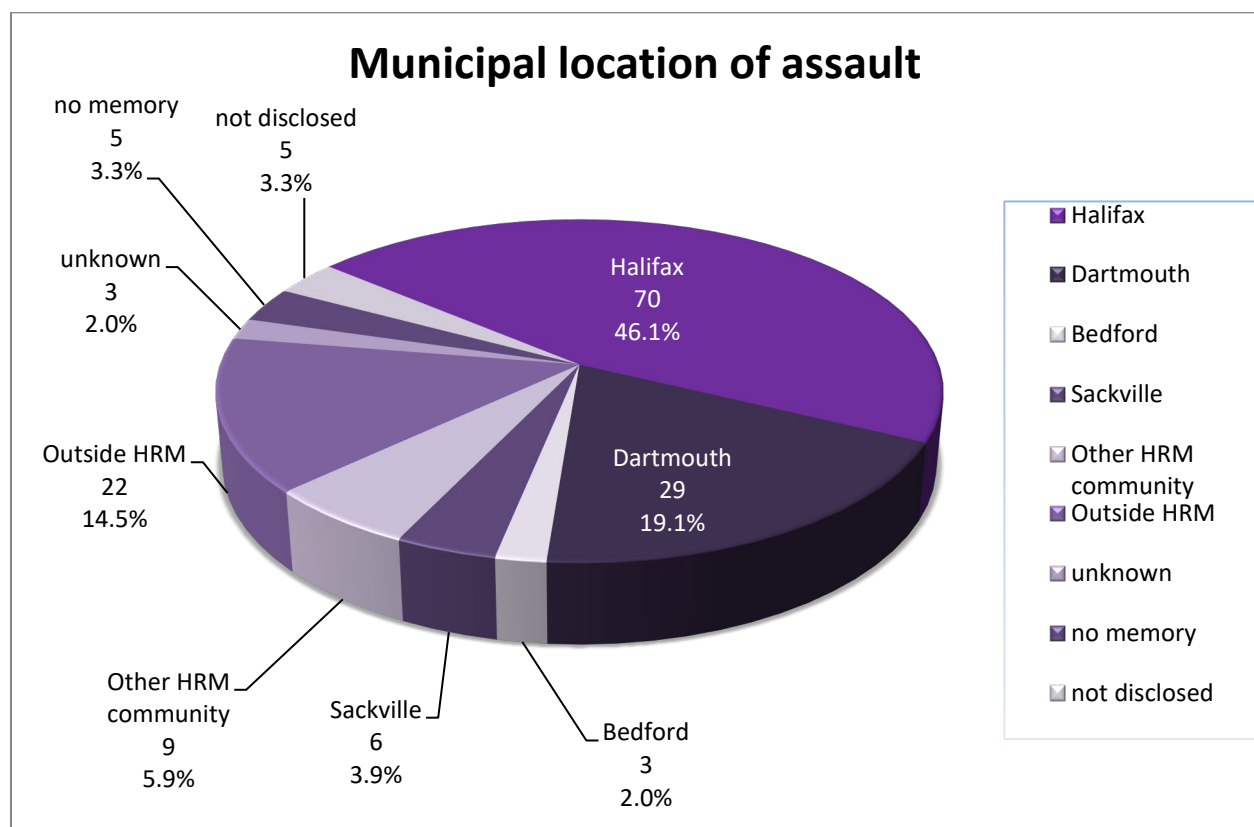


Males comprised 83.6% of known/documented offenders. No female or transgender offenders were reported in instances with a single assailant. It was reported in 2 cases that both males and females were involved as assailants. In 13.6% of cases, clients had no memory of assault and therefore couldn't identify gender or number of assailant(s). This is often associated with a decreased level of consciousness (as a result of drug/alcohol related impairment for example) in many cases. Information was not disclosed by client in 2 cases, 1.3%.



Sexual assault is often an unwitnessed crime, committed by one individual. In 73.7% of cases seen, there was one offender involved, consistent with previous statistics. There were 13 reports of multiple offenders this year, comprising 8.6% of cases. Cases involving multiple offenders are often more violent assaults, often resulting in more physical injury.

17.8% of cases had no memory, undisclosed, or not reported, consistent with the previous year. Lack of memory regarding the events is an ongoing issue, as the correlation between memory loss and a suspected drug facilitated sexual assault is strong. It raises the question as to whether DFSA is on the rise. We do not have enough data at this time to make a determination, however we will continue to monitor.



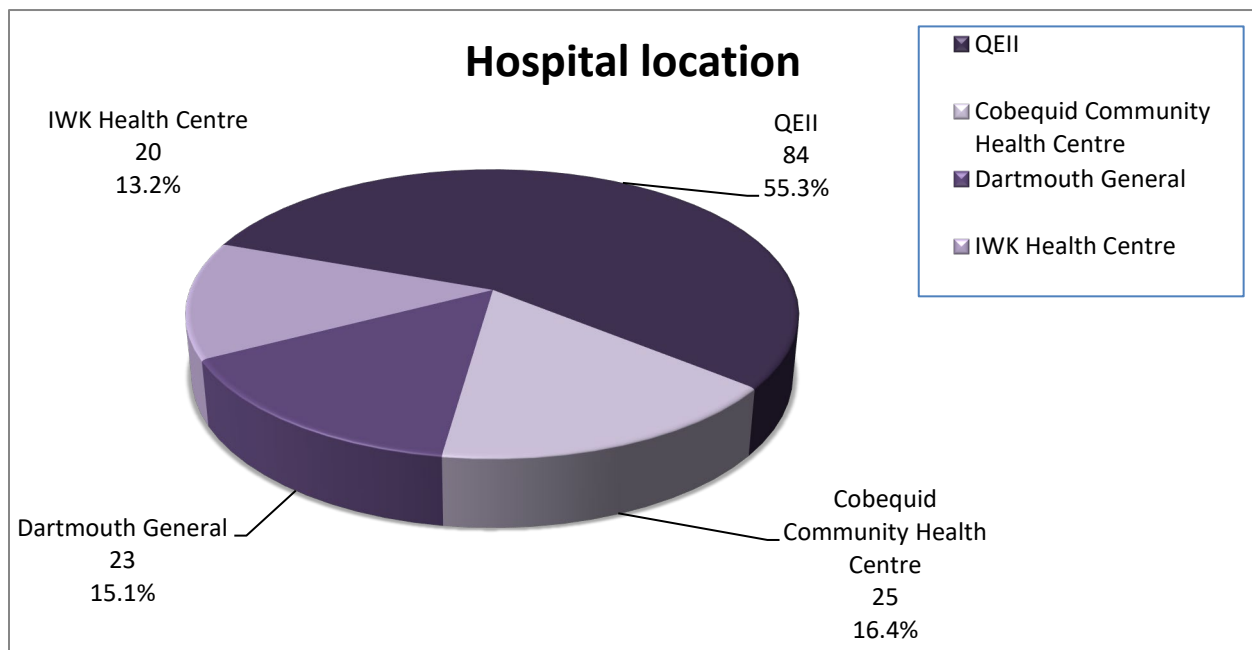
The majority of assaults reported occurred in various communities around HRM (77%). 6.6% of clients had no recall or did not disclose this information. In 14.5% of cases the assaults occurred in communities outside HRM. In 3 cases, 2%, clients did not know where they were in when the assault occurred.

The SANE Programs in Nova Scotia are the following:

- Avalon (HRM)
- AWRCASASA (Antigonish, and surrounding communities)
- Every Woman’s Centre (Eastern Zone – Sydney, Cape Breton)

- Tri-County Women’s Centre (Western Zone, Yarmouth)

At the time of writing Tri-County has hired and trained SANE’s for the South Shore, and Annapolis Valley response sites, and expect to go live soon. It will be interesting to see if these responses will impact the Avalon response. Important to note that although Northern Zone expansion is planned, there is no team/s in place yet, and as we see several clients each year from Colchester County and surrounding areas, we do not expect to see a shift in Avalon’s client numbers until this area becomes services by a dedicated SANE program.



As in previous years, most clients present for care at the QEII (55.3%). The rest of clients are split fairly evenly between our response sites with DGH (15.1%), COB (16.4%). Clients seen at the IWK this year (13.2%), remains consistent with the previous year (13.3%).

The majority of clients seen had some degree of injury, ranging from bruising, abrasions, swelling, pain, tenderness, lacerations, fractures, bitemarks, strangulation, and head injuries (blunt force injuries). The injuries varied from minor to severe. Physical injury was not noted in many 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.

Many clients experience genital trauma following sexual assault; however it is not uncommon to note no significant genital trauma. This is due to the elasticity of the tissue

in this region, time between the assault and reporting, as well as a variety of individual factors related to the client and offender. It is important to note that colposcopic genital examination (magnification) is not performed within this program, therefore it is difficult to visualize all injury. It can be inferred that there would be 'no injury noted' findings in significantly fewer clients seen with this technology, per other research findings with colposcopic examination.

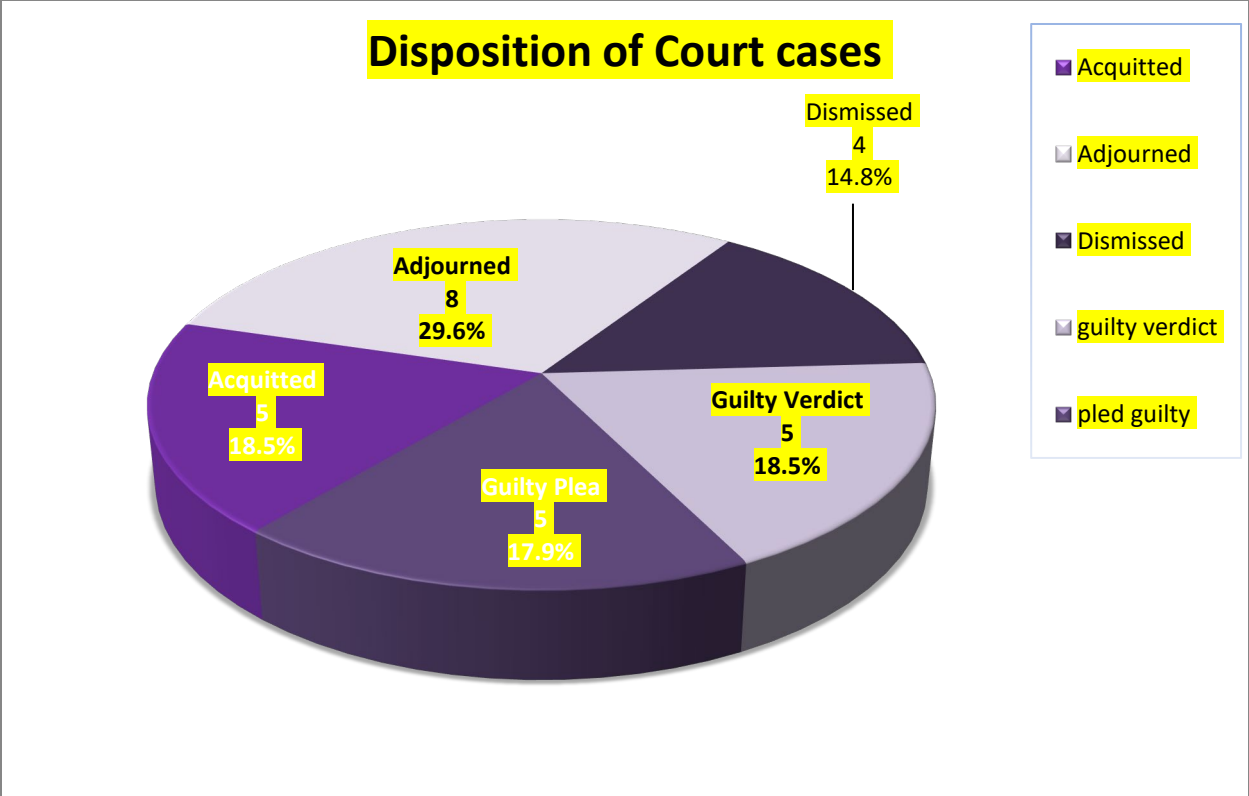
Everyone is at risk of sexual assault, however there are some factors that place individuals at greater risk. In many of those seen, the client had additional risk factors which may contribute to vulnerability to experience sexual assault. Risk factors may include mental health concerns, age, alcohol/drug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

One of the most significant risk factors for sexual assault continues to be the use of alcohol by the client or the offender. Alcohol is the most common substance used in drug-facilitated sexual assault.

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 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.

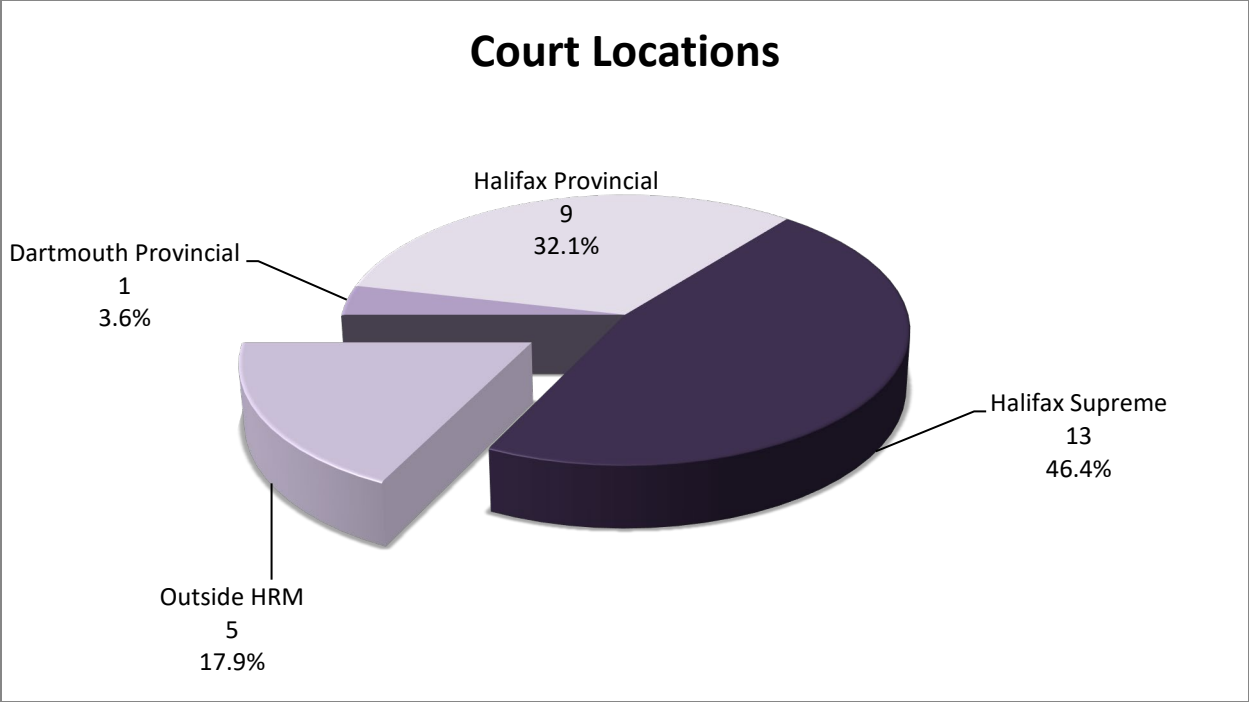
Criminal Justice Involvement

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



SANEs were subpoenaed 48 times during fiscal 2018-19, pertaining to 27 individual cases, spanning clients who were seen by SANE as far back as 2014, up until 2018. Two of those subpoenas are not going to court until next fiscal year.

Seven (29.6%) cases are still in progress with no outcomes as yet. Four cases were dismissed (14.3%) three due to “no realistic prospect of conviction” because of the victim withdrew their participation and one which was resolved by a Peace Bond. Five defendants received a guilty verdict (17.9%) and two defendants pled guilty (7.17%). The accused was acquitted in six cases (21.4%), at least one of which we have been made aware that the Crown intends an appeal.



Of all court appearances, the majority took place within HRM (82.1%) however in five cases (17.9%) SANEs were subpoenaed to courts outside HRM, once case each to Port Hawkesbury, Pictou, Shubenacadie, Windsor, and Bridgewater.

The SANE expansion may reduce outside court cases to some extent, as these clients will be more likely to be seen by SANE teams in their areas. That being said, with the abundance of small communities in Nova Scotia, clients may still choose to come to HRM, where it is less likely they will be treated or seen by someone they know, so it is difficult to predict the impact the expansion will have.

It should be noted regarding the above cases: Pictou and area is already serviced by the Antigonish Women’s Resource Centre’s SANE Program, the nearest of their sites being Aberdeen Hospital in New Glasgow. Shubenacadie, currently has no local SANE response, unknown if this area will be covered under the provincial expansion into the Northern Zone.

Additionally, it is relevant to note that all pediatric (ages 12 and under), and prepubescent 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.

Thus, it is to be expected that the Avalon SANE Program will continue to provide expert testimony throughout the province in the future.

2018-2019 Trends and Concerns

This year we have seen a high number of clients with mental health concerns and repeat victimization. Although it is known that perpetrators will target those in vulnerable situations, these numbers remain significant and pose a great concern for us. These clients are also at increased risk for multiple health sequelae and more difficult recovery.

Of significant impact to the SANE program is the closure of the waitlist for counselling at the Avalon Sexual Assault Centre. An integral part of the SANE response beyond providing the initial medical forensic care as appropriate, is the discussion SANE's have with clients around support. The messaging from SANE to our clients, is consistently, "You have experienced a trauma, and you may need help and support to begin to heal from these events." The SANEs in particular are finding it challenging to not be able to refer client's to Avalon for counselling, as the SANEs are very well aware of the expertise of a trained trauma therapist, and the huge difference it makes for clients to be able to access these services.

We continue to receive several consults to respond or reports of need to respond outside of our mandate, beyond our response time of 5 days post assault, area (community space, outside of hospital), or client population (intimate partner violence for example). We are currently not adequately resourced to meet these requests. In these cases, SANE was unable to respond to meet the client's needs, resulting in emergency department staff providing this care or, we fear in some cases, the client not reporting. Appropriate response to meet these needs is required.

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

Moving Forward

We have identified a real need for a community based SANE response. We feel that a response that can occur outside of a hospital is a financially responsible option. Most SANE clients do not need the services of an emergency room. To begin seeing appropriately triaged clients in a community site rather than at an already overburdened hospital ER just makes good sense, both from a financial standpoint, but more centrally, clients can be seen in a specialized environment that provides privacy, safety and certainty that their needs are a first priority for all staff/SANEs. We are in the preliminary stages, determining what a clinic type response would look like, what clients would be appropriate to be seen in such an environment, which clients would continue to require assessment/treatment in an emergency room, as well as factoring the costs of expanding our existing SANE response.

We recognize a need for increased services for victims of intimate partner violence, and see that SANE could play a larger part in care for these individuals. In the same way that SANEs provide nonjudgmental trauma informed care for our existing clients, so too could we provide a similar level of service for this population, and additionally as SANE nurses have experience and training in forensic evidence collection, could easily expand to the role of FNE or Forensic Nurse Examiner, to provide appropriate care for these individuals. There have been preliminary conversations regarding the need for this type of response in HRM's emergency rooms.

Additional education to service providers within our response sites will be a focus again this year. Ongoing education with SANE partners will continue, with emphasis on the emergency Departments at the 3 NSHA sites, in light of turnover in staff, to gain a better understanding of the SANE role.

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

Our program continues to receive many requests for information and assistance from outside the Halifax area regarding immediate care of sexual assault victims and assistance with completion of sexual assault evidence kits, as well as guidance for implementation of SANE Programs in other areas within the province. The expansion of SANE response throughout the province has been exciting to witness, and we look forward to watching the expansion into the Northern Zone.

With the closure of the counselling waitlist due to increasing demand for service, it has become clear that while SANE is an essential service, we cannot go it alone. We recognize that while the immediate care of the sexual assault client is important, equally important is the need for ongoing support. SANE is a beginning, we often say to clients 'You are taking a brave first step, just by being here.' Accessing SANE services is a healthy choice, and clients need options for ongoing support so that they may continue to make these choices that promote their health and wellbeing.

Our commitment to accessible, trauma informed sexual assault services in our communities, remains.

Conclusion

We are continuing to work hard. We want to continue to provide the best care possible for our clients. Through continuing education, community collaboration, and maintaining partnerships with other service providers, the SANE program strives for open communication and dialogue to improve services and access to services throughout the

province. Only through working together can we achieve a continuum of care that is comprehensive and meet the needs of the clients we serve.

With respect,

Chantelle Murphy
SANE Program Coordinator