

HANSARD

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COMMITTEE

ON

COMMUNITY SERVICES

Tuesday, January 19, 2016

Legislative Committees Office

**Department of Community Services Re:
Sexual Violence Strategy - Overview**

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COMMUNITY SERVICES COMMITTEE

Ms. Patricia Arab (Chairman)
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Mr. Bill Horne
Ms. Joyce Treen
Mr. Eddie Orrell
Mr. Larry Harrison
Hon. Denise Peterson-Rafuse
Ms. Marian Mancini

[Ms. Patricia Arab was replaced by Mr. Joachim Stroink.]

In Attendance:

Ms. Kim Langille
Legislative Committee Clerk

Mr. Gordon Hebb
Chief Legislative Counsel

WITNESSES

Department of Community Services

Ms. Nancy MacLellan,
Associate Deputy Minister

Ms. Sarah Granke,
Specialist - Sexual Violence Prevention & Support



House of Assembly
Nova Scotia

HALIFAX, TUESDAY, JANUARY 19, 2016

STANDING COMMITTEE ON COMMUNITY SERVICES

1:00 P.M.

CHAIRMAN
Ms. Patricia Arab

MR. CHAIRMAN (Mr. Brendan Maguire): I'll have everybody take their seats, please. It's 1:00 p.m. We're going to call the committee to order, please. The regular Chair, Ms. Arab, is not here today - she is out sick, unfortunately - so I will be replacing her for the day.

We'll call the witnesses to the table. (Interruption) I'll just go around the table and get everyone to introduce themselves.

[The committee members and witnesses introduced themselves.]

MR. CHAIRMAN: This is the Standing Committee on Community Services, and today's topic is the Sexual Violence Strategy. We will start with the Associate Deputy Minister.

MS. NANCY MACLELLAN: Thank you, and thank you to the committee for being invited to talk about this important topic. I believe you all have a copy of the slide presentation that is posted up on the screen. I invite your questions as we go through and as we're speaking to items.

I'll kick it off with a little commercial about DCS and who we are and what we do. Then I'll quickly turn it over to Sarah to walk through the specifics of our Sexual Violence Strategy.

Setting the context for the Department of Community Services, we operate in four spheres in addition to being an organization that has close to a \$1 billion budget, so we have a lot of corporate initiatives under way as well.

Our Employment Support and Income Assistance area has a budget of about \$385 million and a staff of about 423. We have approximately 29,000 households in receipt of income assistance, which impacts about 41,000 people if you include the beneficiaries of those families. The average income assistance recipient is in receipt of about \$870 a month.

We have our Disability Support Program, which I know folks have probably heard quite a bit about, with an overall budget of about \$300 million and a staff of about 100. We serve about 5,400 clients in that program. It is a capped program that does also have a wait-list. We have over 100 service providers serving our clients around the province.

Our Child, Youth and Family Support area, which is the area that our Sexual Violence Strategy supports and where it's housed, has a budget of about \$142 million and a staff of about 815. We have about 1,000 children in this province who are in the care of the minister and a little over 90 service providers providing support to the families that we serve.

Then we have Housing Nova Scotia, which I know you're familiar with as well. It has a budget of about \$387 million. We have about 18,000 people in about 11,500 housing units, and about 400 units that are in receipt of some rent supplement.

Really I guess we take every opportunity to talk a little bit about the Department of Community Services and how the social programs we offer have evolved over decades with, I think, layers of changes that have happened year over year and decade over decade. Where we are right now is we're in about Gate 2 of a transformation agenda across all our programs, creating more modern delivery vehicles on how we deliver services to clients and meeting their expectations, transforming the "what" of what we do - the work content, the program content - so that we are meeting the needs of clients in 2016 and beyond.

We've also gotten very, I would say, much more robustly approached outcome measures. Folks will know from our minister speaking that she is all about who you are serving and what's the impact you are having. That's a mantra that we share with our staff and that's a mantra that they share with our service providers.

We really now are pretty well into the development of a robust outcomes framework that helps us shape and have evidence-based decision-making in our department. So while all the things we do add value on some level, we are really focused on making sure that we invest our dollars and our people and our time in the things that have the most impact for the people we serve.

In our outcomes work, we really have shaped that into those outcomes that we want for Nova Scotians and those that we want for the system that we deliver. Really across all our programs we are looking for Nova Scotians to have more control over their lives; to be better able to meet their own basic needs; for clients to be safe from abuse and violence and be included in their community; and, where possible, attached to the labour market. Really those are the things that when we're in rooms making decisions about programs or making recommendations about legislative and regulatory change, those are the kinds of client outcomes we talk about to make sure that our decisions are focused in those areas.

For the system and for the department, we really are talking about supports and services that are affordable and sustainable. I think that's one of the things we say a lot and talk to our staff a lot about - we can't keep doing what we've been doing and expect a better result. The way we deliver things right now is not sustainable in the long haul, the costs do continue to go up. We do need to change how we do things to make sure we're investing in systems and programming that we can deliver for years to come.

We want supports and services to be delivered efficiently and making sure that we have a balance of prevention and early intervention, as well as interceding when families are in crisis, supports and services that are accessible, and for DCS staff and delivery of partners to be empowered to make a positive difference in people's lives. I think that's really at its core, why folks are in the social service business. Certainly the folks I work with around this province have that as being core to their being. They invest of themselves and of their lives every single day to make a difference for people.

To date we can be proud of a number of accomplishments. We have changed the department's operating model, we've had a regional management structure and a dispersed decision-making structure which, by design, was really four regions in the province doing things to meet the needs of that local region. As a result of that, a lack of consistency from a client experience point of view and a lack of consistency from an operations point of view, so we've enhanced our program oversight and our accountability.

We've shifted to a three-region structure that has a single executive director who is responsible for that area. We made significant amendments to the Children and Family Services Act that passed third reading this Fall. We've increased prevention and early intervention programming across the province to support Nova Scotia families. We've launched our sexual violence prevention strategy, Breaking the Silence, and Sarah will speak in more detail about that. We've engaged hundreds of staff in over 200 community stakeholder groups to talk about the future of our Employment Support and Income Assistance programming and we're in the Spring going to be launching a significant interaction with First Voice and folks who are in receipt of social assistance, to talk about their experience.

We've moved more than - the slide says 60 clients, but I think we're somewhere close to 80 clients - into more community-based settings and out of larger-facility living.

We have our outcome management framework to guide the transformation of the department. We recently finished a request-for-proposal process to hire professional services to support the transformation initiatives, and we'll be announcing the outcome of that RFP process in the next few days.

Our progress to date has really allowed DCS to set and seek endorsement of directions, and folks, certainly the government, has been supportive of us making the changes that we've talked about. I've talked already about some of our accomplishments, but in our Disability Support Program, we've enhanced our independent living supports, enhanced our supporting families who have disabled folks living with them. We are in the midst of an employability plan that is specifically focused on our DSP clients. We're developing a plan to reimagine our larger facilities where folks have lived, so they can provide supports and expertise to community-based living. We have a report on accessibility legislation that we're quite proud of - that legislation is coming this year - and a rate review process for our DSP programming. The funding models that we work with have been in place and not changed since 2008, so that's pretty significant for some of our service providers.

For Employment Support and Income Assistance, we have established the future direction of the modernization of the traditional welfare system, and you'll be hearing more about that in the months to come. We've moved forward with amendments to the Children and Family Services Act. We have a report from our foster parents called *The Dialogue with Foster Parents* that has a number of recommendations in it, and we're actioning those recommendations now. We've also developed a plan in the department for youth at risk.

Where we are at the present time is in what we are calling Gate 2 of our transformation agenda, which sees us moving to a more detailed planning and design of new programming with early implementation in the current calendar year, which includes a redesign of the community residential model in our Disability Support Program, a modernized welfare system in our ESIA program area, and implementation of the changes to the Children and Family Services Act.

I'm going to turn it over to Sarah now, to talk specifically about the sexual violence strategy.

MS. SARAH GRANKE: Thank you. I would like to walk you through a few different elements of the sexual violence strategy. I'm going to start off talking about the definition and some of the key principles that emerged in the first year of the strategy.

First of all, the definition that we've been using is guided by the World Health Organization. It's "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting,"

I say this a lot: it sounds broad, but one of the things I like about that is that it recognizes that sexualized violence is a continuum. It's not just sexual assault. It can encompass a lot of different types of acts, and it can be against any person of any gender. I think that's really important to note as we do this work.

In the very first year of this strategy, which was led by the two co-chairs, Jean Flynn and Rene Ross - the first year was really about community engagement and hearing from people in Nova Scotia about what people's realities are. What do they see as some of the barriers? What are some of the key things that we need to think about when we do prevention? Some of the principles that emerged in that first year are that, one, the strategy is about the people. When we're talking about that, what we mean is that the interests of victims and survivors and others impacted by sexualized violence need to be at the core of our work - not what works best for me, or you, or for us in an office tower, but what is best for victims and survivors.

We also need to really be thinking about the experiences of marginalized communities and vulnerable groups, and those who are underserved. Our work also needs to be inclusive, and it needs to be culturally competent and trauma-informed. So linked very clearly to that is that we also need to be working together with a unified voice. This isn't something that one group, one government, or one individual can do. This is something that really does take a coordinated and collaborative approach. It needs to have that kind of approach.

That being said, too, we also need to take an optimistic outlook. I smile because so often people say that sexual violence is just part of the world, you're not going to change it; good luck, I don't know what's going to make this better. The truth of the matter is that we actually can prevent sexualized violence from happening in our communities. We also know that we can break the silence and the stigma and stereotypes that exist around sexual violence and that this is already happening in our province and that we can continue to build on the really amazing work that's happening.

In our province there has been a long identified need for a call for a provincial strategy and one that is based in community engagement. This really means working with communities so it's not just consultation, it's not just tell me what you think and I'm going to go make a decision; it's about that shared leadership. It's about making some decisions together, it's about sharing the responsibility because again, not one person or one group can do this; we all need to be in on it.

Part of this is about changing culture and changing the society we live in. In order to do that it's going to take time and it's going to need everyone to be involved. Part of community engagement, too, is really about honouring the strong leaders, the strong knowledge and skills and experiences that already exist in community and working with folks together. That also means working with both rural and urban and ensuring that we

acknowledge the plurality of voices and creating space for marginalized communities within this process.

A little bit about the current situation in Nova Scotia. We know that sexual violence is significantly under-reported. That being said, in 2013 there were 647 cases of sexual assault that were reported to police. We also know that sexual violence impacts children and youth at a significantly higher rate; youth and children make up about 20 per cent of the population - forgive my stats if they're slightly off - but we know that of reported cases it's 50 per cent to 55 per cent of young people who are being victimized. That's an extremely high amount, so in all the work that we're doing we have to be thinking about how we are meeting the needs of young people in our province.

Now even though I just chatted about stats, this being said, stats and statistical data are quite limiting. You can't only look at statistics; you need to also be actually talking to people. So in that first year of the strategy we consulted with over 60 service providers from 40 diverse organizations in the province. We also heard from over 800 Nova Scotians in an online survey. Then we also heard from over 100 youth from all across the province.

What we were hearing - the kind of key themes - is that services weren't always coordinated, they weren't always accessible or inclusive, and that a lot of times people didn't actually know where to go or weren't sure where to refer people. We also heard that we needed a new approach for service delivery, we needed to have consistency in public awareness and education and that there was a lot of lack of understanding around issues of consent, ranging from no idea what it means to highly sophisticated, so a real gap there. Based on this, there are five key areas that are very specific to service delivery that we're looking at.

How do we improve access for counselling and support so that we know victims require increased access to counselling options and services that are more immediate, inclusive, culturally competent, and trauma-informed? Again we're working to make services more visible, to help with navigation support. There's lots of different types of support people can get afterwards and it can be confusing on the best of days, let alone after someone has had a traumatic experience, so how do we help people navigate systems? How do we also make sure that the services and spaces that we're offering people are not going to be judgmental? Then further, we also heard that there was a need for more sexual assault nurse examiner program access and for medical services. So those are all areas that we're looking at underneath service delivery.

Again, knowing that young age increases the risk of being sexually victimized, we made sure to talk with youth in the first year of engagement. Since the strategy was launched in June, we've continued to make sure that we're working with young people. Young people are involved in the public awareness campaign that we're creating, and we've been making sure to engage with young people in the process leading up to Prevention Innovation Grants. I'll chat more about that after.

Oh yes, one of the biggest things we heard from youth was that they want to talk: don't talk at us; don't talk down at us. We know the young people in this province are doing amazing work and have been for a long time. Although there are gaps for many young people - I'm thinking specifically like high school or junior high age where maybe consent isn't talked about or we're not talking about sexual violence, those kinds of things, but they want to. They want those spaces, and they want to have the opportunity to be in leadership positions around this. So part of this work is, how do we make sure that we do that?

The three key areas of action underneath the Sexual Violence Strategy are services and supports; prevention, public education, and awareness; and approach and accountability.

Underneath supports and services, the actions that we're working on are to help people get help faster. We're offering trauma-informed practice training that is very specific to sexual violence to existing phone lines. We've provided some training with 811, and we'll continue to provide more; flu season interrupted. We're also going to be working with 211 as well. So when somebody at 3:00 a.m. needs somewhere to call, if they called 811, for example, they're going to be provided a response that is kind, compassionate, and is not going to further traumatize or cause secondary harm.

Also, they will know that they will have proper referrals. We're going to be working with them to update databases to make sure that as new services are created or networks are developed, those are known across the board. Then we're also going to look at how we can use all of this technology that exists around us to provide immediate and anonymous support to victims. That's something we'll be looking at.

Two sites are going to be offered in the province for the sexual assault nurse examiner program. That's through a \$700,000 commitment from the Department of Health and Wellness. We're also going to be looking at multi-year funding frameworks for the three existing sexual assault centres so that those folks can do better planning and service delivery as they continue their important work.

As you may have heard about, we have been working with existing community support networks across the province. This is really about how we enhance community-based responses. How do we make sure that in all areas of the province we can provide collaborative and compassionate service responses for victims in communities? We heard in the first year that people really wanted to be able to access supports in their area or at least somewhat close to them and not have to drive two, three, or four-plus hours to get the support they need. How we're working with folks is really to coordinate counselling services that do exist.

How do we make the services more visible so people actually know where to go to get help? How do we make sure that as they're getting support, there's navigation support?

How do we make sure that our spaces are safe and non-judgmental? You'll notice that sounds a little bit repetitive, but that's because what we heard in that first year is what we're doing right now to work on. We heard from community that these are some of the things that needed improvement, so here we are full circle working on those things. Part of that was also to create and expand existing asset and resource maps - so what does exist?

In the Fall, we held nine workshops where we brought together in total over 200 people. These are service providers as well as stakeholders and community members all across the province. It was to talk about how we in this area make our services more accessible, more visible. How do we coordinate? How do we make sure we are not duplicating? Is there something huge that is missing? Based on those two-day workshops, what was to come out of it was a rough proposal for what was needed in that area.

This was a \$1.25 million investment for this year as well as next. That amount of money was divided up equitably across the province so every part of the province has funding to work with. Then \$45,000 of that was specifically allotted for improved access. That could be for things like transportation or dependent child care or for translation and interpretation services, whatever it was that victims and survivors needed in that area to be able to access service.

In these workshops we had in the Fall, we used appreciative inquiry, which is really about drawing upon what is working well in an area and then how we can do more of that. As community groups together, they decided what was needed in that area and who was going to hold the funding and then collaboratively created an action plan and funding proposal. Proposals right now are in the final stages of evaluation and review so every part of the province will receive some of this money to work with, to enhance and improve services for victims.

That's just a photo of our workshop up in Sydney in one of the processes when we were talking about which of the types of initiatives wanted to go forward and it was a full green, meaning go ahead.

Under the second stream is prevention, public education and awareness. There are two provincial committees and these committees are joint committees so there are members from different departments as well as community members and service providers from across the province. People were invited to sit on these committees last year - I believe it was in February - and we had an enormous response. So through a careful selection we created these committees, and there's about 15 people on each committee. One of them, as you can see, is in the process of developing a public awareness media campaign. The focus of this is really going to be towards younger Nova Scotians, so looking at a youth focus. In this process we have been meeting and engaging with high school students.

Then there's also a provincial committee on training. These folks are developing training and education resources that can be used across sectors. These are kind of the

foundational pieces that people need to know about when supporting a victim or survivor of sexual violence. Part of this also incorporating needs from the community support network. In the Fall we heard from people who said we really need something around trauma informed practice, for example, so we're making sure to incorporate that into the resources that are developed.

The wonderfully exciting Prevention Innovation Fund has been created to invest and support community-based prevention initiatives, to expand best practices and better research and evaluation, as well as how can we use technology as part of the prevention efforts. It's also about assisting youth groups to reach out to peers in innovative ways, as well as to support marginalized populations, including African Nova Scotians, First Nations communities and LGBT community.

The deadline was on Friday, January 15th. These are one-year, non-renewable grants and there's two streams. One was up to \$5,000 and the other was up to \$50,000, for a total of \$600,000 is what we'll be able to give out. That's times two, because we'll be doing that this year as well as next year.

One of the things I really like about this grant - I mean there's lots of things I like about this grant - is that it has been designed in a way to help as many people as possible to apply. What I mean by that is, you don't have to be a registered organization to apply. If you were five students at a school and you wanted to apply because you had this cool idea, you can. It just involves working with other people but you don't have to necessarily be, so it really fosters collaboration and partnership. Then the forms themselves were created to be as simple as possible so that people who had never written a grant before are able to do that.

Then we also held workshops across the province - we worked with HartWood on that - and that was specifically for youth to be able to come and brainstorm their ideas and get any kind of logistical support they might need. Maybe they had an idea but didn't have anyone to partner with, so that was an incredibly successful process, as is denoted by the overwhelming number of applications received from young people and from Nova Scotians in general.

I haven't even finished going through them yet because there are over 100 applications in total and there are still some trickling in by mail. We will be moving on this very quickly and hope to have an announcement in the near future.

The third stream is about approach and accountability. We know that it is incredibly important to not only work with community but also that we have collaboration within government as well. So how do we make sure that the policies and procedures that we have within government are going to support prevention and support services? Part of that is the interdepartmental committee that has been established - which has folks from Justice, Education and Early Childhood Development, Health and Wellness, the Advisory Council

on the Status of Women, Labour and Advanced Education - to come together to really say what is here, how do they align? Do they align? Is there something missing?

Another component to accountability was making sure we had somebody to implement the strategy. I was hired into this position and it's a permanent position so even after the funding under the Sexual Violence Strategy is finished, there is still a position within government that is dedicated to making sure that sexual violence prevention remains a focus, which I think is a huge commitment.

That is the Sexual Violence Strategy in a nutshell and kind of where we're at so I will end here, unless you have anything you'd like to add.

MR. CHAIRMAN: We're going to open the floor up for questions now. We'll take the questions until about 2:45 p.m., if that's okay. We'll start with Ms. Mancini.

MS. MARIAN MANCINI: Thank you for the presentation and I also appreciate getting a lot of the materials beforehand; it's well appreciated. They were helpful for me to prepare and know the focus on what is happening here.

I have quite a few questions - I don't know what chance I'll have to ask all of them. There is one kind of general one I'd like to ask Ms. Granke. In all of the consultations you did - and maybe even just from your own background you could answer this question for me - you'd agree it's mostly females who are victims of sexual assault? Would you agree with that, primarily, statistically that it's females?

MS. GRANKE: The statistics, based on what has been reported, indicate that women and girls are more often victimized.

MS. MANCINI: Okay, it's probably not specific to my question but I'm wondering when women, or anyone who is a victim, I guess, becomes - you've addressed some sort of urgent-type response and you folks are looking at that, and I commend you again on that, the recognition of it and using the phone lines and whatever and for trauma-focused people to be on those phone lines. But there's another stage, though, that has always concerned me, and that is the people who need the ongoing counselling.

I would say that a large percentage of people who have been sexually assaulted, who have been involved in that type of trauma, are in need of ongoing counselling. So I'm just wondering if you could indicate to me, how is this issue being addressed? For me I see it as more boots on the ground, essentially, of having people in all of the centres being able to provide specialized counselling, and being able to provide it on a consistent basis and in a fairly quick turnaround time. I've heard over the years of people having long, long waiting lists trying to get in. It seems to me that that compounds the problems for people who are involved in that. It's almost like re-traumatizing if you have to wait six months to

see someone or maybe even longer. That's my question, really: is the strategy focusing on that aspect?

MS. GRANKE: Within the strategy, there's a few things that I think address what you're inquiring about. One is ensuring that sexual assault centres have ongoing multi-year funding frameworks so that they can do better planning. Part of it will also be in the interdepartmental committee, looking at funding that exists and whether that needs to be addressed in different ways. Also, the training and education resources that the provincial committee is developing are going to be able to help service providers be able to provide that trauma-informed practice. It's not the specialized training that you are referring to, but that will help reduce secondary harm and re-traumatization when people are able to provide compassionate trauma-informed responses initially.

Within the community support networks, there are multiple different areas of the province that have been proposing to have sexual violence outreach workers and things like this. There are going to be some areas of the province that have new services available for the next couple of years including things like navigation support.

MS. MANCINI: Do you have a sense . . .

MR. CHAIRMAN: Ms. Mancini on a supplementary. (Interruption) I was going to allow you a supplementary question.

MS. MANCINI: Oh, I'm sorry. I thought you were shutting me down.

MR. CHAIRMAN: No, absolutely not. We'll give you one supplementary, and then we'll pass it to Mr. Harrison.

MS. MANCINI: I'm used to being in a courtroom, and judges will do that to me quite often. (Laughter) I was just responding. Thank you.

In terms of the research that you've done - I've read some of your CV, which is quite impressive actually - has that come forward as a prominent issue for people, for people you've talked to as you did your workshops throughout the province?

MS. GRANKE: As far as ongoing support?

MS. MANCINI: Yes.

MS. GRANKE: Well, we know that sexual violence can happen at any point in somebody's life, so being able to have support systems in place throughout the lifespan is important. We also know that part of what we're focusing on is that initial response, because the initial response is going to drastically impact that person's recovery. If it's

something that's kind and compassionate and trauma-informed, the chances of a positive recovery are immensely . . .

MS. MANCINI: But if they get the urgent initial response but then are placed on a waiting list for the more ongoing therapy, then that could still be problematic.

MR. CHAIRMAN: Ms. MacLellan.

MS. NANCY MACLELLAN: I would say that one of the first activities of the community support networks was to do an asset map of existing services in each of the areas. The intention with that was that lots of the services that are already existing in communities around the province aren't visible to people, and they don't even know that they're there. From that, each of the community support networks was able to brainstorm about what their community needed. In some cases, it was sort of better navigation of services, and in some cases, it was pointing to services that already existed and maybe augmenting the training for those folks. That has been the focus of this in addition to what Sarah already pointed to, making sure that the folks who are answering phones 24/7 at 811 and 211 are able to guide folks in the direction of services that are closest to them.

I know from speaking with some of our service providers who work in trauma-informed practice, that they do a tremendous job of triaging cases to make sure that those that are the most urgent have a referral or are seen as quickly as they can possibly be seen. I think some of the work that we're going to do with respect to multi-year funding allows them more stability in those positions to make sure that those folks are available.

MR. CHAIRMAN: We'll pass it on to Mr. Harrison.

MR. LARRY HARRISON: Again, I want to thank you very much for the presentation. Ms. Mancini took all the thunder out of what I was going to ask. (Laughter) That's exactly where I wanted to go - the support within community.

My constituency is mostly rural. I realize that a lot of things can be put in place in some of the larger communities, but for some of the smaller, remote areas, chances are the young adults are not going to take that route. I don't know what we can do to put something in place, because smaller communities are not going to have someone actually trained in it. The only way I know that they might access something is through the schools. I don't know if there is any strategy in putting something in schools that would serve the purpose.

We're short on doctors, we're short on medical health folks - I mean, we're really in a crunch situation with respect to that - and we know that this problem is not going to go away in a hurry, that's for sure. So I'm just wondering if any thought has been given to what could be put in schools.

MS. GRANKE: It's a very good point. With young people, a lot of places to get them are in the school system - not all young people, but many. We have been talking about how we make sure that everyone is involved in this, and I keep going back to that coordinated and collaborative effort. At those gatherings that we held in the Fall, we invited SchoolsPlus folks, guidance counsellors, and educators to be part of that conversation - and not just at that one event, but at this ongoing engagement. So that was another reason why a lot of the promotion, I suppose, for the Prevention Innovation Grants went out to schools as well, so that young people in their school - or educators or guidance counsellors in the schools - could tap into that to have projects in their school as well. Then the training that is going to be coming out of the provincial committee will be offered to everyone, including guidance counsellors and staff.

MR. HARRISON: I have just one follow-up question. Those who were at the workshop, did they seem receptive to taking on that kind of responsibility? Like the guidance counsellors, teachers?

MS. GRANKE: For those who were present, absolutely. We heard that young people are already approaching people in their schools who they trust. It's not always a guidance counsellor or a teacher. It really comes down to who they have a relationship with and who they trust in that school. There was a desire to have further capacity building, and wanting to have these conversations.

MR. CHAIRMAN: Ms. Eyking.

MS. PAM EYKING: Thanks for the presentation. It was very informative. I just want to congratulate you on all the work you're doing in meeting this up front and in the future.

I understand that First Nations communities have a three times higher incidence rate of sexual violence, and I'm just wondering, with your initiatives, what components will address some of the needs within the First Nations community?

MS. GRANKE: Thank you for that. For many reasons, we know that indigenous communities can be at higher risk for sexual victimization, whether that be colonization, intergenerational trauma from residential schools - there's a whole slew of reasons for that.

Part of what we're doing with the Sexual Violence Strategy is having a gathering that will be coming up in the next few months, specific to the Mi'kmaq communities in our province, to talk about what the realities are. Not just what are the realities, but what are we already doing to prevent and respond to sexual violence in our communities, and I'm referring to First Nations communities - what's working well, how can we share our resources and tools, and then what are some of the clear gaps and what is missing, and how can the strategy support that?

That First Nations gathering will be held in the next couple of months. We're working with a small advisory committee that is formed from members from the tripartite social committee, so that's underway. Also, part of it is not just having something separate but also weaving it in to all components of the strategy, making sure that what we're providing across the board is culturally competent and safe and making sure that indigenous folks are part of the conversation throughout.

We invited lots of different members from First Nations communities to the community support network workshops that happen in the Fall. Many of the initiatives that were proposed for those community support network grants are very specific to First Nations communities.

MR. CHAIRMAN: Mr. Orrell.

MR. EDDIE ORRELL: Thank you very much for your presentation. I guess I found it quite disturbing that in the opening few words of your statement you say that sexual violence is under-reported, especially in young people, by 50 per cent to 55 per cent. We're talking about visibility and how we can improve that visibility.

I know last May a team of sexual assault nurse examiners was going to be located in Sydney. My question is, is the team in place? How many nurses are there providing care, or how many have been trained? What education has been out to the public that this program is in place, so that people can access it through the health care system, I guess is my first question?

MS. GRANKE: I just have a clarification question first. Do you mean how many nurses are trained presently?

MR. ORRELL: In the Sydney area first and then what has been put out there to let people who are victims of sexual assault know that it is in place, that it's actually there. We don't hear that happening and I guess it's not something you want to sensationalize either, that that is in place but for people who need that service, it's nice to know that if they go to a hospital that there will be somebody there to address their concerns and deal with the problem at hand.

MS. GRANKE: I don't have a number for you right now. Part of that is because the SANE program - although we know its location, that it will be in Sydney - isn't fully up and running or established yet, so we're still waiting on some directions. The reason there hasn't been a whole lot of promotion is because the program is not running quite yet.

MR. CHAIRMAN: Do you have a supplementary, Mr. Orrell?

MR. ORRELL: So although it was announced in May, it's not up and running. I guess my next question is, then I guess there was a second team going to be added by the

end of 2015 and you talked in your presentation about somewhere in western Nova Scotia. Has that been up and running yet or is that even in place, and where is it located?

MS. NANCY MACLELLAN: Those are programs of the Department of Health and Wellness. I believe the funding for those is in the next fiscal year, so they'd be doing the preparedness now for that and the training associated with it.

The other thing I would say about awareness is that the SANE program is a forensic exam program immediately following a trauma. It would be a referral even through police agencies, it would be sort of an immediate thing. It wouldn't necessarily be one that we would promote, that folks would access directly themselves, although they can. Normally it would be one nurse, I would think, in most locations, with a couple of backup folks able to support.

In addition to that we do have the 811 folks who are more trauma-informed and we continue to provide that training to the folks, the nurses in that setting.

MR. CHAIRMAN: Okay, I'll put you back on the list. We'll go to Ms. Mancini.

MS. MANCINI: I did want to ask a question in relation to universities and college campuses. I think that Labour and Advanced Education is on the interdepartmental committee, and I understand the point of the committee is to align policies, but we don't have policies in place in relation to sexual assault on the campuses. I think we rely on these universities doing these MOUs but they're different for every university and they're probably not - then we've heard the stats, that CBC story where it's so under-reported that there were zero reports of sexual assault. So it seems like there's a lot of stuff going on there that needs to be addressed.

So I'm wondering what the position has been - how has that played into the development of the strategy?

MS. NANCY MACLELLAN: Part of the work of the interdepartmental committee is to consider those policy options and policy inconsistencies that occur within government. We do work closely with Labour and Advanced Education to talk about campuses around the province. To this point, a number of initiatives have been underway, in working with the universities in the province, to talk about this issue and to have solutions come from within the community of the universities, which each have their own uniqueness that they bring. All of the campuses, I understand, do have efforts underway in each of their own settings.

MR. CHAIRMAN: We're going to just switch - we'll do one round, and then we'll come back. Ms. Treen.

MS. JOYCE TREEN: Thank you for your presentation. The strategy has been a long time coming. It has been a need in this province forever, so thank you for all your work.

My question is concerning schools - and I'm talking elementary to Grade 12. Have there been any ideas or collaboration or thought put into how we can start being proactive and start teaching our children and our young people to help prevent sexual violence from happening in the first place? I'm a big proponent of being proactive about stuff. Has there been a lot of thought or ideas put into that, of how we can help our kids prevent it from even - sometimes you can't prevent it, of course, but help them understand it better?

MS. GRANKE: There are a few points that I'll speak to on that. One is the public awareness media campaign, specifically, is going to have a youth focus. I mean "youth" is a broad category - so kind of looking at the median, high school age, but also something that would be appealing on the other edges of it. There have been many folks involved in those conversations, some of whom work within education systems, so bringing that perspective to the table, to make sure that what we're coming up with does provide education and might even be something that could be used in schools. Then I think that some of those conversations will also be happening around the interdepartmental committee table.

Further to that, the Prevention Innovation Grants, there have been many coming from schools - either young people themselves, in high schools, as well as guidance counsellors working with young people. So those are definitely conversations that are happening.

MS. TREEN: I know high school - and it's great that this is going to high schools, but I can't help but think we should start a little younger, a little less directly, maybe, or - I don't know what the word is, but starting younger with our children. Is that a question? Do you think that we should start younger? I think we should.

MS. GRANKE: Well, we know that healthy relationships and consent are things that can be taught from an incredibly young age, in lots of different ways.

MS. TREEN: I'm hoping we'll go in that direction.

MR. CHAIRMAN: Mr. Orrell, I'll give you a couple extra because I cut you off last time. I apologize, I thought you had two.

MR. ORRELL: Let me go back to where I left off. You said that supports in Sydney and the western part of the province aren't completely up and operating yet. In September of last year, I think it was, \$945,000 was announced to improve the coordination of services. If the programs aren't up and running, and it's referral-based, we've also had

reports where doctors in the emergency rooms aren't comfortable with some of the sexual assault - examinations, I guess - and they're being told to go to the emergency room.

Where do people of sexual assault get referred to now, if they're being referred from an agency? If centres in Sydney and the Valley aren't set up, and doctors aren't comfortable, where then do they get the services? Who do they refer them to, I guess is my question?

MS. GRANKE: It's hard to answer that question very specifically simply because I don't have an exact geographic map in front of me. Places where sexual assault nurse examiner programs do exist right now - there's one in Halifax, and there's one in Antigonish. In Bridgewater, the community came together and created their own SANE program, so that was a very bottom-up initiative. There are some doctors and nurses that will provide SANE exams or forensic exams. If somebody wasn't comfortable, they might have to then travel, which is why the commitment to having two new programs was so important.

MR. ORRELL: That's fine. Last March . . .

MR. CHAIRMAN: Oh, Ms. MacLellan would like to add. Sorry about that.

MS. NANCY MACLELLAN: Sorry, if I may?

MR. ORRELL: That's okay; you may.

MS. NANCY MACLELLAN: What you're pointing to in the answer that it depends, is obviously the problem that we're trying to solve with a more coordinated and organized approach to responding. Today if someone is in an acute, immediate situation, 911 is obviously the first call. Our police and EMTs and emergency rooms are currently intended to be set up to respond to folks who are in immediate need.

But what you're pointing to, I think, is the longer term. It's more historical or it happened two weeks ago, and how do folks get support? Right now, it's true; we are leaning on our 811 and 211 folks. We're leaning on the existing service providers, and we're leaning on the community support networks that have resource mapped what's in the community now.

Our intention is not necessarily that folks would have one number to call for a variety of reasons; it doesn't work for both rural and urban. Folks who are in rural settings may not have enough experience to even get really proficient. Our intention is that no matter who somebody calls, they have access to knowing what supports and services are available and how people can find them.

MR. CHAIRMAN: Mr. Orrell, would you like one more question?

MR. ORRELL: I would, please.

MR. CHAIRMAN: There you go.

MR. ORRELL: I guess in relation to that, last year in around March or so, we heard a story in the paper about a woman who waited three days for a SANE team to travel from Antigonish to Pictou or Halifax to Pictou. That was the idea, of course, of setting up the centres in Sydney and ultimately in the Valley. What measures have been taken to see that this hasn't happened or doesn't happen until these centres and measures are set up so that the people who need the services don't have to wait three days?

It must be bad enough to go through the assault as it is, but to have to wait to get the assessment and treatment done has to be just a terrible, terrible experience to go through. Is there anything being done to make sure that doesn't happen to anybody again?

MS. GRANKE: I think that the community support networks - that was a big conversation that happened and continues to happen in communities all over the province. Some areas have responded by creating their own networks even before this strategy was announced, to be able to look at how we do prevent that from happening. You're right; an assault itself is bad enough, let alone having to wait to get the support you need. So some places have begun to create protocols or have formed sexual assault response teams or are planning on doing that so that the further harm is reduced.

MR. CHAIRMAN: Mr. Stroink.

MR. JOACHIM STROINK: Thank you very much for your presentation. I guess all different groups have needs and have different requirements for needs when it comes to a sexual violence strategy. I kind of want to touch base on supports.

First off, have you engaged the LGBTIQ2 community? What kind of supports have you implemented into that community? This is kind of a two-part question, so I'll just leave you with that for a moment.

MS. GRANKE: That's a very important question. Within the first year of engagement, when we met with lots of different service providers, there would have absolutely been some service providers who served the LGBTQ community. Also, within all the work we're doing on the public awareness campaign and the training committee, we are making sure to incorporate a diversity perspective in that regard.

We also had a presentation day to hear from specific community groups, to make sure when we're developing these training resources, what are some key things we need to be keeping in mind? So we had the executive director from the youth project come in and speak to us very specifically about trans inclusion, as well as the broader LGBTQ community. Also, the community support networks, we made sure to invite a diverse range

of service providers and community members, including those from the rainbow community.

Further to that, the Prevention Innovation Grants, a big part of what that is, is making sure that more marginalized and/or underserved communities are able to access that, to be able to lead their own prevention efforts; it shouldn't be us dictating what that group should do but providing resources so that it can be by and for that community, so making sure that all those folks got the posters and the invitations. We have again quite a large submission rate from the LGBTQ community on that as well. Part of that will be in the evaluation process, making sure that marginalized communities are - not prioritized, because it's really going to be about what are some of the most innovative prevention ideas, but that that's factored in because it has to be.

MR. STROINK: And I guess part two of that is there's another community, too, that we don't speak a lot about - the boys and the men who have this happen to them, too. Sometimes that's overlooked.

I guess for me, I'd like to see and have an understanding of how you - the same question as you did with the LGBTQ2 community, what you've done for the men and the boys and making sure that they're not forgotten in this whole discussion.

MS. GRANKE: Within the grants that we created, specifically the community support network grants, one of the questions flat out included, how are you going to ensure that underserved populations are going to be included in this work and that their needs will be met? That included male survivors of sexual violence because we know there's not a lot of places for boys and men who have been victimized to access support, so many of the proposals that have come from the community support networks include programs that are either open to anyone of any gender or a few that are specific to men and boys, to help with recovery. So that is certainly a component.

MR. CHAIRMAN: Ms. Mancini.

MS. MANCINI: I've referred to the Avalon Sexual Assault Centre before but in the past it has had quite a long wait-list for services for survivors. I'm just wondering if you know how long the wait-list is currently at Avalon.

MS. NANCY MACLELLAN: I met with the folks from Avalon just before Christmas, talking about their wait-list which has been quite manageable in the last little while. Nobody wants to have any wait-list. I don't want to be quoted, but I think they said four to six weeks currently. But again, they are expert triage folks, they're able to sort of take calls and do their best to assess up front how critical and how immediate the need is. They've been in the business a long time and certainly have a strong expertise in making sure that they're prioritizing folks who have them . . .

MS. MANCINI: The strategy looking at that should have a positive impact, too, on the waiting lists - everywhere, I guess, really.

MS. NANCY MACLELLAN: Certainly the strategy should help us have a more coordinated response and make sure that folks who need the significant expertise that resides at Avalon have access to that and that folks who have a different kind of need can be referred to a service provider who may not have a wait-list at the present time.

MS. MANCINI: Part of the overall sexual violence strategy - training is a big part of that of course. Do you have a sense of how many trained professional counsellors we currently have in Nova Scotia? Do you know?

MS. NANCY MACLELLAN: I don't know the number, but I can certainly ask my colleagues at Health and Wellness. I know that Antigonish and Colchester and Avalon have specialized sexual assault counsellors, trauma-informed therapists, but I also know that there are other areas of the province that also have trauma-informed therapists. I can certainly get a number for you.

MS. MANCINI: You're not aware if there are any regional gaps in that at this time?

MS. NANCY MACLELLAN: I think the community support networks did point to some areas of the province that had less of the trauma-informed therapy services available, yes.

MR. CHAIRMAN: Mr. Orrell.

MR. ORRELL: One of the big concerns I have with different situations of sexual violence is the mental health effects, the young people who are developing mental health issues for whatever reason. I'm told that if we could put a professional or a counsellor or a teacher trained in mental health issues with the younger school ages, train them in the sexual assault/sexual violence issues at the young school ages, it could help with prevention if we know the signs and know where to send people early on.

Has this been a consideration by the government to try and combine the mental health services and the sexual assault services in, say, the junior high schools to try and help promote awareness and prevention and treatment early on so that we don't get into major mental health issues later on in life?

MS. NANCY MACLELLAN: I would say our colleagues at the Department of Health and Wellness have a focus on mental health services and are working hard to make sure that there are no gaps. We certainly have had conversations with them about how trauma-informed practice can augment the work of everybody from guidance counsellors in schools to teachers and health professionals. Some of our work on training materials will include having laypeople be more sensitive to making sure that there isn't a re-

traumatization as people tell their stories. Having folks only have to tell their story once is a biggie we hear from clients.

There is no question that there are significant overlaps and gaps and opportunities for us to work in a more coordinated way. It's critical that the sexual violence strategy be incubated and focused, certainly in the Department of Community Services for this three-year period. But for the long haul it was intentional to have it be incubated because it does overlap into so many other areas of government's work and the work of our service providers in schools, in mental health, in health care, and in justice.

MR. ORRELL: You also talked earlier about the interdepartmental committees being formed. Have they been formed yet? Who are the members? From what departments? How often do they meet? If not, when does this committee look like it will be up and running? I think this committee could be essential to making sure that the Sydney program gets up and running effectively, that the Valley program gets up and running effectively, and that the programs that are already in place will be able to outreach into the rural areas to make sure that the people don't have to wait three days.

My question is, has the committee been formed, who is on it, and when can we expect it to be running completely?

MS. GRANKE: Yes, the committee has been formed. We will be meeting - I think it's in the next two weeks. I'd have to look at my BlackBerry to tell you the date. I can't recall all the members, but we can look at getting a list.

MR. ORRELL: Is this the first meeting coming?

MS. GRANKE: Yes, it will be the first meeting, correct.

MR. CHAIRMAN: Mr. Horne.

MR. BILL HORNE: I'd first like to thank you for bringing this issue up in our community here and in government. It's a very important one for the Province of Nova Scotia and I'm sure for every community in the province.

You used one word earlier today, "cultural" - that this is a cultural thing and we have to have a cultural change. It seems very daunting to be able to solve a problem in a short period of time, which I don't think you can. It may take more than three years, more than 10 years. You may have a better view on that.

What I want to ask, though, is what can government do to be more, I guess co-operative - working together and coordination - to improve this issue so that you don't miss people, you don't miss communities, and you don't miss government's input in this? It's pretty wide open.

MS. NANCY MACLELLAN: Yes, it's pretty wide open. So cultural shift, you know I think about this in the same way that I think about how we used to think about drinking and driving or how we used to think about seatbelts, there has been a cultural shift that, you're quite right, doesn't happen in three years or even in 10. It happens decade over decade.

I have seen a shift even in my own kids and their level of tolerance and their experience versus mine, so I'm optimistic about that, and I think there is a very strong need for government to have a role federally and provincially. There's a strong need for service providers to have a role, there's a strong need for schools and communities in making sure parents have the tools to be able to have difficult conversations with their kids.

I think the cultural shift you describe happens over time and is multi-faceted. I think our need to focus on that really is about how - I think it's one of the reasons why we focused on community support networks and improved coordination of what we already have, because it really isn't about having a single place where folks can go. It is about no matter where they go, making sure folks have what they need or have access to what they need. Do you want to add to that?

MS. GRANKE: The only thing I would add is that, and I think you actually just addressed it as well - when I think about a cultural shift, we're looking at a really complex problem. I don't mean complex as in hard to understand, but complex as in there are so many overlapping components that cause sexualized violence. There's a lot of factors so when you have complex problems it's really important to have a multi-pronged approach, which is what Ms. MacLellan just said, but multi-pronged in that, again - and I keep repeating this - we need government, we need community members, we need service providers, we need families, we need victims and survivors. We need everybody to be involved in creating a cultural shift, even if that is just moving the needle a tiny bit.

I believe we're in the middle of a cultural shift, like it's happening already. The fact that we have a strategy, the fact that people are talking about this significantly more than decades past, there has been change and I remain quite optimistic. That's also partly why having a focus on seeding generational change, how we make sure that we're also working with young people, which is why there's a big focus on youth throughout the whole strategy.

MR. HORNE: I agree, I think you have to start very young and as soon as they can understand. What I gather is that the young people are understanding a lot of things very quickly in their lives. With the use of computers and the openness to the communities and being on Facebook and Twitter - all the young kids seem to be on those types of pieces of equipment nowadays - is there anything we can do there and is the strategy to make sure the word is getting out, but the good words from reliable people and so on?

MS. GRANKE: Absolutely. When we look at this public awareness campaign, number one will be educational but that we'll also then further direct people to get resources if they need support or if they have a friend that they want to help or if they themselves need to access some kind of a service. The creative company we're working with are experts in how you get the people on the technology, because as we all know, we're bombarded with messaging constantly, and it's easy to just skip an ad. They have all the secret strategies on to how to do that. So yes, we will absolutely be utilizing that technology.

MR. CHAIRMAN: Ms. Mancini.

MS. MANCINI: I'm going to go back to my question about the universities. I think it leads into the question, the discussion that was just taking about cultural change. I think that I too sort of floated along and thought, in relation to your comments, that we have been making a shift and things have been getting better. But I'm not so sure anymore.

One of the reasons I say that is because of the recent very high-profile incident at Dalhousie with the dentistry students. I don't even know if the Facebook part of it was as offensive to me as hearing about a lounge with really pornographic stuff in it, and that the female students had brought it to the attention of people and it was ignored. That did shock me. I thought that would be shut down. Maybe I've been in a cocoon or I've been lucky enough to work in public service, where we do have pretty decent safeguards for that sort of thing - it's not perfect, but it's a heck of a lot better. Somebody would never, ever try that in that kind of environment. That leads me to conclude that sometimes, yes, you need the cultural shift, and you start it early on, but sometimes you just need the rules. People just react to, oh, I really want to do this, but if I do, it's bad. Sometimes you just have to deal with people at that level, which is probably what happened.

It goes back to that. I'm wondering why they're not playing a bigger role in this, the campuses. Was it a deliberate strategy not to have them involved? It just seems like they should be in there.

MS. GRANKE: No, not at all. I mean - let me clarify. It was not deliberate to leave campus AGUs out at all. In fact, we just had some decisions made the other day that we're going to be working to support some campus events that are going to be coming up in the near future. I look forward to sharing more about that.

MR. CHAIRMAN: Mr. Harrison.

MR. HARRISON: As we were talking, I was thinking of Africa and other countries around the world, where this happens so much on a regular basis - just hurting, hurting, hurting.

Back in the early 1990s, probably before your time, we had a national project called Fire in the Rose. I think six communities were chosen from across the country to enter into this program, and my community was one of them. It was a program where we looked at violence in all aspects - sexual violence, of course, being one of the primary concerns. It started with the whole community being involved, from the very, very young to the very old, looking at how people talked to each other. We looked at sports. We tried to have conversations with coaches and players - playing hockey, for instance. Are you making a check to stop a play or to hurt someone? Just that kind of mentality.

I think the project was reasonably successful. We went into every aspect of the community and tried to encourage respect for human beings, because that's where it has to start: respect for people. If you respect people, you don't want to hurt them.

I would just encourage more of that education within the community itself. I know it helped my community considerably, and I'm sure it would help others if they became involved in that. It might be a project you might want to have a look at, as to what happened in the past.

MS. NANCY MACLELLAN: I'm sorry, could you just tell me the name of the program again?

MR. HARRISON: Fire in the Rose.

MS. NANCY MACLELLAN: Fire in the Rose. Thank you for that.

MR. CHAIRMAN: Mr. Stroink.

MR. STROINK: Thank you very much. I guess when we have police and first responders take a huge role in this - they usually are the ones that come upon this incident quite regularly. I guess I just want to see where they fit into this whole discussion - what kind of training are they getting, what kind of support are they getting to ensure that they're handling these situations with delicacy, and with the new strategy coming in place, can they handle what might come down the pipe? That's a big discussion, too; the whole idea is to decrease sexual violence, create more awareness. What might happen is you might create a safe environment and the numbers might increase because you've created a comfort zone or new avenues for people to report where they feel comfortable.

On a bigger discussion here, I guess the paramedics and the police play a big role and I just want to ensure that they're supported, and how are they supported?

MS. NANCY MACLELLAN: I would say I echo your comments that it seems counterintuitive to say we hope for more reports, more reporting because we don't actually want - obviously we don't want folks to experience sexual violence but we would certainly like to encourage and inspire a culture where folks come forward if they need help.

I've met with the justice partners committee, which includes victim services and policing services from around the province - judiciary - a number of folks to talk about this issue. We did a presentation not unlike the one we did today to talk about all of the aspects and tentacles across the province.

I know from those discussions that the RCMP, the local police forces, the paramedics, and the health folks all have a number of initiatives underway to inspire enhanced awareness and knowledge but also some hands-on trauma-informed practice skills for folks to be able to more delicately manage these kinds of traumatic events when they encounter them.

MR. STROINK: I guess from there with this whole process you're going to find new ways of reporting that are not standard brick and mortar, and that's where you look at the brick-and-mortar world that's slowly on the decline. So again, how are the police and the paramedics going to adjust to this? There's going to be the support programs that they need but they're going to be more digital, and how are they going to encompass those into their daily routines? Or how is this strategy going to focus on new aspects, maybe not the brick and mortar but still can allow for support, and in rural areas in Nova Scotia where maybe there's not a body but there is a form of support?

MS. NANCY MACLELLAN: I would say that one of the learnings for me in some of the research that has been done is that the youth that we're trying to reach doesn't want to see a demographic that looks like my face and don't want to have to necessarily go to an office to seek out supports. While I would have said this subject matter doesn't lend itself to online tools and supports, I've been schooled by the youth who have responded to some of the surveys and focus groups that we've had to say we absolutely do want to access anonymously and privately in our own dwellings or with our friends, at a time that's convenient for us. Definitely that's an area of focus for us.

I think in all areas of the world, and certainly this one included, how do we bridge that which we have always done and always funded and the processes that we've always used, knowing that we need to have a new way of doing things at the same time without new funding or new money that's sustainable? So that transition of how we make sure that we divert funding and resources to the ways that meet people where they live will be really critical for us in this area.

MR. CHAIRMAN: Ms. Mancini.

MS. MANCINI: This is probably to Ms. MacLellan, or either one of you actually. That component for services and supports included - I'm just following up on your comments there - to develop a multi-year framework for existing sexual assault centres. I understand there are three sexual assault centres to enable them to deliver their services better.

My question is, I'm just wondering, have the funding agreements been established with those centres, and if they have, which sexual assault centres are now being funded?

MS. NANCY MACLELLAN: The three that we refer to are the Antigonish Women's Resource Centre, Colchester Sexual Assault Centre, and Avalon. I know the multi-year funding agreement is not in place yet, but it is on our radar for the coming months, to make sure that that's in place. When I met with them, I did talk about that just before Christmas. While those three we point to are specifically designed sexual assault centres, we do know that there are other counselling options available to folks beyond those three around the province in terms of support and counselling services for folks who are in crisis.

MS. MANCINI: In terms of the multi-year frameworks, do you have a sense - what's the duration of them?

MS. NANCY MACLELLAN: Well, I'm a little off-script on this one; it's not my area. But I would say we would be looking at probably two to five years, and that would vary depending on the type and nature of service and the service level agreement in place.

MR. CHAIRMAN: Mr. Orrell.

MR. ORRELL: I guess along the same line, we know there's a lot of non-profit groups out there providing education and services for victims and survivors that the department does fund. Can you tell me what the total amount of funding is, which groups receive the funding, and if there is any jeopardy of this funding being cut or eliminated in the upcoming budget? We've seen a few cuts over the last couple of years to departments, the CNIB, and eating disorder clinics.

I think that the non-profit groups that are providing the support and the counselling to sexual assault victims are pretty important. Is there any indication of who they are, how much they receive, and if that funding may be in jeopardy?

MS. NANCY MACLELLAN: The funding to the women's centres and the women-serving organizations actually increased in the current year. We did have some process, through the budget process, of looking at the grants to organizations that we fund. The budget is the budget process, and it's an April time frame, so it would be premature for me to speak to any cuts to organizations at this point.

I would say, with respect to supporting materials and training materials and folks having access, that the sexual violence strategy and sexual violence topic area is an area where lots of organizations around the province - because of need - have created their own training materials, their own programming, their own collateral material, their own forms, and their own promotional materials, their own posters. One of the things we're endeavouring to do is to create materials that can be used by anybody so that they don't

have to recreate that and so we have some consistency in the delivery of training, the nomenclature and definitions, and how we approach things, so that folks have access to that. They can brand it any way they'd like as long as the messages are the same and we're getting the same impact.

MR. CHAIRMAN: Mr. Horne.

MR. HORNE: I guess what I'm confused about or don't understand is, when sexual violence occurs, the victim does not get support from their own peers in many cases, or at least it appears to me. I'm not sure if that does happen, or is it something that their peers - if it's a female, there's no response from friends, or there appears to be anyway, on the newscasts and that. I'm just wondering if you have any thoughts about why that may happen - or maybe it doesn't happen - or how it can be changed so that they would get more support.

MS. GRANKE: I have a quick clarifying question before I respond. When you say, "don't get support from peers," are you talking about the general response from other people their age as opposed to, "Hey, let me take you to this centre"?

MR. HORNE: I would say that's correct, their same age group and friends maybe.

MS. GRANKE: I think that we often see that, where we often see things like blaming the victim. That is absolutely a part of the public awareness campaign and the training resources that are going to be developed to really talk about when somebody is sexually assaulted or victimized in any way, sexually or other, it's never their fault. It's never that person's fault. So how do we do that? Well, I don't have a cut and dried answer. If I did, I think we'd change the world in the next couple of hours.

Yes, victim-blaming and double standards we know exist for women and men. There's slut-shaming - the concept of the way a young girl or woman might present herself or how she expresses her sexuality often gets turned around on her when the same might not happen for a young man. We know there's lots of different types of cultural impacts and influences that affect that.

MR. HORNE: I guess that's where I was going. I think I heard an answer that you were going to work on developing a program that will try to negate that issue with the peers.

MS. GRANKE: I wouldn't say we're developing a program but it will be partly addressed in the public awareness campaign, as well as a component that will be addressed in the training and resources that are created.

MS. NANCY MACLELLAN: I'd just add to that that this topic area does tend to make people feel isolated and there is a certain amount of stigma and shame that is attached

to folks who are assaulted. Our intention with the public awareness campaign and some of the initiatives is to have that stigma reduced so that people feel more able to come forward, whether it's to their friends or their peers, to a teacher, to a guidance counsellor, to a family member, to a parent. Really it is - the slide is up there - Breaking the Silence. It really is about having folks have an open dialogue about what's happening with whomever that is most comfortable.

MR. CHAIRMAN: Ms. Mancini.

MS. MANCINI: Back to my question about the funding agreements, I assume there is some funding criteria that must be followed and I'm just wondering if it would be available? Is it available for us to see?

MS. NANCY MACLELLAN: So are you asking funding criteria for the organizations that DCS funds, or specifically for the sexual assault centres?

MS. MANCINI: No, sorry, for the funding for the sexual assault centres.

MS. NANCY MACLELLAN: We haven't had multi-year funding agreements in place at all yet and the process by which we'll do that and the criteria for that is in development. We certainly are happy to share it when it is finalized.

MS. MANCINI: So are you able to say how much money they will receive?

MS. NANCY MACLELLAN: In terms of the sexual assault centres, there is no intention to change their funding or cut it in any way. The intention is for them to receive what they have received.

MR. CHAIRMAN: Ms. Eyking.

MS. EYKING: I understand that the sexual violence prevention strategy is new to Nova Scotia and it's one of a kind. This initiative is fairly new and I see your challenges around engaging youth with being able to report and talk about situations that happen to them.

I'm wondering, I know that we're ahead, the department is ahead with this initiative but are we looking at models in other regions or provinces or countries to help us polish our model here a little bit?

MS. GRANKE: Yes, I mean first and foremost in the first year of the strategy, which I guess I neglected to say earlier, part of that was a jurisdictional scan. So what exists elsewhere - not just in Canada but around the world - to see what kind of models and frameworks do exist.

Then yes, there are some other recent strategies that have been launched. For example, the one in Ontario there's a whole lot of excellent work that is being done out there. I had the privilege of attending the Ontario Summit on Sexual Violence and Harassment in November to be able to hear what's going on there, what's working really well. It wasn't just those working on prevention and supports in Ontario but also from around the world. There was a focus on specifically how to engage youth, how to do effective public awareness campaigns, how to develop training resources - so all the very similar action areas that we're working on here. So the answer is yes.

MR. CHAIRMAN: Ms. Mancini.

MS. MANCINI: My question is about approach and accountability. I know that it was to establish an interdepartmental committee, and that's (a) to develop an inventory of all policies and processes relevant to sexual violence and (b) to align policies and processes as necessary to support prevention and support services. You may have already said this but I'm going to ask, has that particular committee been established?

MS. NANCY MACLELLAN: I want to come back to your last question on funding. I should clarify that we have no intention to and have not cut funding to the existing sexual assault services. We did provide some supplementary funding to the core last year which we are not providing again. Their core funding has remained the same. There was some supplementary funding that was provided that is not being continued for all of them.

To your question about the interdepartmental committee, it is meeting within the next couple of weeks to do the inventory that you described, which really is about us looking at policies within Education and Early Childhood Development, policies within the Department of Health and Wellness, policies within Justice, and our own policies, in terms of disclosure, mandatory reporting, and making sure that government is onside with policies across all of our programs and services.

MS. MANCINI: Can you identify which departments are represented on that interdepartmental committee?

MS. NANCY MACLELLAN: Definitely Justice, Health and Wellness, Education and Early Childhood Development, Labour and Advanced Education, Status of Women - I think those are the six. I believe those are the six. We can get a list of members, though, if you would like that.

MS. MANCINI: I'd appreciate that. Thank you.

MR. CHAIRMAN: If you could provide that to the committee, that would be great.

It looks like there's no more speakers on the list. Is it okay if I ask a question? Okay. No questions?

Since I was young, there has been a lot of education around “No Means No,” and one of the areas that there seems to be an issue with that hasn’t yet sunk into young men, I have a nephew who lives with me and who is in university. My partner Rena and I continuously pound into his head that alcohol and drugs is a very fine line to walk. We see situations where young women and maybe young men are to the point where they can’t give consent or maybe start down a sexual road that night and then stop or get too inebriated to continue.

Is that part of your strategy, education around that? It’s funny, speaking to my nephew who’s 21 years old, and his friends, some of them don’t get it. Is that something that you’re taking into account? How do you get that message across to the frat houses and the 20-year-olds who are out there partying at the Dome?

MS. GRANKE: Yes, in talking about creating a cultural shift, we need to have a cultural shift towards a consent culture in all the different ways that that looks like. Part of that is going to be working with campuses, with students. The best way to get to campus and students is to work with students. Then to get that message out earlier, we’ve been talking about how that could be addressed through public awareness campaigns. We’re looking at that maybe being incorporated there in some way, shape, or form.

Then through the education, there will eventually be a website, as well, that houses all of the information and resources so the public awareness campaign, it will push it to: here’s everything - the training, the resources - I live in Amherst; where can I go? The whole gamut.

A chunk on there will also be around consent. Some of it will be pointing to existing resources because there’s also a lot of good videos and training and workshops and stuff that do exist already, so not fully reinventing the wheel. But yes, you hit the nail on the head there.

MR. CHAIRMAN: So seeing no more questions, I want to thank you for coming here today. We’re going to give you a few minutes to wrap up, so whoever wants to give it a go. Ms. MacLellan.

MS. NANCY MACLELLAN: I want to thank the committee for inviting us to come and talk about the Sexual Violence Strategy and for indulging me a little bit on our DCS transformation commercial, because we like to talk about the work we’re doing any chance that we get.

I’d also like to invite folks to continue to ask questions and to bring forward ideas and thoughts because it is not something we can do in isolation of all of you and your constituents and the areas that you represent. We’re grateful to have folks bring their ideas forward in whatever form is comfortable for them, and I appreciate your time today. Thank you.

MR. CHAIRMAN: Thank you for coming. We will recess until, let's say, 2:45 p.m.

[2:41 p.m. The committee recessed.]

[2:45 p.m. The committee reconvened.]

MR. CHAIRMAN: Order, please. I call the committee back to order - we have some committee business to deal with.

First off, there was an information request made on November 3rd for an advertising template for Habitat for Humanity, I think from the member for Cole Harbour-Eastern Passage. That should have all been received. Everybody should have it.

Second of all, we have two requests to appear: one from the Community Society to End Poverty - Nova Scotia, and the other from Dalhousie Legal Aid Service.

Mr. Stroink.

MR. STROINK: I'm just wondering if I can put a motion on the floor to defer those until your next meeting on February 2, 2016, when the Chair is actually back and we can put that motion forward.

MR. CHAIRMAN: I would agree. We'll defer until the next meeting - we'll put that to a vote.

Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

We'll adjourn the meeting. The next meeting will be February 2nd, from 1:00 p.m. until 3:00 p.m., and it will be the Cape Breton-Victoria Child Advocacy Society.

With that, we're done. Safe travels.

[The committee adjourned at 2:47 p.m.]