

# **HANSARD**

**NOVA SCOTIA HOUSE OF ASSEMBLY**

**COMMITTEE**

**ON**

**COMMUNITY SERVICES**

**Tuesday, December 5, 2017**

**Committee Room**

**Department of Community Services  
Sexual Assault Services Network of Nova Scotia**

**Re: Nova Scotia Sexual Violence Strategy**

**Printed and Published by Nova Scotia Hansard Reporting Services**

## **COMMUNITY SERVICES COMMITTEE**

Mr. Chuck Porter, Chairman  
Ms. Rafah DiCostanzo, Vice-Chairman  
Mr. Keith Irving  
Mr. Bill Horne  
Mr. Gordon Wilson  
Mr. Eddie Orrell  
Ms. Barbara Adams  
Ms. Susan Leblanc  
Ms. Tammy Martin

[Mr. Gordon Wilson was replaced by Mr. Ben Jessome]  
[Ms. Tammy Martin was replaced by Ms. Claudia Chender]

In Attendance:

Mrs. Darlene Henry  
Legislative Committee Clerk

Mr. Gordon Hebb  
Chief Legislative Counsel

## **WITNESSES**

### **Department of Community Services** **Sexual Violence Prevention and Supports**

Ms. Natalie Downey, Director of Prevention and Early Intervention  
Ms. Sarah Granke, Specialist

### **Sexual Assault Services Network of Nova Scotia**

Ms. Georgia Barnwell, Co-Chair  
Ms. Jackie Stevens, Co-Chair



House of Assembly  
Nova Scotia

**HALIFAX, TUESDAY, DECEMBER 5, 2017**

**STANDING COMMITTEE ON COMMUNITY SERVICES**

10:00 A.M.

CHAIRMAN  
Mr. Chuck Porter

MR. CHAIRMAN: Good morning, folks, and welcome to the Standing Committee on Community Services. It's nice to see everybody this morning.

We'll start with a couple of simple things. First, we'll do introductions and go around the room.

[The committee members introduced themselves.]

MR. CHAIRMAN: Thank you. We will move to the witnesses shortly. We have a brief bit of business before we get there, if you'll notice the agenda. Before I move to that, I'll just remind everyone - I'm sure you all have cellphones with you - you can turn them to the off position, please, or to vibrate, silent. That would be much appreciated.

Everyone knows where the exits are, we've all been here before, perhaps, except our witnesses - through the doors there or through the doors there, if need be.

On our agenda this morning, we have under committee business, you'll all note correspondence regarding Kendall Worth that has been tabled for the committee's information and the response from the Department of Community Services as well. Also, the third check mark there is the committee's agreement to post presentations on the website. I don't think we've done that in the past that I can recall.

MRS. DARLENE HENRY (Legislative Committee Clerk): We have.

MR. CHAIRMAN: We have, Darlene will remind me. I would just ask for - I don't know if we need a motion or not but certainly agreement of the committee to post presentations as we receive them on our website for the public to see.

Is it agreed?

It is agreed. Thank you very much.

We will move on to our guests this morning. I will ask, perhaps starting with our friends from the Sexual Assault Services Network of Nova Scotia to introduce themselves. Then we'll move right along and on to the Department of Community Services. Perhaps, Ms. Stevens, we'll start with you and your introduction, please.

[The committee witnesses introduced themselves.]

MR. CHAIRMAN: Thank you very much, nice to have all of you with us this morning. We will begin with Ms. Stevens and Ms. Barnwell to present your presentation. I understand that we have a written copy of that. I just want to check with all members to ensure that you do have it in front of you - a couple of pages there that they'll be reading from, I guess, referring to it.

I would welcome you to carry on with your presentation, ladies.

MS. GEORGIA BARNWELL: Thank you very much. I'm going to be reading a short piece and there'll be more detail in the handout. The Sexual Assault Services Network of Nova Scotia has been sort of formally networked for over two years. We are a group of 30 long-established, community-based agencies, including sexual assault centres, women's centres, transition houses, and other equality-seeking and anti-violence groups, as well as agencies that provide services to marginalized populations.

We recognize that in addition to the ways in which women are targeted for male violence that racialized, rural, indigenous, African Nova Scotian, male survivors, newcomers, and people with disabilities are also vulnerable and lack access to specialized, culturally-specific services. We are recommending that the province make a minimum additional investment of \$2 million yearly in sustainable core funding for sexual assault services across the province.

I'd just like to tell you a little bit about what we've noticed over the last three years while the sexual violence strategy has unfolded. Despite the many short-term projects, we continue to see significant gaps, especially in the need for specialized therapeutic counselling and services to support rural communities and marginalized groups.

The strategy grants carried the expectation that communities would sustain programs beyond the project funding. This is simply not possible. Termination of strategy funding will leave organizations without the capacity to meet the demand for prevention, education, navigation, and coordination, in addition to other services.

The support services that some organizations were able to use to enhance their services through the strategy will be reduced, leaving clients vulnerable and without

adequate services and supports. We question the ethics of this and believe that it does not follow trauma-informed practice. We feel it's unrealistic for the province to expect community-based agencies to sustain essential services through project funding when sustainable core funding is required.

The strategy talked about strengthening sexualized violence services, but the focus has been short-term and prevention-focused only. It has ignored the primary need for comprehensive service across the province and in particular, the need for specialized therapeutic counselling.

I would like to hand it over to Jackie to finish.

MR. CHAIRMAN: Ms. Stevens.

MS. JACKIE STEVENS: There is no statistical indication that the sexual violence strategy has reduced sexualized violence. What it has done is increase the demand for comprehensive services as people become more aware about sexualized violence and abuse, and feel safe to come forward. However, long-term comprehensive services are not consistently available province-wide. We encourage the province to build on the capacity already developed to invest in the core components of sexualized violence services identified by SASNS members. Those core components of sexual assault services are listed in the document that you have, and Georgia and I would be happy to address those later on.

Core services must be trauma-informed, intersectional, as well as culturally specific, and available to all Nova Scotians. SASNS formally recommends that the Province of Nova Scotia make an additional investment of \$2 million yearly in sustainable core funding for sexual assault services across the province. We would suggest a phased-in approach, with \$500,000 provided in 2018-19 and a minimum of \$2 million provided in 2019-20. Funding and service requirements should be informed by community needs. SASNS has identified locations across the province that meet the needs of rural and marginalized communities and can provide this information for you.

The province has recognized the need for specialized sexual assault services province-wide and has made this commitment known through the strategy as well as through the implementation of a provincial SANE program. We are also aware that discussions are in place regarding a provincial model for therapeutic counselling. In keeping with the principle of equitable access, government interdepartmental long-term planning should consider how sexual assault trauma therapy services can be made available throughout Nova Scotia in consultation with and through the development of the specialized capacity within community-based organizations.

The success of the SANE program and the counselling programs requires a foundation of core services provided by sustainably funding community-based agencies

providing sexual assault response, intervention, and services to diverse populations. Thank you.

MR. CHAIRMAN: From the Department of Community Services, Ms. Granke.

MS. SARAH GRANKE: Thanks again for having us here, and thanks to you as well as the network for bringing this issue forward. I think I could fairly say that we all actually want the exact same thing in this room, which is a safer Nova Scotia for all of us.

The work that we have done over the last three years, I'm going to provide a brief update on, as we were here in March. I know that some of you are new to this table, so if you have questions after, we are happy to share any information we have with you. So let's begin.

As you are likely aware, the sexual violence strategy - as was already mentioned - was a three-year commitment of \$6 million. The development began in 2014 with extensive research and community engagement. More than 60 representatives from over 40 community groups across the province were involved in conversations. We also heard from over 800 Nova Scotians through an online survey, and we heard from over 100 youth from across the province. All of these learnings informed what the strategy ended up looking like.

There was a strong focus on community engagement, a strong focus on shared leadership and responsibility. Some of the key actions that have already been mentioned include community support network grants, prevention innovation grants, developing a public awareness campaign, expanding the sexual assault nurse examiner program, and developing online training resources.

The actual strategic plan was launched in June 2015 and that ended in March 2017, so that three-year commitment finished. We are now in the process of operationalizing the work. The strategy was only ever a three-year commitment and government recognized the need that you can't end sexualized violence in three years and that there's still lots of work to do, so we're in the process of figuring out how to incorporate this into ongoing government programming.

The three action areas that were identified for the strategy and which will continue to inform the work moving forward are services and supports, prevention and education, as well as approach and accountability.

I'll just provide an update on a few of these areas because we have limited time and we presented on everything in March so I don't want to reiterate everything. One of the things we heard in that first year of the strategy over and over again was that service providers, as well as community members, wanted training on how to respond to disclosures of sexual violence and how to better support victims and survivors.

We know that sexualized violence can be quite traumatizing, so we need to be providing services and supports in a way that doesn't re-traumatize victims and survivors, which can happen, especially when there are victim-blaming attitudes, stereotypes, and stigmas around this. That's within all the systems - justice, education, and community settings.

As such, a provincial committee was formed. I spoke about this the last time but we hadn't launched it yet. In April, we launched an online training course called Supporting Survivors of Sexual Violence. It has six modules. Some of them are skills-based and provide concrete examples of how to support somebody. It looks at all the different avenues of choices that somebody has following sexual assault, as well as looks at things like issues of consent and from the perspective of indigenous communities.

The course is free of charge. It's open to anybody. It was really created in a way so that anybody could access it and learn, so kind of that foundational work. It could be for a teacher, a guidance counsellor, a hairdresser, or it could be for a neighbour down the street. It takes about four to six hours. You can go in and do a little bit. You could take a whole year to do it if you wanted. There's a certificate of completion once you have finished. It doesn't certify you in anything, but it does indicate that you have taken it. For example, there is a class at an NSCC campus and I know that they're using it in their class, so part of their curriculum is actually taking the course and they hand in their certificate once they've completed it.

As of last week, over 1,600 people are registered for the course. That's actually quite high - the tech person who built it told me - for a publicly available course.

These are the six modules that are available: Sexual Violence: An Introduction, Responding to a Disclosure, Choices following Sexual Violence, Exploring Sexual Consent, Enhancing the Wellbeing of Support People, and Indigenous Perspectives. Again, this was created with the guidance and expertise of community members and service providers from across the province.

In June, the public awareness campaign that was launched last Fall actually received five awards at the ICE Awards, which are essentially the East Coast marketing awards. Three of them included: Public Service Integrated Campaign, gold for Public Service Digital for online videos, as well as Fearless Client. This campaign, you may remember, involved posters, a website, as well as short animated videos.

One of the things that we heard when we did focus group testing was that everybody really loved the website - nobody knew that it existed. When I say "focus group testing" I mean we did this with youth aged 16 to 20-ish. We created four posters this Fall to be able to promote that website. These are the posters. There is: "It's not your fault." and "There is help for your hurt". The other two appear in French, "Nous te croyons." and "Tu n'es pas seul/seule." All four posters are also available in French. These ones mean "We believe you" and "You are not alone." So it's really simple messaging, and the main purpose is to

drive people to the website, which has an interactive map so you know where to go to get help, as well as information on how to support a friend and other types of resources.

[10:15 a.m.]

This past year we also released a Year 3 public report, which I believe was in your briefing package for today. It's available online to the public and it also highlights the work that has been carried out in the third year of the strategy, which would have been 2016-17.

Currently we are in the process of a community African Nova Scotian engagement project. This is in partnership with the East Preston Family Resource Centre and they are the lead on this project. We're having conversations with service providers and community leaders from across the province. There are going to be about 15 sessions in total. There have been two sessions held to date - one in New Glasgow, and one that was in Whitney Pier, up in Cape Breton. There are more planned to be carried out between now and February. The findings from that will be shared later on by the project lead in a report.

That's really looking at what the realities are in communities, hearing from the community about prevention initiatives that they'd like to see or that are already going on, training resources that they might like, and support services that are there or that are lacking. This will help to inform ongoing programming, as well as potential education and training opportunities.

As we've mentioned - I think I mentioned - there's currently an evaluation of the Sexual Violence Strategy. This is to help understand the impact that the strategy has had to date in achieving a more coordinated response, supporting public education and awareness, and identifying opportunities to improve - essentially to help inform how this work will continue on an ongoing basis.

There's a third round of Prevention Innovation Fund grants available. The closing date is December 15<sup>th</sup>, so that's coming up soon. This is really to invest in community-based initiatives supporting young people and supporting communities that are marginalized, including the LGBT community, the African Nova Scotian community, and the Mi'kmaq community.

Some of the outcomes that we are hoping to see include things like having men and boys engaged in prevention efforts. We'd love to see a better understanding of healthy relationships and norms, and also want to see better understandings of things like consent.

Moving forward, as I've already mentioned, government has committed to ongoing funds to this work. At this point, we are still doing an evaluation and so the specifics are not laid out yet, but we do know that we will be looking at prevention and early intervention of sexual abuse and exploitation of children and young people. We'll also be continuing with Prevention Innovation Fund grants. There will be increased capacity for organizations



that provide therapeutic counselling for victims, as well as targeted initiatives on ensuring that victims have choice and voice within the legal system.

MR. CHAIRMAN: Thank you very much. We will start with questions, and we will go one question, one follow-up, and we'll go caucus to caucus - three times around, I guess, like I have done in the past as Chair.

We'll start with Mr. Orrell.

MR. EDDIE ORRELL: Thank you very much for your presentation. I see both groups have asked for continued funding, core funding, more funding, continuous funding. Has that request been put to the government? What would that core funding look like, and the continuation of the funding? Is there any indication that that's going to happen? How much have you been asking for?

MR. CHAIRMAN: Ms. Downey or Ms. Granke, whoever would like.

MS. NATALIE DOWNEY: That's okay, I'll take the buck. For us, as Sarah mentioned, we are conducting an evaluation of the strategy. I do want to plug the importance of recognizing that this is a very complex issue. It's embedded within societal cultural norms that have to be unpacked, and the diversity of people's experiences and the diversity of the ways in which they feel that the issue needs to be addressed for them.

Having said all that, we are in the process of conducting the evaluation. I think it's public knowledge that during the Throne Speech or the Budget Speech government did announce an ongoing continuation of the work, in terms of operationalizing it. Strategies can come and go, but we do have a commitment that the strategy is ended, now we're looking at operationalizing and embedding this work. A figure was announced. We are very happy to pay very close attention to the empirical data and the voice of Nova Scotians as collected during the evaluation, in order to determine the specifics. That is yet to be determined.

MR. CHAIRMAN: Thank you, and just to clarify, were you asking both to respond?

MR. ORRELL: That's all. If both have a response, that would be great.

MR. CHAIRMAN: Ms. Barnwell, did you want to offer a response as well? My apologies.

MS. BARNWELL: We're just kind of waiting to see how the strategy unfolds. Certainly our network has not, as a network, given any applications for funding although I know that some individual organizations have done so. That's all I can say at this point. I think it's something we need to be working on collectively, in order to solve the problems.

MR. CHAIRMAN: Thank you very much. Mr. Orrell, with a follow-up.

MR. ORRELL: The reason I asked that is my fear is that now that the strategy has ended, I just can't think that everything is going to carry on the way you planned it to go so far. We've seen so many times where we've gotten so far and everything is working well, then the funding gets cut and it goes back to where it was before.

My fear is that we lose the good work that is done already, we would have wasted this time and effort and energy from you good ladies and everybody else who has participated in making it what it is. My fear is that that goes back to where it was for, in my opinion, not a lot of funding needed to maintain it and to move forward.

The other question I have is - I can't remember which one of you two said that some of the services and things were not available province-wide, that there were pockets that didn't get or need. Where are those pockets, and why would that be the case if this was supposed to be provincial funding?

MR. CHAIRMAN: Just for clarification - and my apologies, I should have mentioned it at the beginning - when the questions are asked and we go to the witness, I will actually call your name, for the purpose of Hansard, just so all is recorded. I will recognize Ms. Barnwell to carry on with your answer at this point. My apologies, I should have mentioned that at the beginning, just so you would know.

MS. BARNWELL: Certainly it's a large province and the services existing in each area prior to the strategy were some areas had more services than others. With the introduction of strategy projects, many areas were able to enhance services. There were a lot of the community support networks that kind of enhanced their navigation, but one of the things I heard from more than one of the regions was that, well the navigation is fine but there are very few services to navigate.

Certainly speaking on behalf of the women's centres - and I probably would be able to expand that to look at, say, some of the transition houses and the other organizations that provide support services to victims - I know that the women's centres are totally over the top in terms of demand for services. So rather than being able to bring someone in who is in crisis and spend half a day or a day working with them, actually many of them now are into waiting lists and not able to respond, simply because of the number of people demanding services.

The other issue is that sexual violence is a very complex issue and quite often it will be accompanied by other issues, like inadequate income and poor education and family violence. So these are very complex issues and they require more than, say, an hour with a support worker. They require a lot of time to become stabilized and then able to work with a support worker to make some choices about where to go in the future.

Certainly rural, community-based agencies, women's centres and others are experiencing a challenge to their capacity to deal with the numbers of women coming through their doors, particularly around sexual violence. That's why I say there is a gap. Many times it's just a gap in resources and capacity.

I think the expertise has expanded considerably with the strategy projects because it has gotten communities together to be able to work and develop a more enhanced understanding. That's my perspective of the rural areas. I think I would let Jackie speak to the HRM because it's a completely different story.

MR. CHAIRMAN: I will go to Ms. Downey or Ms. Granke for a response as well. I'll flip back and forth and give each set of witnesses a chance to respond per question, if that works for you. Ms. Downey, go ahead.

MS. DOWNEY: I'll wait for the red light because I think the last time I was here, I was interrupting. At the time, I told you, I'm originally from Newfoundland, I'm very verbose.

MR. CHAIRMAN: It will come on automatically for you. There you go.

MS. DOWNEY: I think of the complexity of the issue, and I had mentioned this in previous discussions that I had. The stats on sexual violence are obscure. Over 80 per cent of people who are impacted aren't coming forth to services, but they may be going to food banks, or they may be going to family resource centres. Part of the strategy's approach was to create multiple points of entry.

Having worked in the community in Dartmouth North actually for a long period of time, what was apparent with a lot of the women who were coming forth was that it was historical. We know in America, every eight seconds, there's a child who's being sexually victimized. Those children end up being adults within our system.

A very important part of the strategy is how we address prevention and early intervention. How do we support those parents who are dealing with young children who are addressing those issues?

I think sometimes we can automatically go and think about traditional points of entry in terms of trauma therapy - which is very needed. The strategy had to look at all of those particular areas. Part of the community support networks was mobilizing communities - where do people feel most safe in their community - and being able to build the capacity up whether it's a pastor or whether it's a teacher, and to continue to build on that and certainly looking at how we support prevention and early intervention.

Again, the strategy did have a provincial blanket in terms of every part of the province being provided with seed funding to mobilize. That was provided over a two-year period.

In terms of the provincial scope, I don't want to just focus on trauma therapy because it's huge. The issue is very complex, and it's very huge, and the prevention and the early intervention on those pieces, and how people choose - the choice of how I enter my support.

MR. CHAIRMAN: Mr. Irving.

MR. KEITH IRVING: I just want to pick up on those issues of the complexity associated with this issue. To start addressing this there have to be major societal changes. I think we're seeing a bit of a tipping point in some things of recent. But there's so much work to do here.

I'm interested in the innovation grants. Those were really targeted at trying to bring out some new ideas and new approaches. I was wondering if you could talk about a few of the projects in terms of what you felt was working and new and had impact in the community.

MS. GRANKE: It's hard in many ways to pick because there were and are so many exciting projects taking place. Two come immediately to mind.

One has been carried out by Leave Out Violence Nova Scotia. Their project took place in Sipekne'katik First Nation, also known as Indian Brook. This project was submitted on behalf of the young people. Young people came forward and said, this is what we really need and want in our community, so they supported them in making that happen. It was an intergenerational project where youth and elders in that community came together to build a teepee. The young people said, we want a space that is ours. We need a sober space that is just for us. They especially wanted to be able to use that during and after ceremonies. I know it's also being used for counselling sessions. That was a project that young people in that community said that they needed and wanted and has had tremendous impact.

Another project that was funded in the most recent round of grants was to Sexual Health Nova Scotia. They received funding to create a training curriculum to support sexual health education for those who are living with intellectual disabilities. People who are living with disabilities are at a much higher risk of being sexually victimized. There are not a whole lot of resources, and especially not specialized to Nova Scotia context.

[10:30 a.m.]

So for the last few months, they have worked on developing this curriculum with experts in that area. They recently delivered the training for the first time in Cape Breton, as well as here in Halifax just about two weeks ago, and they had 30 people at each training. They were hoping to do one training with 15 people, so a lot of interest. They had a wait-list of 100. Clearly this is something that people are needing. They already have ideas on manual version two, so that's another exciting project that has come out of this.

In that first year of the strategy we heard a lot, especially from young people, saying we want better and non-judgmental sexual health education and we're not getting it. This is another response to that, and for a specific population that often gets left out of that conversation. So those are two examples of some really great pieces.

MS. STEVENS: I wanted to pick up both on talking further about the Prevention Innovation Fund grants, but also to go back to some of the points that Natalie made as well. Just for the information of the committee, Avalon was fortunate in the first year to receive a Prevention Innovation Fund grant to continue one of our prevention and awareness campaigns, I Don't Owe You. We had started that campaign in the previous year and have been fortunate to go viral. That project was one that we initiated working with youth.

Going back to Sarah's point about youth identifying that they need access to information that addresses their needs, that is non-judgmental, and gives them the information that they need - we worked extensively with youth to kind of identify how they're experiencing sexualized violence, so looking at all aspects in terms of sexual exploitation, issues online, sexual assault, sexual harassment. They created this campaign to look at those nuances of how they experience coercion, threats and unwanted sexual victimization.

For example, things like, just because you helped me with my homework, just because we texted all night, or just because we made out, doesn't mean I owe you. It's getting at all of those kinds of nuances, which are often normalized and people get desensitized to.

What we were able to do with our Prevention Innovation Fund grant was continue working with youth in Dartmouth North where, again, a pick-up from another project that we had been involved in with Dartmouth North to prevent violence against women and girls - we were able to kind of meld those two because of the Prevention Innovation Fund grant. We could further develop public awareness and prevention tools using "doesn't mean I owe you" both as a prevention public awareness campaign and an education tool, and have that developed specifically to address the issues that were arising in Dartmouth North.

I wanted to talk about that because those initiatives were specifically able to address key issues identified by particular populations that are marginalized, that often are under-represented in terms of being able to access services and get their voices heard. As both Georgia and I identified, and certainly what has come out of the results from work to date with the strategy is that's something that the strategy has accomplished.

Going back to Natalie's points, it is important that we have broader awareness and that there are more entry points. As Natalie pointed out, most people are going to disclose to people that they trust, who they already have relationships and rapport with and where they feel safe, so it is important. That's some of the work that Avalon has done over almost 35 years that we've been in existence - working with other service providers to build their

capacity to respond to disclosures, to ensure that they know how to talk to someone, to provide trauma and informed response, to not be judgmental, to not re-traumatize people further in their response. That is something that has been successful in terms of across-the-province in the strategy, in that there are more people who are building capacity to respond to sexualized violence and to victims and to know what to do and where to refer people.

The challenge, as Georgia has already pointed out, is that in terms of long-term, specialized services, those are what are lacking. The initial supports that are in place can only go so far. Going back to the fact that, even though we do need that sort of initial support and first response to be able to address disclosures and to help people in immediate situations - whether that's someone who is in crisis from long-term sexual assault trauma or someone who has experienced a recent or immediate sexual assault - those specialized services to deal with long-term trauma effects and to provide things like the Sexual Assault Nurse Examiner Program, after an immediate sexual assault, or if people are looking for long-time counselling for trauma therapy, those are what don't consistently exist across the province. Those of us who do provide those services are under-resourced to provide the consistent ongoing services that are needed.

The other gaps that exist in terms of what people are identifying they need - so when they are accessing those entry points, they are identifying the need for legal support and advocacy if they are trying to decide if they want to report, if they are going through the court process - those services are lacking, and those services are needed ongoing.

To give a snapshot, for a while Avalon Centre did have funding for a legal support advocate. We started that program in January 2008. When we lost the funding for that program in June 2012, the very first client we saw in January 2008 was the last person that our legal support advocate went to court with, on her last day in 2012. Those kinds of services are not being addressed by this current process that we have in place now, in terms of developing the first entry point kinds of things.

There are only three formalized sexual assault centres in the province. There are other sexual assault services that, because of the strategy and other funding sources, are now being developed. Avalon is the most full-spectrum in the province, but again, we have gaps. I want to put those out there in terms of what we're trying to stress around the needs, that while it is important that we're continuing to focus on developing people's capacity to respond better to victims of sexualized violence, to focus on prevention, prevention is not temporary. It is not a short-term project. It is multi-faceted, it is long-term, and it is ongoing. Those kinds of things need to be built into all of these efforts that are happening now. What these efforts are identifying is the ongoing need and the continued need.

As Natalie pointed out, there is a high population of people who are not disclosing. What we have noted over the years since the strategy is that more people are coming forward to access services after a recent sexual assault or are accessing services for the first time and identifying historical sexual assault, maybe, or they are adult survivors of childhood sexual abuse but are coming forward for the first time.

We are also seeing people accessing services more after a recent sexual assault, which means that sexual assault is not ending because of the strategy or because of our efforts. So those need to continue, as well as ensuring that there are the core, sustainable services to meet the long-term needs of people who have experienced sexualized violence.

Thank you. I know I took a long time.

MR. CHAIRMAN: Thank you, that's fine.

Ms. Leblanc.

MS. SUSAN LEBLANC: Thank you very much for your presentations. I just want to pick up a little bit on what Ms. Stevens was just saying, and also Ms. Barnwell about that exact thing, but then also referencing what you were talking about in terms of rural situations.

It's exciting that we're even able to talk about sexual violence - I mean, not exciting, but you know what I mean. It's great that it has become something that is in the common parlance that - whatever you think about the #MeToo, all those things. It's in the news all the time now. I think that's really great, but of course, like you said, it means that more people - some people - are coming forward and then the resources aren't there.

What that brings to light, too, is the ones that aren't being reported - the people who aren't coming forward still - because of the massive blocks in the way. I'm wondering - this is actually a question for the department - about what the department is doing with other departments like Justice and Education. Can you talk a little bit about the holistic approach to sexual violence prevention?

The stories we hear about women, mostly, going through the court system are horrifying, so why would one report? I'm wondering, can you talk about that and what the plan is for reducing misogyny and institutional misogyny in our other government departments?

MS. GRANKE: That's a great question and excellent points. We are very committed to working with other departments. We know that this is an issue that crosses all departments, all Party lines, all ages, all genders. This is an issue that affects everybody so we have to work in that kind of an integrated way. As I'm sure you are all aware, this can also be very challenging at times.

We established an interdepartmental committee - I think it was in January 2016. The mandate was very big, and we were able to accomplish some of the tasks outlined. We didn't get to everything, but everybody that was on that committee is committed to continuing to work together.

Some of the things that we've been collaborating on or been a part of - for example, recently the Department of Justice just launched a three-year pilot program and hopefully it will continue past that. It's an independent legal advice program so it will provide victims and survivors up to four hours of free legal advice with a lawyer completely independently of the Department of Justice. People don't have to report to police and they don't have to take legal action.

That's just one step. We need a whole bunch of things all together to be able to do that, but that's one part of the picture.

There's also - as you may have heard - two Crown Prosecutors are being hired at the Department of Justice specifically for sexual assault cases. We've also been working with the Department of Labour and Advanced Education on their recommendations that are going to be presented for post-secondary campuses for looking specifically at prevention. We've also been in a lot of discussions with the Department of Education and Early Childhood Development as of late on how to better equip teachers with skills and knowledge on how to respond to disclosures, but also how to talk about the issue in general.

Those are just a few pieces, but we know that there's still a lot of work that needs to happen.

MR. CHAIRMAN: Ms. Downey, do you want to add to that?

MS. DOWNEY: The reason it's so needed is because it is a complex issue. Our role moving forward - one of the outcomes that we know needs to be accomplished is exactly what you're talking about, is to do a better job at that.

Of course, working across departments, for some reason it's tough - whether it's on other issues as well, but for this one in particular looking at choice and voice. If we look at an outcome for people who have been impacted by sexual violence - whether it's the health system or the justice system or child protection system - how do we create a system where those most impacted feel that they have voice and choice within that system?

People involved in that system may get training in trauma informed pieces, but if the system itself isn't changed, then you can be as trauma informed as possible, but you're still bringing people through a system. That's the piece that needs to be addressed, and I think we can speak to that clearly.

It's interesting because some of the international research, certainly from a children and youth perspective, is showing that the numbers are going down when people work differently together. That's seen internationally. We're seeing that in New Zealand. We're seeing that in Australia. We're seeing that in some very progressive jurisdictions. That's when the numbers go down, whether it's our child protection or sexual violence. So that's the piece that we really need to look at - the schools especially. So not just our justice systems but our schools where more people impacted by this issue are going every day.



We would totally agree and say that's something moving forward - regardless of the budget and where the dollars went - that we are definitely committed to and have had some preliminary discussions of what that looks like formally, both at a government perspective but also how the community can help inform and shape that process. I've had a couple of preliminary discussions on that topic as well.

MR. CHAIRMAN: Ms. Barnwell, did you want to offer any further comment on that question? I know it was directed to the department, but we'll certainly offer you the opportunity.

[10:45 a.m.]

MS. BARNWELL: Certainly I would add the Department of Health and Wellness as a key player. What we are noticing in the women's centres is that there's a restructuring in the Mental Health and Addictions Department which is kind of changing the classifications of people who need help. What we find is that although it's not a formal referral, we're getting lots of mental health practitioners saying well, you should go to the women's centre for that, or ER departments or family doctors because you don't fall into the continuum where mental health will be able to help you, or there is a six-month or a one-year waiting list.

I think there really needs to be some more intentional collaboration between the various resources, whether they're government agencies or community-based agencies. We have started to initiate some conversations around how we do this in a way that provides quality services in a timely manner, so that we all know who is doing what and what is appropriate for this group to be doing and who needs to be referred on, et cetera. So Health and Wellness is another huge player in this.

MS. LEBLANC: I just wanted to thank you for bringing up the massive issue of sustainable core funding. I come from an arts background, not to suggest that there's any comparison between sexual violence and making a play, but in terms of the work being done it's impossible to do without sustainable core funding. Project grants are great for little - exactly what they are - projects, but if there's nothing sustaining that underneath, then all the work is basically for nothing.

I want to thank you for bringing that up and the reason I'm saying this is so that my colleagues and the general population - whoever is listening - can hear that one more time. I think that is a key factor in all of this, and I really hope that the government listens.

MR. CHAIRMAN: Thank you. A quick comment from others? Ms. Barnwell.

MS. BARNWELL: Jackie has something to say around the health issue.

MR. CHAIRMAN: Ms. Stevens, anything to comment further on that? If not, that's fine, but whatever you like.

MS. STEVENS: Just to thank you for acknowledging that sustainable core funding is key. Again, in terms of going back to the points that Sarah and Natalie have made in terms of the strides being made with the strategy, the fact that there is now like an implementation stage in terms of - and I think the evaluation is going to kind of identify where the real successes of the strategy are and then what the needs continue to be moving forward.

I'm hopeful that in that process and through the continued dialogue and the work between the different departments and the community that we'll get to that sort of point of recognition. I think that it's hard to commit to long-term funding when you're not sure what outcomes are. I think that when it comes to projects in a short period of time you can see outcomes and successes or gaps fairly early and easily and it's harder to imagine what five, 10 years down the road it is going to look like.

I did not bring it, but I can certainly provide it for the committee - there is research available around the cost to health, education, justice, and community services in terms of the cost of sexualized violence, the impact. People need access to more health care. They're not working. Housing is an issue. All of those kinds of things.

When you look at those long-term impacts in terms of cost, it easily shows that putting long-term money into sustainable core programs that are actually intended to prevent as well as address existing issues does outweigh that in the long term. It's just that it is hard to envision what that looks like when you're trying to create a budget.

I hope that the government is open to continuing to have these conversations and work with communities around what that means and what that looks like in the long term.

MR. CHAIRMAN: Ms. Downey, a reply to the question as well?

MS. DOWNEY: The thing of it is - and I'm sure Jackie would agree with this - we have more in common than we have not in common. It's just that when we have to look at the province, I always want to stress the diversity of responses, that there's no cookie-cutter response to this, and that part of the evaluation, I would say 70 per cent of the evaluation, is actually listening to what people across the province, either directly involved or indirectly involved, have to say.

I do want to comment, though, on this concept that the projects were sort of just that. Sarah shared with you two examples of sustainability there. Just because it doesn't look and feel more like the mainstream sort of approach to sexual violence doesn't mean that it wasn't. I think we just have to be careful when we use those types, because it was intended to focus on marginalized populations, people who don't access any of our services across the table but are accessing a teepee in Indian Brook.

I think it's very important that we don't minimize that, because we're minimizing those populations by doing so. We have a lot of really successful - yes, some of the

innovation pieces didn't work. To be honest with you, the ones that worked really well, from the annual reports, were the ones that had really grassroots approaches and a smaller amount of dollars associated, because it brought the community together to be creative.

I also want to put forth that this is an issue everybody owns. It's an issue that the businesspeople in our community own, the elders, service providers. We need to have solutions that engage all of them. I think a lot of the - they were prevention innovation grants, not projects - really demonstrated that ability. That has a longevity and a sustainability that is able to propel itself. Without that, we're still trying to solve the problem the same way, without trying to include everybody. I also want to put a plug out there for that piece. I just felt compelled to do that.

MR. CHAIRMAN: We will move back to Ms. Adams. We will shift just a bit. Instead of one and a supplementary, we will go to one question in order to get more in. We have almost burned the first hour already. It's a great topic. I want to have a few more questions, if we can.

Barbara, with a question, and we will continue to move around the table.

MS. BARBARA ADAMS: I am very grateful to have all of you here today. As a health professional taking a history of somebody, you ask about all of the traumas they have had in their lives. The one that they always talk about the most is sexual violence. I know that the long-term effects on health are huge with respect to every disease that we can have.

When we look at all of the strategies that are listed here under the outcomes of understanding, perceptions, engagement, when I'm looking at numbers, for me it would be more important to see the weight of the interventions going toward prevention. Once you have hit somebody with a car, they live with that impact forever. It's the same with this.

When I'm looking for the numbers, I'm wondering, after all of these innovations with the \$6 million that was there, did the numbers of sexual violence go down? Did the number reported go up? Did the number of charges pressed go up and the number of convictions increase along with that? When we're looking at these outcomes here, I'm wondering how you would measure that and what the indicators would be that you have achieved those goals.

The other thing is the Avalon centre's website mentions that 70 per cent of all sexual assaults are by somebody you know, and in an awful lot of cases it's family members, so getting those people to come forward is going to be nearly impossible. We can put all the posters up that we want - if it's a family member, people aren't necessarily going to come forward because there's too much retribution and you tear a family apart.

I guess my question to you is, how do we reach the family members to get that to stop, because I know prevention is one of these? The numbers of the reports and the

pressing of charges and the convictions, has that gone up or down or moved at all with the three years of work? What more can we be doing to prevent these things from happening?

MR. CHAIRMAN: We went from one question to three there. (Laughter) Perhaps a math lesson that I suggested earlier may be - anyway, that's fine, it will all come within one. Ms. Granke, would you like to address the first, second, and third questions?

MS. GRANKE: Sure. Thank you for your question. It's challenging when it comes to measuring rates of sexual violence, period. I think we've already mentioned that maybe 5 per cent of cases get reported to police, and that's only one way of actually measuring statistics.

What we do know is that in the last 10 years - well, specifically 2004 to 2014 - there has been no change in rates of sexual violence in Canada, period. Whereas other rates of violent crimes have seen a decrease of about 28 per cent. That's kind of maintaining status quo. All that is to say that numbers only tell you one side of the story, right? That's a challenge, period.

Has the three-year strategy reduced rates of sexual violence? I don't know. Maybe, maybe not. That's really hard to tell. Also, there are so many other factors at play. Lots of other agencies that have been doing this work for a long time, it would be really hard to be able to actually say, yes, these very specific initiatives funded through the \$6 million are what changed it, if there was even a change, so it's challenging to answer that question.

When it comes to prevention, I appreciate that you brought up the fact that the majority of sexualized violence and sexual assault happens via somebody that you know and trust. A lot of times that does happen in families. As we move forward with the operationalization of this work - again, no matter how many dollars get assigned, part of what will be the work is working with existing programs that work with families, that work with parents. Just as an example, there is a Parenting Journey program through DCS. How do we work with those staff so that they can be better working with parents to address these issues and work from a whole family perspective? A trauma like that impacts everybody in some way, shape, or form.

MS. DOWNEY: Can I also add, too, that sometimes when we talk about sexual violence we think about the Criminal Code, but it's a continuum. It's everything from cat-calling to sexual harassment in the workplace to a whole host of things. To meet a benchmark for criminality or the Criminal Code - I'm not a lawyer - is not always the best marker of the pervasiveness of the issue, so I always want to throw that piece out.

Sarah tapped into the other piece around parenting. What she's talking about are the things that we don't - it's how we work together differently, so it's not necessarily a budget line item per se, as much as those people who are intimately involved in families through home visiting programs like Healthy Beginnings, if you're from Health. That happens prenatally. I used to joke when I worked in the community - not joke, but say that

we really need to address this prenatally and then some families would say, that's when it would have really worked for me, when I was pregnant, because things happened to me when I was a child.

I'm getting into being verbose again, but all of that is to demonstrate the complexity of the issue and the multiple conversations with the other community organizations, as well, that we've had around this. The parenting piece is very important. Does that answer A, B, and C?

MR. CHAIRMAN: Ms. Stevens or Ms. Barnwell for comment? Ms. Stevens.

[11:00 a.m.]

MS. STEVENS: Just picking up on Ms. Adams' question, you just acknowledged that because predominantly it's people targeting people that they know for victimization and sexual exploitation, and so it does make it harder in terms of people coming forward. Whether that is within the family, or what we're hearing more and more of right now in the media of workplace sexual harassment, and other forms of sexual exploitation of youth by people in positions of trust and authority. Again, those are those barriers

Certainly all of us through our work in relation to sexualized violence are hearing more and more in terms of people may not be reporting to police, but when they are disclosing - almost everyone has experienced sexualized violence at the hands of someone they know.

Again, in terms of going back to the points around prevention being key, is looking at what is happening in our society, the way that we're being socialized and again, our beliefs around people in positions of power and authority, people's place, all those kinds of things need to be - and even how we look at the concepts of consent. Again, when we look at consent, most of the focus is on people being able to know when they can say yes or no and people respecting yes and no.

When we look at vulnerable populations - when we look at indigenous women, African Nova Scotian women, newcomers and youth who are at risk - they are not in positions of being able to consent. When people have experienced childhood sexual abuse, there is no concept of bodily autonomy and being able to say yes and no. These are issues that we are not getting at in the core ways in which we need to get at them. It's going back to, I think, all the points that we've all been making - this need for these discussions within the different departments and happening at the school level. It's getting people comfortable.

I think again - two points in terms of my experience in the 20 years at Avalon and then in the past three years with the strategy. There continues to be the need for communication because there's a lot of really important work being done at all the different

departmental levels, but they're not always necessarily in tandem or aware of what the other is doing so that continues to need to happen.

Also, what is key as well is that the prevention work needs to get more at these underlying issues and people get comfortable with talking. What we hear a lot of is that schools are concerned about having conversations about sexual assault because they don't want to trigger people or they're afraid of causing more harm. I think that's where the capacity-building and the education for service providers - ensuring that there are those core supports in place is important because people do need to have those spaces.

In terms of Natalie's point about some of the innovation grants and the successes of those, people need those spaces but there needs to be that ongoing safe space and people who are equipped to provide the support in terms of what people need, so we need to keep building on that. I think that is what is essential.

I think that sort of as we do that, that then starts to address some of those other issues, going back to the question around whether or not we're seeing an increase in reports or those kinds of things is that certainly over the years that Avalon has had specialized programs, we have seen the increases come sort of - yes, it's kind of interesting. I think that, say, five years from now, we will see the outcomes of what's happening now. Five years from now, it will be hard to say it's because of the strategy from 2015 to 2017, but it probably will be.

Again, what I want to use as an example is that historically, Avalon has always seen higher rates of people accessing services who are identifying as experiencing sexual assault in the past, so either adult survivors of childhood sexual abuse or historical sexual assault. That usually has been our higher number. What we are seeing in the past couple of years is an increase in people who are accessing counselling after a recent sexual assault, so one that has occurred in the past year. We have also seen an increase in people accessing our Sexual Assault Nurse Examiner program up to five days after a sexual assault.

That tells us two things: that sexual assault continues to happen, in terms of the recent sexual assault, but also that people are accessing services sooner than they used to. That certainly is a success. What that enables us to do is validate to people what has happened and ensure that they're getting access to services sooner. That hopefully mitigates further trauma impacts. That is certainly significant.

Again, it's hard to say at this stage. What we would say is that certainly since 2013, after the publicity around Rehtaeh Parsons and all of the work that has been done since, some of the other public high-profile cases that have been in the media from across the world, those have increased people's awareness and also increased awareness around the services that are out there. It is bringing people forward, and I think there is that validation of the issue and that people are believed and all of those kinds of things.

I think those are the successes that we can see in an immediate and build on. I think that that's when we'll see. But I think it will be down the road that we'll see the success, the real impact in terms of decreases in sexual assault happening or increases in arrests or those kinds of things.

MR. CHAIRMAN: Ms. Barnwell, do you have something else?

MS. BARNWELL: To add to that, I think it's really important that we look at building capacity at multiple doorways, as has been raised already. The women's centres certainly have experience in this area because we're multi-service centres. People may come in for a program, or they may come in to use a computer.

Once they develop a relationship and feel safety, then they can start to ask for help. Sexual violence or historical sexual abuse is a big issue to ask for help on. You might want to ask for help on paying your rent first and see how that goes. Across the board, we need to strengthen the community agencies' capacity to provide a solid and always-there safe place for victims to come forward, whether it's the Mi'kmaw Native Friendship Centre or family resource centres or women's centres. They all need to have the capacity to be there and to be open and have the resources to provide support.

MR. CHAIRMAN: Ms. DiCostanzo.

MS. RAFAH DICOSTANZO: I was really encouraged or excited to see the online course. To me, this is a great tool that they can access in their house. I think the most important thing for the victim is confidentiality. They may come to somebody - a sister, a relative - and the first thing they would say is, "I don't want this out. Don't say it to anybody."

Then the load is on you or on the person who has got the information, what do I do? To have that information online and accessible on how to advise, how to get them to actually feel comfortable to say what they are - my question to you is, are you getting feedback from these online courses, and are you promoting it? To me, it's a really wonderful tool that is in the house.

I worked with the Department of Community Services and with a public health nurse, going into a house. We saw a little pamphlet and we realized - she just had a baby, but she was being sexually - or domestic violence - and she had the pamphlet, somebody had given her this. So that made a huge difference that we were able to extract the information and help her, direct her. This tool that that woman or any young victim can have - how are you promoting it? How are you tracking the use of this online program?

MR. CHAIRMAN: Ms. Granke?

MS. GRANKE: As I've mentioned, we've had quite an uptake of the course already. It's actually getting close to 1,700 people registered for the course.

What's interesting about that is that it actually doesn't capture the potential full usage of it. When we were developing this, everyone on the provincial committee resoundingly said that privacy is of utmost importance, so we actually can't use things like Google Analytics on it. We voted for less statistics and way more privacy. We know how many people have registered and that's about it. I think we know if they're in our province or outside of our province. We have an optional survey that people can take to provide additional feedback, but there is no way that their email will be shared. We don't even follow up with surveys that way. It's just an on-the-site survey option.

In addition to that, you don't have to register with a name. You don't have to register with an email. That was another aspect of the privacy - for confidentiality purposes, for people who didn't want anything associated with it. So you can actually take the entire course, access all of the resources, without even signing up. If you do sign up, there are benefits, like you get a certificate, it tracks your progress, and it will take you back to where you were.

As far as how it's being utilized and how we're promoting it, we have heard a lot of stories of people incorporating it into things like their coursework, into workshops. We're working with the Department of Education and Early Childhood Development to see how it can be utilized by teachers and guidance counsellors.

This new program that the Department of Justice is piloting - any of the lawyers who are part of that program have to take this as one of their requirements, in addition to in-person training. I've also heard about some post-secondary institutions that are having their residence assistants take this as part of their training prior to starting in the Fall.

The Public Service Commission has also listed this on their course offerings so that all public servants have access to it, and we're working with other departments as well to incorporate this into online training - so, you know, people take WHMIS, people take this course. As we've all talked about, people disclose to whoever they trust, and that could be anybody, so we are absolutely going to be promoting this.

What is great about it as well is that there is room for building in flexibility. If something was to change - for example, when the SANE expansion is complete, I can actually go in myself and edit the information so that it's up-to-date, so that it's not static. As new resources become available, if some policies were to change at some point in time, we can keep that current. We can also build on it and create new modules if we want to do that at some point, which I would like to.

The last thing I'll say about this is that it can also be really useful for survivors themselves. We've heard some stories about people who have found it healing, in a way. For example, in one of the modules, called "Responding to a Disclosure," there are five scenarios where somebody tells somebody about the harm that they've experienced, and they get a really positive trauma-informed, compassionate, caring responding. For some people who maybe didn't get that, to actually just see that happening can be very healing



as well, to know that they're valid and go find information on what choices they have following sexual assaults. So even though it was designed specifically for supporters of victims and survivors, we know that it can actually be beneficial for survivors and victims themselves.

MR. CHAIRMAN: Ms. Downey.

[11:15 a.m.]

MS. DOWNEY: The other thing about the training piece - I would encourage each and every one of you here today, in your valued time, to actually go through it. It's very self-directed, as Sarah mentioned, so you can say okay, I'm going to pause now and maybe get back to it tomorrow.

There are a lot of videos in there that are done by local Nova Scotians, as the actors in them. There are young people and a lot of diversity that's displayed in there that really makes it come to life. So there was engagement of youth as well and not just youth, I think just people right across, in the actual making of the videos, so I would encourage everybody to do that.

MR. CHAIRMAN: Okay, thank you. What we will do again, just in order to keep it moving, maybe as we go to the answer the witness will choose one from either, just to limit it, instead of four, it allows us to get a few more questions in. Ms. Chender.

MS. CLAUDIA CHENDER: Thank you again for all your presentations, it's very interesting. Since I don't get a follow-up I'll start with a quick statement, which is just to say that I appreciated your response about the program, not to belittle the program's specific work. However, I don't want to get lost in the point that for those few specific organizations that are working closer to full spectrum like Avalon, I don't want the point to be lost that core funding seems to be imperative. We have to innovate but as we innovate, we can't lose what exists.

On the topic of innovation, I want to take this justice question in a slightly different direction, which is that often when we think of justice in regard to sexual violence, we think about victims being able to prosecute or victims receiving justice. To begin with, we know that happens rarely. But there's a whole other lens, which is that those victims very often go through some magical transformation by which they are offenders and our system regards them as offenders. Particularly with women, we know the federal statistic is that 82 per cent of women incarcerated federally have been victims of sexual violence. We assume that the number is very similar at the provincial level.

I don't know if anybody has had a chance to see it but the online magazine, *The Deep*, published a long form piece this morning about a pregnant offender at the Burnside Correctional Facility who spent much of her pregnancy in administrative segregation, either in solitary confinement or in her cell. She talks about her history, which will not be

a surprise to any of you who work in this area. Of course, from a very young age, she began with a history of victimization and as a victim of sexual violence.

When Susan and I went to visit the Burnside Correctional Facility, we noted that although we know that over 70 per cent of the people there are on remand - including the woman in the piece that I just referenced - they are referred to as offenders. So as soon as they go through the prison gates, they are offenders - whether or not they are in fact offenders.

I guess my question is, I'm curious to hear where the thinking about this is. I guess it's a two-part question. One part is, how do you think about that pipeline from victim of sexual assault to offender, knowing that even when people are convicted of crimes, it's questionable. We have prostitution convictions, we have other convictions where we know that the person who is being convicted often has no choice in the crime that they have committed.

Secondly, I guess more specifically to the department, although I know it's more in the justice realm, or to all of you - are there specific programs that any of you have or know of that do target women who find themselves incarcerated or in trouble with the law, as offenders, that can help them in that stage because our sense is that that support can drop off, for very good reasons in some cases, there are barriers.

MR. CHAIRMAN: Thank you. I'll start with Ms. Stevens or Ms. Barnwell, whoever would like to take the question. Ms. Stevens.

MS. STEVENS: Thank you for raising this because it is often an area that doesn't get a lot of attention and as you've pointed out, it's something that again is complex and again statistically higher than most people are aware. It is important that we're bringing attention to it.

Again, in terms of the point you make around services is part of the challenge that often is identified by advocates that work with women in conflict with the law and who are incarcerated, is that oftentimes any kind of programming that addresses core needs of women, as well as things like mental health or issues like sexualized violence, education, any kind of programming, drops off. People don't even have adequate access to sanitary napkins and tampons, let alone mental health counselling or sexual assault trauma counselling or to medication that they need. That's sort of an area that needs to be looked at in terms of the supports. Those that do exist are often coming from the community because again, in terms of institutionally, those services aren't there.

That certainly is something that I think needs to be worked on and is something that some of the community-based organizations are working with advocates to address some of that, and also to create awareness so that when women are released, they know what supports are in place when they're back in the community.

In terms of the question around, again, that sort of relationship between victimization and women ending up incarcerated, I think some of the points you raised, when we're looking at power and control and patriarchy and in terms of how we're socialized, is that a lot of - again, what we know in terms of women incarcerated in Burnside, a lot are in there on remand, poverty-related crimes. It's not to try to excuse stuff, but in terms of looking at the context in which people are being criminalized in situations, where there's a lot more awareness now around sex trafficking and particularly of underage youth, but the reality is that youth are being criminalized for being victimized, so they're being targeted and exploited and trafficked and then arrested for sex work and then being criminalized.

Or we see women - there's a couple of cases in which women were victims of sexual assault - this happened in Newfoundland and out West where women were actually incarcerated to ensure that they showed up in court to testify against the accused. One woman was actually transported in the same van with her attacker. These are realities in terms of which, for women's protection, they get incarcerated.

Again, in terms of the point you made around women who are pregnant, oftentimes that's for her protection that she is then put in isolation, at a time when she needs access to services, she needs access to supports. Again, we need to look at those relationships between power-and-control dynamics, marginalized populations, and the ways in which we look at these issues because there are a couple of high-profile cases here locally, as well as in other areas of the country, where particularly youth have been criminalized for trying to leave violent situations. The person who is abusing them becomes the victim and they become the persecuted and the prosecuted.

There was another case recently in Ontario where an underage girl was named and her face was put in the media as someone who was wanted and dangerous. She and a group of other girls who are all under the age of 18 were identified as prostitutes, so again, they cannot legally consent to being involved in prostitution or sex work under the age of 18 but they're being labelled that way and the person who they attacked is their victim when again, it's a situation where they're being sexually exploited and victimized but now are the ones who are criminalized, so we do need to reframe.

I'm glad you raised that because this is sort of this reframing. We're also seeing publicly now where people have the courage to come forward and disclose and challenge the systemic sexualized violence that is occurring. When we see what's happening in the media in the U.S. now, all of these people who are coming forward to disclose the long-term abuse and misogyny by high-profile men, they're being targeted. They're being discredited. They're being attacked for going against the system.

This is the reality - again, if you look at some of our own historical systemic institutionalized abuse. The people who have had the courage to come forward are then the ones who are discredited and attacked and vilified, and the people who are committing atrocious abuse are the ones who then become victimized. We really need to reshape that.

MS. DOWNEY: Everything Jackie said, but the point that you're bringing up is bigger than this particular issue, whether or not a criminal justice system wants to be rehabilitative or punitive in those particular instances.

I also want to highlight the fact, coming from a child welfare background, that in the early years, gender is non-discriminatory in terms of children being abused. Those young boys also end up in our prison system or in our other systems - not excusing the behaviour but also look at exactly what Jackie is talking about in terms of that historical piece. In your tour of Burnside, I would say - I don't know the statistics; other people have done it - there's a large percentage of men who have been boys - or domestic violence.

The promising piece is in the Domestic Violence Court work that's happening currently in Halifax. Georgia, I'm not sure if you sit on one of those teams or not (Interruption) Yes. There has been a common agreement even at that level not to use terms like perpetrators or victims, really talking about people as human beings. I just thought that that was, I think at all levels of that pilot - the steering committee and the community groups - all came together with some collective language.

I say that because in tackling any complex issue, it's important that we all come together with some common language, and as Jackie pointed out, some common principles of common understanding and addressing the work. I do want to put that out there.

In those particular examples, it would be helpful to know what the needs are of that mom, does she need a public health nurse, parenting, all of those pieces. That's why I would say, as we move forward from an interdepartmental perspective with some community support that, although those examples coming through are awful examples, it's those examples that help us unpack at which point along the system it broke down. That would be my hope moving forward, and everything that Jackie said in addition to that.

MR. CHAIRMAN: Mr. Orrell.

MR. ORRELL: You did note that statistically, there have been no differences in the polls you have taken, reduction of sexual assault and sexual violence. But in saying that, that's stuff that will probably show up in a year or two or three in different areas, as you talked about. It might be at the women's centre. It might be at the Ally Centre where people are coming.

A couple of years back, they tried to expand the nurse examiner program in the Valley and in Sydney. They were having some difficulty. I don't know if it was recruitment of nurses or if it was funding it. Are they both up and running now? Although it would be great if we could prevent everything, it's not going to happen. We know that we have to do the follow-up, the treatment, the care to make sure that people get to the point where we can heal their wounds, and the Sexual Assault Nurse Examiner program is one of them. Are they both up and running in the Valley and Sydney to their full capacity? Is there a plan going forward to be more proactive so that we can put one up in northern Nova Scotia

or in the Amherst area or down in the Yarmouth area or in Antigonish? There's already one in the New Glasgow area. Is there a plan to make sure that that is available?

We had heard some horror stories where people waited three or four days to get an examination done, to try to do that. Is that something that's happening now?

MS. GRANKE: I will provide a brief update, but then I would also like Jackie to provide an update because sometimes we have different information. My understanding is that it's in both Cape Breton and in actually all of western, and it's housed out of Tri County Women's Centre, so it's in Yarmouth, but it will have full coverage to all of the western area.

They've hired their coordinators and they've been hiring nurses, and there's a whole training process that has to happen and then there's a whole expansion as far as what sites because they are developing a rural model. It's very different than being in Halifax where you have this massive geographic area. So it's still in the works. I don't believe that it is at its full capacity in providing service yet but it's well on its way.

As far as expansion to the Amherst area, I don't know what the Department of Health and Wellness' plans are on that at present.

[11:30 a.m.]

MR. CHAIRMAN: Thank you. Ms. Stevens.

MS. STEVENS: I can add a little bit to this. As Sarah indicated, the programs are not fully operational, as of yet. Susan Wilson, who until last week was Avalon's coordinator of our Sexual Assault Nurse Examiner program, has recently been seconded to NSHA to coordinate the provincial program. She has been in that position formally for a week. Her first order of business will be to work with the two new programs in eastern and western to get those fully operational.

One of her main roles is the training, so once all the nurses are hired, she will then provide the training to those two new programs, as well as the two existing programs through Avalon and the Antigonish Women's Resource Centre and Sexual Assault Services Association. The four programs will fall under the provincial coordination when it comes to training and provincial standards, policies, procedures and practices. The provincial coordinator's role will be overseeing all of that - policy development, the training and moving the four programs forward.

My understanding from the conversations with NSHA is that once the two new programs are fully functioning and then the four programs kind of fall under that provincial coordination, that they then will be looking at the gap areas, including the northern region, as to kind of what next steps would be.

In the meantime, what has been happening with the existing programs - Antigonish and Avalon's programs - is looking at how we can support the areas. I know there is work happening with Truro to address gaps there and with the western program and services into the Valley, like people kind of in the Hants area will have the option of accessing the Valley or coming to Halifax, like to the Cobequid Health Centre. So there is some work around increasing awareness of police and health professionals and other service providers in those gap areas so that they kind of know where to send people. The challenge of course is their transportation, in terms of the rural response. But again, that increased awareness gives people more options.

For example, with people in the northern area or in the areas that kind of - Eastern Shore, for example, is currently working with Avalon. Through the strategy, we have a shared sexual coordinator for our sexual assault response teams. Part of that role is to then see how we can increase access for people who are on the Eastern Shore to services. For example, depending on where they live, is it easier for them to get to Truro to a sexual assault centre or get to Halifax? Is it easier to get to New Glasgow or to Halifax for the Sexual Assault Nurse Examiner program? Then how does that happen?

There is some temporary or kind of other kinds of things to try to provide better access while the provincial coordination is getting up and running.

MR. CHAIRMAN: Mr. Horne.

MR. BILL HORNE: Thank you so much for all this information coming over today. I think it has been very important for our society to hear this. We'd like you to change a little bit by talking a little bit about children and families, societal issues, how to curb those through prevention. It's a little bit of a different tack.

My wife and I have two children - two adult girls - and have a grandson and a granddaughter. We've been very open, and they've been very open with us in the past, and hopefully that will continue through their lives. Maybe we'll be fortunate enough not to have any abuse of either one of these children or other people.

I would like to get some knowledge on how we will prevent this for young people before they get to a point where they're even abused - by parents, friends, neighbours, whatever. I think it's important that we do have a plan, or at least are thinking about ideas, ways of improving that knowledge so it does not happen.

I'll ask any one of the four here who would like to speak about it.

MR. CHAIRMAN: Ms. Barnwell.

MS. BARNWELL: Certainly from the women's centre perspective, many of the centres have been involved in providing a Healthy Relationships for Youth program, which is a peer education program done with Grades 11 and 12, who are trained as peer

facilitators. Then they go and work with Grades 9 and 10 students around issues like consent and healthy relationships and how to communicate.

The schools in which those programs have been involved - I think Duncan MacMillan is a really good example, that's in Sheet Harbour - the whole atmosphere of the school has changed. There are fewer incidents of bullying and harassment. At this age level, the students would be talking about sexual allowance and consent and how to say no or how to say yes. I would say it's quite age-appropriate training and communication. I think in this age group we've seen huge success in that area, but we need to work with even younger people. Young people have to be able to understand how to set boundaries and say yes and no and to feel worthy of being in control of their safety.

That's a program that has to come through family resource centres and SchoolsPlus and all kinds of other resources. We really need to invest in that. We need to invest in everything - prevention and intervention - at this point. If we can get them before they go down the waterfall, that's great, but there are still an awful lot going over.

MR. CHAIRMAN: Thank you. Ms. Downey.

MS. DOWNEY: Certainly what Georgia talked about, as well as looking - I talked about prenatally. I say that because one in every four young children who is female will be sexually victimized before the age of four; one in every five young boys. Those numbers are startling, and when you think about the brain and the development of the brain in the first five years of life, they are most vulnerable. They are most open to learning during those periods of time - as I learned, I think, until you turn 50, I can't learn anything anymore - in those early years, so the impact is long. If we know that, what are we doing about it?

I'd sort of jump a little bit on what you said. We do have some provincial programs that are offered through the Department of Community Services in our prevention and early intervention piece, like Parenting Journey, like family resource centre programs, that are working with parents who have very young children.

Historically we've talked about how to feed your child and how to play with your child and all of those things, but we haven't talked about this very topic. So what does that look like? We'd like to explore what that looks like.

Again, part of my work at a program and policy level is to look at promising practices internationally, because Canada and the U.S. don't necessarily have some of the best. Oftentimes it's looking elsewhere and so some of the jurisdictions have had parenting groups, specifically sometimes parents whose children have been exploited, so that's kind of like a little bit further down the barrel.

All of this needs to be nestled within safe communities. What are the communities like? What are the sort of natural surveillance pieces that members have to help protect its

youngest so that when they're out of our care, at the playground or wherever, what does that look like?

I would suggest that we definitely need to look at it because that's where it's happening. It's happening all over but when we look very carefully at those statistics and the long-term impact, as Jackie had mentioned earlier, it sets the foundation for my boundaries or how I perceive - and perceive not just other people but what I come to believe about myself. That's set very early in life.

We do know that investments - an ounce of prevention is worth a lot more at the other end so we do need to consider that. I hope that answers your question.

MR. CHAIRMAN: Thank you very much. We have just a couple of minutes left. I'm going to go to Ms. Leblanc with a very quick question and a very quick response from each of you, and then we'll move to closing comments and we'll talk more. Ms. Leblanc.

MS. LEBLANC: I'll ask a really quick question about sexual violence on university campuses. We know there are high rates of sexual violence on campuses. There are certain provinces - Ontario and British Columbia - that have introduced legislation around sexual assault policies and public reporting of violence. Our current government has included it in a memorandum of understanding with the Department of Labour and Advanced Education, but we know from a report from the Canadian Federation of Students that there are many universities that aren't following through. I'm wondering if the department is looking at specific legislation. Our caucus introduced a piece of legislation in 2016, so I'm wondering if you can speak on that.

MS. GRANKE: I'm not aware of conversations that are happening at LAE around that. What I could speak to is I recently had a conversation with a colleague at LAE because I was following up on the very same question. The response I was provided was that although not all the campuses are yet at a place where they have established their stand-alone sexual assault policies, the ones that have not yet completed that do have a deadline for early in 2018 as to when they're planning on having that achieved. But as far as legislation goes, I am unaware.

MR. CHAIRMAN: A response from either Ms. Stevens or Ms. Barnwell and around the same time frame? No, I will then go to Ms. Adams who has a question and I would again ask her, as well, to take time into consideration.

MS. ADAMS: We know that an awful lot of assaults happen when somebody is inebriated from alcohol and I'm just wondering if you're anticipating an increase in assaults once legalization of marijuana happens in July.

MR. CHAIRMAN: Thank you, a good question. Ms. Barnwell, a comment? It's not compulsory, it's up to you.



MS. BARNWELL: I don't have any statistical evidence but it seems to me that from what I've heard or from what I've observed or experienced or hear about - I'll get myself in trouble here - it's my feeling that alcohol is more at the root of violence than cannabis.

MR. CHAIRMAN: Thank you, and on behalf of the department, Ms. Downey.

MS. DOWNEY: I can't share Georgia's experience but I would say that when we think about domestic violence, when we think of other violence episodes, the police would probably say they are often called in when there's alcohol involved. I'm not hearing a lot from child protection or other sources if cannabis is involved. That's all I can say on that.

MR. CHAIRMAN: Thank you. This has been a great topic. Of all the years that I've been kicking around this old place it's probably one of the best meetings that I've actually been at, let alone chaired, and I've sat on every committee that there is. I really appreciate the back and forth today with questions and answers.

Given that it is already 11:45 a.m., I want to give each of you a couple of minutes to make a closing statement. Ms. Stevens, we'll start with you and work our way across.

MS. STEVENS: Just quickly in response to that last question, in terms of our Sexual Assault Nurse Examiner program, we continue to see alcohol- and drug-facilitated sexual assault as one of the main factors that present after immediate sexual assault. Again, alcohol and even when drug use is involved, it's varied. Sometimes it is prescribed as well as man-made drugs. Oftentimes, if people are engaging in smoking marijuana for recreational use, it's not necessarily - they may have smoked marijuana, but that's not necessarily a factor. Whereas other drugs and alcohol are kind of named as used as part of facilitating sexualized violence.

[11:45 a.m.]

What we presented to the committee are key points that I hope the people will continue to engage with us on. I welcome anyone to contact Georgia and me for further discussion around what is needed provincially. I think the key things are, as we have all talked about, an intersectional diverse approach to prevention, intervention, and long-term specialized services. That's what this province needs. When we talk about core sustainable funding, again, that's required for all of those aspects, and there needs to be that collaboration, interdepartmentally in government as well as in the community. Thank you.

MR. CHAIRMAN: Ms. Barnwell.

MS. BARNWELL: It has been a very good discussion from my perspective too. I think that we all have a part to play in this work. It seems that the allocation of resources always looks at, are we going to get them once they're over the waterfall or are we going

to get them before? I think we need to look strategically at how we can develop capacity in all those areas. I look forward to continuing our work, and I think there's a lot of exciting work that can be done in the future.

MR. CHAIRMAN: Ms. Downey.

MS. DOWNEY: I guess most importantly it demonstrates today that, regardless of where we're coming from in terms of our work or personally or even politically, we have come together on this issue. I think here in Nova Scotia it's so heartwarming to leave here feeling - we may have differing opinions on certain aspects or not, although I think it came out more that we're collective, that we leave here feeling that way is important. I also think, too, when we talk about outcomes, and I just want to put this out there that we're talking specifically about reported cases or not reported cases.

We may also want to look in the next 10 years at what that looks like in housing, what it looks like in employment, and what it looks like across the social determinants of health because we need to recognize that it impacts all those areas. I would say that if you want to really address the issue, think about it broadly in that regard as well.

MR. CHAIRMAN: Ms. Granke.

MS. GRANKE: The only thing that I would add, and I don't think this is really a question, is that in all of our work moving forward, we need to continue having victims and survivors at the core of what our work is. It's not about what's best for my agency or my department or my staff but really what is best for victims and survivors. That's going to look different across the province. It's going to look different in different systems. But when we're doing that and when we're keeping the needs and experiences of marginalized and vulnerable groups also at the core of our work, that's when we're going to do good work. We also need to continue working together.

There have been lots of challenges over the last three years. Certainly, nothing has been perfect. Nothing is ever perfect. I think there's lots that we can learn from and grow from as we continue to do this. I'm really grateful to be here with all of you today.

I have said this already today. This is an issue that affects all of us and all of our communities, and I'm really grateful for all of our commitment and for government's commitment to continuing to have this issue on the table. Three years isn't enough, so let's keep going.

MR. CHAIRMAN: Thank you very much. We really appreciate all of you being here, your presentations, and the very thorough, experienced, and knowledgeable answers that you provided us as well. It has been very good.

I do want to note just before we go, the clerk has reminded me that the department has brought some of the posters that were referred to earlier on. If members would like to

take some of those and maybe more can be supplied for offices, constituents, organizations, et cetera, we could contact for that information. I wouldn't think it would be a problem getting that.

Again, a very good topic with some incredible information coming out of that. Ms. Downey, you referred to a statistic as being startling, one in four. As a parent with four daughters, that's frightening, not startling, so the importance cannot be stressed enough. Again, I really appreciate it.

For further business, the next meeting is on January 9<sup>th</sup> instead of the 2<sup>nd</sup>, due to the Christmas break and the holiday, we'll come back on the 9<sup>th</sup>. That topic is the Department of Community Services, children in care.

Nothing further, we stand adjourned.

[The committee adjourned at 11:51 a.m.]