

Acting Together

Responding to Sexual Violence

What We Heard

at a Community Workshop on June 21, 2013



Foreword

On April 11, 2013 Premier Darrell Dexter appointed Status of Women Minister Marilyn More to co-ordinate provincial actions to better protect girls, women and all Nova Scotians from sexual violence and bullying. Ms. More established an Action Team on Sexual Assault and Bullying.

Recognizing that progress can only be made by listening and working together, a workshop gathering more than 60 participants from a wide range of community groups took place on June 21, 2013. Participants were asked to consider what services are needed to respond to sexual violence, where and how they might be delivered and what challenges are faced by those trying to access services today.

The group represented service providers, representatives from survivor support groups and a range of community organizations who work tirelessly on behalf of survivors and their families. Their input was passionate, their insight, invaluable. These discussions will help us to develop a longer term action plan outlining necessary services.

Our objective is to put in place effective, coordinated and collaborative services for survivors of sexual violence no matter where they live. This document helps us to take the next steps.

Thank you

We would like to thank participants from the Community Workshop for taking the time to share their expertise, experience and passion through their thoughts, ideas, and recommendations. This document summarizes note taking from the flip charts and table conversations. The ideas within this document express the views of participants and may or may not reflect the views of the Province of Nova Scotia.

Introduction

Those who have experienced sexual violence need support. They need services and help immediately after an assault, and in the months and years following. We asked members of the community to help us identify service needs, gaps, solutions and opportunities to respond to diverse populations and communities.

While the focus of the session was the design and delivery of services, prevention was very much on the minds of attendees. We understand and welcome the discussion. Prevention is an integral part of any discussion regarding sexual violence, and we received some helpful input. The feedback we received will help to inform ongoing work in this area, just as it will inform our work regarding service delivery.

Background

To understand the nature and scope of the problem in Nova Scotia, some context is important. We begin with a definition of sexual violence and some information about the incidence and prevalence of sexual assault:

Sexual Violence is an act or encouragement that includes any violence, physical or psychological, carried out through sexual means or by targeting sexuality. It takes many forms including: assault; rape; incest; harassment; stalking; indecent or sexualized exposure; degrading imagery; voyeurism; cyber harassment; trafficking and exploitation.

Prevalence

Sexual assault is under reported, with approximately 9 in 10 incidents (88%) going un-reported. In 2011 In Nova Scotia, 708 sexual assaults were reported to police. Of these:

- 98 per cent were level one assaults: sexual in nature, integrity of the survivor is violated with minor/no physical injuries.
- 82 per cent of survivors were female and 97 per cent of suspects were male
- 105 sexual violations against children with a rate of 11.11 per 100,000 population

Available statistics are limited and do not adequately represent the incidence of sexual violence in diverse populations. Existing data from the Statistics Canada's General Social Survey indicates that some populations are at an increased risk for sexual violence. For instance, the rate of sexual assault experienced by disabled women is two and a half times higher than the rate for women living without disabilities. The rate for Aboriginal women is three times the rate for non-aboriginal women in Canada; 67,000 (13%) of these women, aged 15 or older, have self-reported they are a survivor of sexual assault, robbery and/or physical assault.

Given this context, it's critical to consider the needs of individuals in all their diversity in the aftermath of an incident of sexual violence.

Core Components

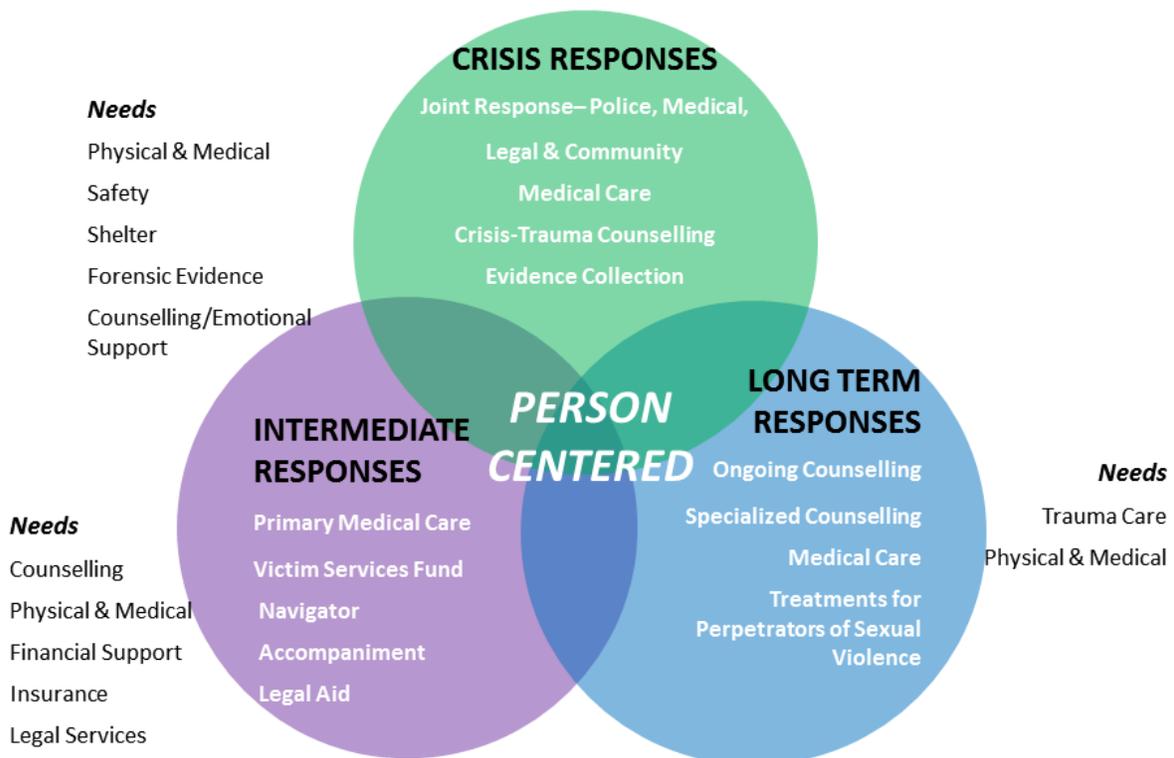
The need for services varies across the continuum and can be described in these terms:

Immediate (acute) crisis and first response – within the first few hours after the assault or time of report/ appearance for service, and up to three days

Medium or intermediate – in the first two years after the survivor has come forward for service and support

Long term – two years after the incident, for as long as needed

SEXUAL VIOLENCE SERVICE NEEDS AND RESPONSES



Guiding Principles

The following principles and values were proposed and agreed upon as critical to respond to sexual violence:

- Person-centred
- Accessible and responsive to all survivors/survivors of sexual violence
- Geographic accessibility
- Capacity to respond/help underserved populations
- Collaborative, integrated and seamless
- Comprehensive
- Non-judgmental
- Evidence-based and promising practices
- Clinically competent (delivered by trained staff)
- Culturally competent (equity/diversity sensitive)
- Accountability and evaluation
- Sustainability

Cost effectiveness, ease of implementation, community capacity and readiness were also noted as important considerations.

Participants also suggested a number of additional principles that were paramount to the design and delivery of services outlined below:

Safety is a right. The victim/survivor has a right to service, a right to have their needs met.

The recognition that lived experience is a valuable source of knowledge and support. The voices of survivors must be heard. They must be engaged directly and through peer models (survivors helping survivors).

Importance of understanding sexual violence from a feminist perspective -- it is an anti-oppressive critical perspective embracing (and broadly defining) the concept of equality, which recognizes male survivors of sexual violence as well. It's important to understand the experience of inequality and oppression of others in society, whether by gender, class, race, ethnicity, sexual orientation or other basis.

What We Heard

The trauma faced by a survivor of a sexualized violence can be worsened if supports and services they need are not available. In order to design a comprehensive and coordinated delivery system, we need to understand the barriers faced by those seeking services, and work to remove them.

And, we need to incorporate the perspective of survivors, directly engaging persons who have experienced sexual violence in creating programs and services.

Participants identified challenges and opportunities. They were clear that critical service elements cannot be provided without the necessary commitment of resources. They told us services are not coordinated, are limited or simply don't exist, and that some populations face even bigger obstacles when trying to access services. Equitable access across the province does not exist.

The following input outlines ways to change that.

Core Components—Service Delivery Seamless, Integrated

Participants were clear that services must be coordinated and delivered in an integrated and seamless fashion. Further defining what seamless service looks like will take careful planning and must be based on standards so there is a consistent approach to care.

Available help and support should not depend on your location.

Equitable access can be achieved if we create a provincial network of crises care/response services. We already have some examples in place in certain areas, where Sexual Assault Centres coordinate services. Community-based Sexual Assault Response Teams (SART) where centres are not possible. Information and recommendations from the 2008 report *Suffering in Silence, An Assessment of the Need for a Comprehensive Response to Sexual Assault in Nova Scotia* outlines what's needed for a comprehensive response and continues to inform this work.

Help must be available 24/7.

A provincial crisis line can further augment services, provided that call-takers receive specific training in sexual violence to understand issues as well as the services available for referral. Therapeutic counseling in the short, medium and long term is essential. Providing services across the life span in multiple locations are also important considerations, particularly for those who have survived childhood abuse.

A “hub and spoke” model could help address many issues facing rural and remote communities. This model for service delivery places specialized expertise or full-service options at the centre (such as a centre of excellence) with outreach or core services at the end of the spokes through satellite sites. Service sites can access the specialized services of the centre as needed, to meet the needs of clients and for mentoring and support and to build capacity over time.

Single Entry Access

Every door should be the right one.

Survivors shouldn't have to tell their stories multiple times, or go through numerous doors to find the support they need. Creating a single point of contact could help to create a person-focused system. An advocate could help individuals navigate multiple systems, provide consistency and avoid the pain of retelling their story over and over.

Wrap around service models could ensure that there is a central point of contact—literally a one-stop approach. Again, this offers a more person-focused system, ensuring the person doesn't have to knock on multiple doors to access services.

Accessible

Every door should be an open one.

Accessibility needs to be broadly defined to include physical and geographic access. And, in order to be truly accessible, services must be provided in safe and welcoming settings. We know that (dis)Able(d) (sic) women are approximately 2.5 times more likely to be abused, yet many services are offered in settings that are not physically accessible.

Persons with disabilities encompass a wide spectrum. They face unique challenges that can only be met when we listen to their needs and to their voice in finding solutions. We know that persons with disabilities may be reluctant to disclose abuse if the person is a relative or a caregiver they depend upon. Often, they fear institutionalization as a consequence if they share their story. Offering safe, welcoming and trusting environments is vital to improved service delivery.

We heard about the urgent need for privacy, physical accessibility, and safe places from further risk of abuse, accessible care, treatment and shelter – all critically important to the healing process. This is true across the age spectrum. Assistance should be available to help individuals access existing housing options. Adopting a “housing first” model in rural and other areas is desirable. Financial assistance for things like child care and transportation can lead to empowerment.

Outreach—Core Components

Culturally Competent

Improving the ability of agencies to provide culturally sensitive and responsive services will strengthen the network of supports across the province. While service needs may be similar among populations, aggressive efforts are needed to reach out and meet the unique challenges faced by some.

Currently, community organizations lack the capacity to offer culturally-specific services. Building this capacity (tolerance, sensitivity, awareness) will take time, effort and resources. But building these bridges and strengthening links to a range of populations is vital.

Aboriginal people, male survivors, individuals with varying sexual orientation and gender identities, seniors, persons with disabilities, immigrants and new Canadians, indeed *all* Nova Scotians, need welcoming, safe and trusting environments to access supports.

We can begin by building bridges to specific communities. Identify formal and informal leaders or influencers in the community. Individuals will be open and feel safe with those they trust, and may be more willing to tell their story. These individuals must be supported through training, so they feel comfortable handling disclosure and discussing personal information.

The need to provide services in multiple languages is well known, as is the need for culturally competent translation services. Both could be built into program design. For example, programs should have a specific mandate to serve diversity and demonstrated cultural competency.

Reaching Rural and Remote Areas

Nova Scotia has many rural and remote areas, which can isolate people and compound problems.

Mobile resources could be explored to cover the province more widely, potentially with service hubs. Meeting space could be shared. A formal policy to allow access in collaboration with other outreach services could be adopted. Better use of social media can help people in rural areas feel more connected. Expertise can be shared through a range of networking tools such as skype. A repository of expertise and information could be created and shared province wide.

A lot can be shared around the kitchen table. With community-based funded services such as kitchen table talks, trained community providers could help to make it safe to disclose sexual violence, maybe for the first time.

Reaching the LGBTI community

For the LGBTI (Lesbian Gay Bisexual Transgendered Intersex) community, routes to services may vary. Community groups (Rainbow Coalition, school-based groups, community-based AIDS organizations) and informal leaders are possible routes of access. Building competency into “main stream” agencies to provide services in a sensitive manner is important, as is training in trauma-informed practice. Service delivery methods for youth and adults should differ, and must be tailored to respect that many may have been closeted. Build on the existing Youth Project work.

Reaching Seniors

Seniors who have been sexually assaulted face stigma and are often not believed because of ageism and a lack of understanding about the nature and causes of sexual violence. They often end up in mental

health care when they've been assaulted, either through a new or historical disclosure. Is this the most appropriate place for care?

Like others, seniors may lack basic awareness of available services or may be reluctant to seek help if the person assaulting them is a relative or caregiver. Their area of residence (private home versus long term care), and whether they are competent to protect themselves may also have an impact.

Adding to the complexity is the web of legislation that may apply, such as the *Adult Protection Act*, *Protection of Persons in Care Act* and the *Criminal Code of Canada*.

Reaching Youth

Think outside the box.

Go beyond traditional settings, such as schools and universities and ensure services are broadly based. Services must expand beyond sexual assault so that young people won't feel they stand out when they seek help. Access can't be limited to school hours, flexibility is needed to ensure youth have access beyond traditional hours. Expand access to youth centres and build on the services of the Youth Project.

Recognize the difference between children and youth when providing services. Consider the use of child advocate model/navigators. Remember that continuity in service providers is especially important for youth and marginalized groups.

Think about those not in school. Make services available through Phoenix and ARC to street-involved youth. Ensure there are links to these services, and ways for people to understand and access them. Seamless service will also go across the life span and should bridge the service gap currently experienced by those 16 to 19.

If we are going to be effective in providing services for youth, listen to them. Make sure they're part of designing services. There are many engaged and active youth in the community now, such as African Nova Scotia Baptist Youth Fellowship for ANS provincially; Leaders of Today; Youth Truth Matters; Nova Scotia Secondary Students Association, to name a few. Recognize the broad range of possible supporters and informal support networks as part of a seamless delivery system.

Use technology – the tools that youth use to reach and support them. Explore a range of these tools. Counseling via phone/text may be an option. Social media may not be appropriate in all cases but for some youth, they could provide a way to connect with others. Teach support workers how to use technology to connect with youth.

Building Capacity—Core Components

Training

Providing the skills and the tools needed to support survivors as they tell their story is an integral part of an effective delivery system. Training must span sectors and must be provided to front line staff or others likely to come into contact with a person who has been affected by sexual violence.

Helping staff understand what sexual violence is and its potential impact on the survivor can improve the response. As well, training around roles and responsibilities in responding is also recommended for teachers, youth centre coordinators, community leaders, police and health care professionals. Helping those in position of trust understand how to offer support that doesn't harm or re-traumatize a survivor can help to ensure there's an appropriate response and subsequent referral to further supports.

Naturally, training must be tailored. Training must be culturally competent as well as clinically competent, or trauma informed.

Parents themselves need supports in order to support their children, whether the children are survivors or perpetrators, a "holistic family focus" is needed.

Counselors and those who offer support are doing difficult work. Burnout is a factor. Training and support must also be provided to them to avoid vicarious trauma.

Collaboration and Coordination

Service providers are driven by their need to provide the best possible outcomes for those they serve. And, there's agreement that finding innovative and creative ways to work together can help to improve outcomes. However, there are varying degrees of involvement between and among community-based organizations. Approaches to service delivery vary and greater engagement is needed to build trust.

A common understanding of the problem of sexual violence, common goals and objectives and organizational commitment could provide the springboard for greater coordination.

Building a network that makes it easy to share information among groups would also be beneficial. Creating service lists and asset maps allows smaller agencies with limited resources access to what services are available, and where they can direct people. Collaboration agreements among agencies to meet increasing service demands, while it takes considerable effort and capacity, should be encouraged.

Break down silos.

Leverage community resources -- the religious sector, the business community and volunteer sectors offer outreach and support. They can also be a potential revenue source, or become part of a stronger network of community influencers. Government could work with NGOs as partners.

Recognize the value of lived experience and knowledge, but understand this is not an alternative to trained volunteers. Build on the many evidence-based programs that exist.

It's clear that many formal and informal networks are already in place. Recognizing and expanding upon these networks can increase capacity, enable more flexible approaches and encourage partnerships and collaboration to help create a comprehensive service delivery system.

Funding

Agencies shouldn't have to compete with each other for funding.

A more coordinated approach to funding allocation is needed, perhaps through a dedicated funding coordinator or team. The team could strengthen links among agencies and also offer assistance in writing funding proposals. Use a strengths-based approach to determine community assets and the development of services. Core funding for those already doing the work is needed to sustain existing services and pay equity for those doing the work.

In funding community-based projects, support is needed to build evaluation capacity. Desired outcomes should be defined, data collection mechanisms outlined and measurable objectives detailed. Evaluating efforts around sexual violence could mirror similar work done on family violence where there has been a reported increase in the number of charges laid. A similar approach could improve the charge rate for sexual violence.

There is an absence of data on the number of incidences, therefore we do not know the rates of victimization in many areas. There's an inability to prove sexual violence occurs, and without that information securing needed funding becomes difficult. A collaborative approach, along with improved data collection could help some agencies build their business case for funding.

Demonstrated cultural competency and interpretation services should be included as a criterion for funding.

Legal Support

Trust in the justice system is gone.

There is a considerable lack of confidence in the system, in the way investigations are conducted and in the court process. Often, there are few convictions, and survivors feel re-traumatized as a result of their experience. Crown attorneys who specialize or are dedicated to sexual assault may have a more positive outcome.

In a person-focused system, there would be a dedicated support person to see a survivor through the entire justice process, from police report to the conclusion of court disposition. People must be supported in the decisions they make for themselves. Not everyone wishes to proceed via the justice route, however everyone still needs support. Services must span across the spectrum.

We need to better understand child protection and consent laws. Use legislation to strengthen access to services and supports for youth. Policies and procedures also need to be strengthened. There's a gap between the duty to report and duty to respond. Accountability measures need to be put in place.

Explore the use of restorative approaches in schools. We can learn and build upon the experience of the SeaStar Child & Advocacy Centre model. We can also connect with and build on the SchoolsPlus model.

Core Components—Prevention

Building Healthy Communities

Prevention and intervention are of necessity, interconnected. We need to stop the hurt from ever taking place. Social norms need to change. We need to build healthy communities through healthy relationships.

Sexual violence is an epidemic.

We need to end the silence around sexual violence. We need to work with men and boys to change attitudes, beliefs and behaviours. We need to help youth identify what sexual assault means, and what consent means. Seniors, colleagues, youth, friends, families, all require clarity concerning consent and the use of alcohol and drugs.

We need to stop blaming the victim.

Focus on why sexual violence is happening and stop it. Shame and stigma around sexual violence is contributing to the fact that this crime goes unreported.

Use the peer model in prevention, empower girls and involve parents.

We need to involve the wider community. Show them how to be more than a bystander.

Identify themes – drug and alcohol-facilitated assault, cyberbullying, hypersexualization and create a targeted public education/awareness campaign. Identify audiences and tailor messages appropriately.

We need to equip youth with the skills they need to critique the culture around them. Integrate education and awareness materials promoting healthy relationships into school curriculum (age appropriate to grade level and up to grade 12). Material should be widely distributed beyond the classroom as some youth will not feel comfortable talking to teachers, but may reach out to a trusted community-based professional.

Next Steps

We all share a common goal—ending sexual violence. We can and must do more to encourage a caring, responsive society.

The suggestions outlined in this document are varied and cover a wide range of issues -- a reflection of the passion and dedication of participants. It also reflects the complexity and scope of sexual violence and what's required to prevent and respond to it.

Change is critical. The process is underway. Our objective is to provide an effective, coordinated and collaborative response to survivors of sexual violence. The input received helps to shape the way forward.

Appendix:

Responding to Sexual Violence

Acting Together: Community Workshop

June 21, 2013, 9:30-4:00

Organizations that participated

Acadia University
Adsum for Women & Children
Alice Housing
Alternatives Institute
Antigonish Women's Resource Centre & Sexual Assault Services Association
Avalon Sexual Assault Centre
Be the Peace Project, South Shore
Boys & Girls Club of Dartmouth/Cole Harbour
Canadian Federation of Students - NS Kings College (Supports: Mount Saint Vincent, St. Anne's and CB Universities)
Chrysalis House
Colchester Sexual Assault Centre
CompassionAction
Disabled Persons Commission
East Preston United Baptist Church
Every Woman's Centre
Family Service Association
Bridges Institute
Family Service of Eastern Nova Scotia
Heartwood Centre For Community Youth Development
Dalhousie University-- Human Rights, Equity & Harassment Prevention
Immigrant Settlement and Integration Services
ManTalk Facilitator
Metro Interagency Committee on Family Violence
Mobile Outreach Street Health – Capital Health
New Glasgow Police Service
New Start Society
Nova Scotia Advisory Council on the Status of Women (Seniors')
Nova Scotia Association for Sexual Health
Nova Scotia Association of Black Social Workers
Nova Scotia Teachers' Union

Phoenix House
Pictou County Centre For Sexual Health
Pictou County Municipalities Crime Prevention Association
Pictou County Seniors Outreach
Pictou County Women's Centre
RCMP Aboriginal & Diversity Policing Services
Saint Mary's University
SeaStar Child and Youth Advocacy Centre
Self-Help Connection
Sexual Assault Services Working Group (South Shore)
Shelter Nova Scotia -- Barry House
SOAR and CompassionAction
South Shore Regional School Board -- SchoolsPlus
Stepping Stone
Student Union Nova Scotia -- St. Francis Xavier Students' Union
The Women's Place Resource Centre
The Youth Project (LGBT)
Transition House Association of Nova Scotia
Tri-County Women's Centre